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Form 990-EZ Department of the Treasury

SCANNED FEB 2 4 2011

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

Inter	mat Rev	venue Service	The organization may have to use a copy of this return to satisfy state reporting requirements	ints.	Inspection
A	For t	he 2009 cale	endar year, or tax year beginning OCT 1 , 2009 and ending SEP 30		10
В	Check i applica	f ble Please	C Name of organization D Empl	loyer ident	tification number
13	Addre	use IRS			
Ē	Name	label or print or	CITIZENS FOR THE ARTS IN PENNSYLVANIA 23	3-238	8419
늗	Initia	al ltype		phone nun	
늗	— retui ∏rem		, , , , , , , , , , , , , , , , , , , ,	•	234-0959
늗	—dated	Instruc- ended tions		up Exempti	
늗	iretui	m	4-4-4	aber 🏲	1011
					Cash X Accrual
	- 56	ction 501(c)(3	3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting me	_	J Casii A A A CCIdai
_		► 1.π.π	Schedule A (Form 990 or 990-EZ). Other (specify)		
			W.CITIZENSFORTHEARTSINPA.ORG H Check ► \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		•
_					B (Form 990, 990-EZ, or 990-PF)
K	Check		he organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more ti	han \$25,00	00 A Form 990-EZ or
			rm 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return		00 171
			d 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	82,171.
P	<u>art l</u>	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	for Part I)	
	1	Contribution	ns, gifts, grants, and similar amounts received	1	64,812.
	2	Program sei	rvice revenue including government fees and contracts	2	
	3	Membership	p dues and assessments	3	16,321.
	4	Investment i	income	4	1,038.
	5a	Gross amou	ınt from sale of assets other than inventory 5a		
	b	Less. cost o	or other basis and sales expenses 5b		
	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
e	6		nts and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue	a		nue (not including \$ of contributions		
ě	-	reported on			
_	l h	•	expenses other than fundraising expenses 6b		
	"		or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a		of inventory, less returns and allowances		
	/a		of movement, less returns and anowances 7b		
	"		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	١, ١		ue (describe ►)	8	
	8			9	82,171.
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	02/1/10
	10		similar amounts paid (attach sche即臣CEIVED		·
	11	•	d to or for members her compensation, and employee benefits	11	55,676.
ses	12	Salaries, oth	her compensation, and enhalpyee benefits (2)	12	10,016.
ĕ	13		rent, utilities, and maintenande	13	6,380.
Expens	14	Occupancy,	rent, utilities, and maintehande	14	1,990.
	15	Printing, pui	blications, postage, and shippingOGDEN, UT	15	
	16		ises (describe SEE STATEMENT 1)	16	18,146.
_	17		nses. Add lines 10 through 16	17	92,208.
υņ	18	•	deficit) for the year (Subtract line 17 from line 9)	18	-10,037.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))		114 604
As			e with end-of-year figure reported on prior year's return)	19	114,684.
Š	20	Other chang	ges in net assets or fund balances (attach explanation)	20	104 645
erri.	21		or fund balances at end of year Combine lines 18 through 20	21	104,647.
P	art I	Balanc	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990)-EZ	
			(See the instructions for Part II) (A) Beginning of year		(B) End of year
22	2 Ca	sh, savings, a	ind investments 713,403		588,867.
23	3 La	nd and buildin		23	
24	Ot	her assets (de			1,349.
25	5 To	tai assets	715,445		590,216.
26	6 To	tal llabilities			485,569.
27		t assets or fu	nd balances (line 27 of column (B) must agree with line 21) 114,684	. 27	104,647.
932	2171 -08-10	LHA Fo	or Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

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orr	n 990-EZ	(2009) CITIZENS FOR THE ARTS IN	PENNSYLVANIA		<u> 23-</u>	23884	19 Page 2
		Statement of Program Service Accomplishmen	nts (See the instructions for I	Part III)		Ex	penses
		organization's primary exempt purpose? ADVANCE ARTS I					r section 501(c)(3)
		hat was achieved in carrying out the organization's exempt pur			be) organizations and 7(a)(1) trusts, optional
		s provided, the number of persons benefited, and other relevan				for others)	/(a)(1) trusts, optional
28		STATEMENT 5					
.0		J DIMILITURE 3					
			· · · · · · · · · · · · · · · · · · ·				
		<u> </u>			 1	28a	59,304.
	(Grants	\$ 0 •) If this amount includes foreign of	rants, check here			204	37,304.
29			 				
					 _		
	(Grants) If this amount includes foreign g	rants, check here			29a	
30							
	(Grants) if this amount includes foreign g	rants, check here	<u> </u>		30a	
31	Other	program services (attach schedule)					
	(Grants	•	rants, check here	•		31a	
32		program service expenses (add lines 28a through 31a)				32	59,304.
		List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the		for Part IV)
	MI.E.FY1					ontributions	
			(b) Title and average hours	(c) Compensation	to e	employee	(e) Expense
		(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
			position	-0)	_	eferred	other allowances
<u> </u>	TITE	DAGUTNI LIDOM GEDGLITOV GMDERM	DOADD GUATD		COIII	pensation	
			BOARD CHAIR	0		^	_
		DELPHIA, PA 19119	2.00	0.		0.	0.
		r LETTIERI	BOARD VICE-CH			•	
		NG AVENUE, SCRANTON, PA 18509	2.00	0.		0.	0.
		HERZOG	BOARD SECRETA			_	
		STREET, HUNTINGDON, PA 16652	2.00	0.		0.	0.
		EFTON	BOARD TREASUR		1		
ΜÆ	RKET	r STREET, PHILADELPHIA, PA 19103	2.00	0.		0.	0.
A١	IN BE	ENZEL	DIRECTOR				
S1	HTX	AVENUE, ALTOONA, PA 16602	1.00	0.		0.	0.
		EW DOOLEY	DIRECTOR				
BF	RAMBI	LE LANE, PITTSBURGH, PA 15237	1.00	0.		0.	0.
		S ELDREDGE-MARTIN	DIRECTOR				
ΜZ	ATN S	STREET, TOWANDA, PA 18848	1.00	0.		0.	0.
		L MCCLENNEY-BROOKER	DIRECTOR		<u> </u>		
		K 7646, PHILADELPHIA, PA 19101	1.00	0.		0.	0.
		ON PARKER	DIRECTOR				
		GCREEK MANOR, HERSHEY, PA 17033	1.00	0.		0.	0.
		RICE, NORTH MAIN STREET,	DIRECTOR		-		
			1.00	0.		0.	0.
		TOWN, PA 17044		0.			
		ELL SWAIN	DIRECTOR	0.		0.	
		AVENUE, PITTSBURGH, PA 15222	1.00	0.	 		0.
		T WELSH, NORTH CAMERON STREET,	DIRECTOR	_		^	
H.F	ARRIS	SBURG, PA 17101	1.00	0.	ļ	0.	0.
					<u> </u>		ļ
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Form	990-EZ (2009) CITIZENS FOR THE ARTS IN PENNSYLVANIA 23-	23884	19		Page 3
Pε	rt V Other Information (Note the statement requirements in the instructions for Part V.)				
		_		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	L	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	Ļ	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	1			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	1			
	and proxy tax requirements?	<u> </u>	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"				
	complete applicable parts of Sch. N		36	,	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	0.			
b	Did the organization file Form 1120-POL for this year?	L	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made				
	in a prior year and still outstanding at the end of the period covered by this return?		38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A				
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9 39a N/A				
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A				
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under				
	section 4911 ▶ 0 • , section 4912 ▶ 0 • , section 4955 ▶	0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the				
-	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction				
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers				
•	or disqualified persons during the year under sections 4912, 4955, and 4958	0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the				
_	organization	0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
Ī	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed ▶ PA	_			
	The organization's books are in care of ► THE CORPORATION Telephone no ► (7	17) 2	234	-09	59
	Located at ▶ 100 NORTH CAMERON STREET, HARRISBURG, PA ZIP+	4 ▶ 17	710	1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial			Yes	No
	account)?	Γ	42b		X
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
C	At any time during the calendar year, did the organization maintain an office outside of the U S ?		42c		X
•	If "Yes," enter the name of the foreign country				-
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			>	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N	J/A		
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	Γ			T
. •	Form 990-EZ	į	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	r			
	completed instead of Form 990-EZ		45		x
				00 E7	(2009)

Form 990-EZ (2009)

23-2388419

Part VI	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitate and 51.						
46 Did th	ne organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to c	andidates for public	_		Yes	No
office	? If "Yes," complete Schedule C, Part I				46		X
47 Did th	ne organization engage in lobbying activities? If "Yes," complete S	chedule C, Part II			47	X	
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y	'es," complete Schedule E			48		X
49 a Did th	ne organization make any transfers to an exempt non-charitable relati	ed organization?			49a		X
	s," was the related organization a section 527 organization?				49b		
	plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, er		, trustees and key e	mployees) who e	ach red	ceived r	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	(e ac othe	(e) Expense account and other allowand	
	plete this table for the organization's five highest compensated indep nization If there is none, enter "None" NONE (a) Name and address of each independent contractor paid mo		(b) Type of set		c) Com		
d Total	number of other independent contractors each receiving over \$100,	000	>				
Sign Here	Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of preparantether than officer) is based on Signature of officer JENNY L HERSHOUR, MANAGING Type or print name and title	all information of which preparer has any	its, and to the best of m knowledge		1	true,	
Pald	Preparer's signature Date Check if self- Preparer's Identifying number (See						r)
Preparer's	Ruhaum Jones CPA	01/17/11 emp	oloyed 🕨 🔀		621		
	Firm's name (or yours if self-employed), address, and ZIP+4 KENDALL, PREBOLA AND P.O. BOX 259 BEDFORD, PA 15522-025	JONES CPAS	oloyed ► X EIN Phon	> 25-16	621 458	76	880

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

CITIZENS FOR THE ARTS IN PENNSYLVANIA 23-2388419

Part I	Reason		rity Status (All organiz					tructions.		2300		
····			because it is: (For lines									
1 🔲		•	s, or association of chur	•		•	•	١.				
2 🗀			70(b)(1)(A)(ii). (Attach Sc									
з 🗔			ital service organization	•		170(b)(1)	(A)(iii).					
4 🔲	•		operated in conjunction					(b)(1)(A)(i	ii). Enter th	e hospital	's nam	ıe,
	city, and state		•									
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	erated by	y a governi	mental un	t describe	ın tı		
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)									
6 🔲	A federal, sta	te, or local governm	nent or governmental uni	it describe	d ın sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ıblıc desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organizati	on that normally red	ceives: (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembersh	p fees, and	gross red	ceipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	aın excepti	ions, and (2	2) no more	e than 33 1	/3% of its	support fi	om gross	ınvest	ment
	income and u	ınrelated busıness t	axable income (less sec	tion 511 ta	ex) from bu	sinesses	acquired b	y the orga	anization af	ter June 3	80, 197	' 5.
		509(a)(2). (Complete	· · · · · · · · · · · · · · · · · · ·									
10 📙			perated exclusively to te									
11 📖	•	-	perated exclusively for the		•				•	-		or
			ations described in secti				2). See se c	ction 509	(a)(3). Chec	k the box	that	
		··	organization and compl		_		A			T 111 - 6	346	
_ [a Type I		* *		e III - Func	-	-			Type III • (_
e 📖			at the organization is not									
		•	than one or more publicly	• • •	~				e(a)(1) or si	ection 50s	(a)(Z).	
f	-		tten determination from t	me ins m	atitisa iy	ре і, турс	e II, or Type	9 111				
•		rganization, check t	ms box organization accepted ar	ny aift or o	ontribution	from any	of the follo	owing oor	eone?			Ъ
8			directly controls, either a								Yes	No
			supported organization?	ione or tog	jourior with	persons	described	iii (ii) aiid	(iii) DGIOW,	11g(i)	103	1.00
	-		n described in (i) above?	>						11g(ii)		
	•	•	a person described in (i)		е?					11g(iii)		
h			about the supported or									
				G								
(i) Nam	e of supported	(II) EIN	(iii) Type of	(Iv) is the	organization	(v) Did yo	u notify the	(vi) is		(vii) An	nount o	nf
	anization	(11) 2.11	organization	in cot (i) li	sted in your	organiza	tion in col	organizati (i) organiz	on in col red in the		port	,
	,		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2			
			(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 CITIZENS FOR THE ARTS IN PENNSYLVANIA 23-2388419 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not 99,036. 104,249. 91,738. 84,716. 81,133. 460,872. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 99,036. 104,249. 84,716. 81,133. 460,872. 91,738. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 460,872. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 81,133. 460,872. 99,036. 104,249. 91,738. 84,716. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 4,422. 30,959. 6,725. 8,828. 9,946. 1,038. and income from similar sources 9 Net income from unrelated business activities, whether or not the

	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	1					
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						491,831.
12	? Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for	r the organization	's first, second	, third, fourth, or f	ifth tax year as a sec	tion 501(c)(3)	
	organization, check this box and stop	p here					▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2009 (line 6, column (f) o	divided by line	11, column (f))		14	93.71 %
15	5 Public support percentage from 2008 Schedule A, Part II, line 14				15	92.91 %	

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Pa	edule A (Form 990 or 990-EZ) 2009 PT III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	y if you checked the b	Page 3 ox on line 9 of Part I)
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and		,				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			·			
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support		11	<u> </u>	<u> </u>	The state of the s	·····
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	127 2000	(4/2000	(9, 200)	(0, 2000	(0, 2000	(7.5
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>	l	L		
14	First five years. If the Form 990 is for	r the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organia	zation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	 		., , 	
15	,, ,			column (f))		15	<u>%</u>
16							<u>%</u>
Sec	ction D. Computation of Inve	stment Incom	e Percentage		· · · · · · · · · · · · · · · · · · ·	· r · · r · · · · · · · · · · · · · · ·	
17	Investment income percentage for 20)09 (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	2008 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2009. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶ □
b	33 1/3% support tests - 2008. If the	organization did	not check a box or	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box andst	t op here . The orga	ınızatıon qualıfies a	as a publicly supp	orted organization	▶ 🛄
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	<u> </u>
					Sc	hedule A (Form 99	0 or 990-EZ) 2009

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of organization				Employer ide	entification nu	mber
CITIZEN	S FOR THE ARTS	IN PENNSYLVA	NIA	23-	-2388419	
Part I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 5	27 organiz	ation.	
1 Provide a description of the organiz	zation's direct and indirect politi	cal campaign activities	ın Part IV.			
2 Political expenditures				▶ \$	8	04.
3 Volunteer hours						
			· ·			
Part I-B Complete if the org	<u>janization is exempt unc</u>	der section 501(c)	(3).			
1 Enter the amount of any excise tax	incurred by the organization un	der section 4955		▶\$		
2 Enter the amount of any excise tax	incurred by organization manag	gers under section 4955	5	\$	_	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720) for this year?		<u></u>	_ Yes	_ No
4a Was a correction made?					_ Yes	_ No
b If "Yes," describe in Part IV.	····					
Part I-C Complete if the org	panization is exempt un	der section 501(c)	, except section	501(c)(3).		
1 Enter the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities	▶ \$		
2 Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	ection 527	_		
exempt function activities				▶ \$		
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-1	_		
line 17b				▶ \$		
4 Did the filing organization file Form				L_	☐ Yes ☐	∟ No
5 Enter the names, addresses and er		·	-			
For each organization listed, enter t	,	-		-		
that were promptly and directly del	, ,	•	parate segregated tu	nd or a politica	al action commi	ittee
(PAC). If additional space is needed		- 1				
(a) Name	(b) Address	(c) EIN	(d) Amount paid		Amount of politi outions received	
			filing organization funds. If none, ent		mptly and direc	
			1011031 11 1101101 0111	deliv	ered to a separ	rate
					tical organization none, enter •0•	
					TIONE, ENTER TO	
			+			
						
			 			
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	<u> </u>					
				1		

LHA

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2009	CITIZENS FO	R THE ARTS	IN PENNSYL	VANIA 23-2	388419 Page 2	
Part II-A Complete if the org						
(election under sect	tion 501(h)).					
A Check ▶ ☐ if the filing organizat	ion belongs to an affilia	ated group.				
B Check ▶ ☐ If the filing organizat	ion checked box A and	d "limited control" pro	visions apply.			
	s on Lobbying Expend itures" means amoun			(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditures to influ	ence public opinion (a	rass roots lobbying)		805.		
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir	-	(g)		805.		
d Other exempt purpose expenditure	•			92,154.		
e Total exempt purpose expenditures				92,959.		
f Lobbying nontaxable amount. Ente	•		n columns.	18,592.		
If the amount on line 1e, column (a) or		ying nontaxable amo	1 !			
Not over \$500,000		ne amount on line 1e.				
Over \$500,000 but not over \$1,000	,000 \$100,000	plus 15% of the exce	ess over \$500,000.			
Over \$1,000,000 but not over \$1,50	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17,0	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.					
Over \$17,000,000	\$1,000,00	00.				
g Grassroots nontaxable amount (ent	ter 25% of line 1f)			4,648.		
	h Subtract line 1g from line 1a. If zero or less, enter -0-					
i Subtract line 1f from line 1c. If zero		0.				
j If there is an amount other than zer	o on either line 1h or lir	ne 11, did the organiza	ition file Form 4720	_		
reporting section 4911 tax for this y				L	Yes No	
	4-Year Aver ations that made a se umns below. See the		do not have to comp			
	Lobbying Expend	ditures During 4-Yea	r Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total	
2a Lobbying nontaxable amount	25,267.	20,655.	20,789.	18,592.	85,303.	
b Lobbying ceiling amount (150% of line 2a, column(e))					127,955.	
c Total lobbying expenditures	0.	405.	1,281.	805.	2,491.	
d Grassroots nontaxable amount	6,317.	5,164.	5,197.	4,648.	21,326.	
e Grassroots ceiling amount (150% of line 2d, column (e))					31,989.	
f Grassroots lobbying expenditures	0.	405.	1,281.	805.	2,491.	

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 CITIZENS FOR THE ARTS IN PENNSYLVANIA 23-2388419 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(b)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	-			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504()	<i>(</i> =\		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), sect		3		
_	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."	art III-A, li	ne 3 is a	nswered	_
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ioal	-		
~	expenses for which the section 527(f) tax was paid).	icai			
9	Current year		- 2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	P	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information	 			
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B,	line 1i. Also	o, complete	this part
	ny additional information.				·
				 	

### WEB PAGE DEVELOPMENT TELEPHONE AND INTERNET TRAVEL OFFICE AND PROGRAM SUPPLIES INSURANCE OFFICE MOVE OFFICE MOVE CLIPPING SERVICE CLIPPING SERVICE CONFRENCES AND MEETINGS CONFERENCES AND MEETINGS OFFICE AND SERVICE CONFERENCES AND MEETINGS TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ OTHER ASSETS TOTAL TO FORM 990-EZ, LINE 16 DESCRIPTION DESCRIPTION BEG. OF YEAR FREPAID EXPENSES SECURITY DEPOSIT OTHER DEPRECIABLE ASSETS TOTAL TO FORM 990-EZ, LINE 24 FORM 990-EZ OTHER LIABILITIES DESCRIPTION BEG. OF YEAR END OF YEAR FORM 990-EZ OTHER LIABILITIES STATEMENT TOTAL TO FORM 990-EZ, LINE 24 DESCRIPTION BEG. OF YEAR END OF YEAR FORM 990-EZ OTHER LIABILITIES DESCRIPTION BEG. OF YEAR END OF YEAR FORM 990-EZ OTHER LIABILITIES DESCRIPTION BEG. OF YEAR END OF YEAR ESCROW PAYABLE ESC	FORM 990-EZ	OTHER EXPENSES		STATEMENT 1
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ACCRUED WAGES AND VACATION 2,778. 609.	REFUNDABLE ADVANCE		13,250.	12,000.
TOTAL TO FORM 990-EZ, LINE 26 600,761. 485,569.	ACCRUED WAGES AND VACATION		2,//8.	609.
	TOTAL TO FORM 990-EZ, LINE 26		600,761.	485,569.

FO	_	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				4
A)	DIRECTLY OR INDIREC	ON, DURING THE YEAR, RECEIVE ANY FUNDS, TLY, TO PAY PREMIUMS ON A PERSONAL	[]	YES	[X]	NO
B)		ON, DURING THE YEAR, PAY PREMIUMS, TLY, ON A PERSONAL BENEFIT CONTRACT? [.]	YES	[X]	NO

990-EZ PG 2

STATEMENT

5

MEMBER AND PROGRAM SERVICES - TO FURTHER THE ARTS IN PENNSYLANIA BY CONDUCTING A VARIETY OF ACTIVITIES IN THE AREAS OF PROFESSIONAL DEVELOPMENT, INFORMATION DISSEMINATION AND PUBLIC EDUCATION