Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

2016

DLN: 93493335002177 OMB No 1545-0047

Open to Public Inspection

foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.IRS gov/form990 Department of the Treasury Internal Revenue Service

Check if applicable	C Name of organization CITIZENS FOR PENNSYLVANIA'S FUTURE	D Employer identification number
☐ Address change ☐ Name change		31-1607866
I Name change I Initial return Final	Doing business as	
eturn/terminated	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number
Amended return	610 NORTH THIRD STREET	(717) 214-7920
Application pending	City or town, state or province, country, and ZIP or foreign postal code HARRISBURG, PA 171011113	G Gross receipts \$ 4,122,172
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Form	990 (2	016)					Page 2
Par	t III	Statement of	of Program Service	Accomplis	hments		
		Check if Sched	lule O contains a respoi	nse or note to a	any line in this Part III		🗹
1	Briefly	describe the or	ganızatıon's mıssıon				_
						OMY IN PENNSYLVANIA AND E AINABLE COMMUNITIES FOR F	
2	the pri	or Form 990 or	indertake any significar 990-EZ? se new services on Sch		vices during the year whi	ch were not listed on	☐ Yes ☑ No
3	Did the	e organization c		ake significant	changes in how it conduc	ts, any program	. □Yes ☑No
4	Section	n 501(c)(3) and		ns are required	to report the amount of	argest program services, as m grants and allocations to othe	
4a	(Code See Ad	ditional Data) (Expenses \$	550,000	including grants of \$	137,459) (Revenue \$	137,929)
4b	(Code See Ad	ditional Data) (Expenses \$	700,000	including grants of \$	174,948) (Revenue \$	175,546)
4c	(Code See Ad	ditional Data) (Expenses \$	550,000	including grants of \$	137,459) (Revenue \$	137,929)
	(Code) (Expenses \$	664,155	including grants of \$	215,975) (Revenue \$	216,711)
4d	Other (Expe		es (Describe in Schedu 664,155 inclu	e O) ding grants of	\$ 215,97	5) (Revenue \$	216,711)
4e	Total	program servi	ice expenses ▶	2,464,1	55		Form 990 (2016)

Part IV Checklist of Required Schedules

Sche Sche Is the Judy to for point if "Y. Judy to provide to provide the ease of "Y. Judy to p	the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete hedule A	1 2 3 4 5 6 7 8	Yes Yes	No No No
3 Did to for p 4 Sect Did to If "Y. 5 Is the assertion of the sect	the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates public office? If "Yes," complete Schedule C, Part I	3 4 5 6 7 8		No No
for p 4 Sect Did t If "YA 5 Is th asse If "YA 6 Did t to pr If "YA 7 Did t for a servi 0 Did t perm 1 If th or X a Did t If "YA b Did t asse c Did t total d Did t in Pa	republic office? If "Yes," complete Schedule C, Part I	4 5 6 7 8	Yes	No No
Did t If "YA 5 Is th asse If "YA 6 Did t to pr If "YA 7 Did t for a servi 0 Did t perm 1 If the or X a Did t If "YA b Did t asse c Did t total d Did t in Pa	the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? "Yes," complete Schedule C, Part II	5 6 7 8	Yes	No No
asse If "YA 6 Did t to pr If "YA 7 Did t for a servi 0 Did t for X a Did t If "YA b Did t asse c Did t to perm to tal d Did t in Pa	"Yes," complete Schedule C, Part III "	6 7 8		No No
to pr If "YA 7 Did t the 6 8 Did t for a servi 0 Did t perm 1 If the or X a Did t If "YA b Did t asse c Did t total d Did t in Pa	provide advice on the distribution or investment of amounts in such funds or accounts? "Yes," complete Schedule D, Part I	7 8		No
the 6 8 Did t If "Y. 9 Did t for a servi 0 Did t perm 1 If the or X a Did t If "Y. b Did t asse c Did t total d Did t in Pa	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	8		
9 Did t for a servi 0 Did t perm 1 If the or X a Did t If "Y. b Did t assec c Did t total d Did t in Pa	"Yes," complete Schedule D, Part III 🥦			No
for a servi O Did t perm I If the or X Did t If "Y. D Did t asset C Did t total d Did t in Pa	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			
perm or X a Did t If "Y b Did t asse c Did t total d Did t in Pa	rvices?If "Yes," complete Schedule D, Part IV 🕏	9		No
or X a Did t If "Y b Did t asse c Did t total d Did t in Pa	d the organization, directly or through a related organization, hold assets in temporarily restricted endowments, rmanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
If "Yb Did tassec Did ttotald Did tin Pa	the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, X as applicable			
asse c Did t total d Did t in Pa	d the organization report an amount for land, buildings, and equipment in Part X, line 10? "Yes," complete Schedule D, Part VI	11a	Yes	
total d Did t in Pa	the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
ın Pa	the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its all assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
	the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
e Did t	d the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
	d the organization's separate or consolidated financial statements for the tax year include a footnote that addresses e organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes	
		12a	Yes	
	the organization obtain separate, independent audited financial statements for the tax year? "Yes," complete Schedule D, Parts XI and XII			
15				
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		Y		_

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		No
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	2016)		Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		
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orm 9	990 (2	2016)				Page 6
Part	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instruction	ns	respoi	nse to li	_
		Check if Schedule O contains a response or note to any line in this Part VI				✓
Sec	ction	n A. Governing Body and Management			1	
1a	Enter	r the number of voting members of the governing body at the end of the tax year label 1a	15		Yes	No
	body,	ere are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O				
b	Enter	r the number of voting members included in line 1a, above, who are independent 1b	15			
		any officer, director, trustee, or key employee have a family relationship or a business relationship with a er, director, trustee, or key employee?	ny other	2		No
		he organization delegate control over management duties customarily performed by or under the direct ficers, directors or trustees, or key employees to a management company or other person?	supervision	3		No
4	Did th	he organization make any significant changes to its governing documents since the prior Form 990 was f	iled?	4	Yes	
5	Did th	he organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did th	he organization have members or stockholders?		6		No
		he organization have members, stockholders, or other persons who had the power to elect or appoint on the solution of the governing body?	e or more	7a		No
		any governance decisions of the organization reserved to (or subject to approval by) members, stockhold ons other than the governing body?	ers, or	7 b		No
		he organization contemporaneously document the meetings held or written actions undertaken during th ollowing	e year by			
а	The g	governing body?		8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	[8b	Yes	
		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at nization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		No
Sec	ction	B. Policies (This Section B requests information about policies not required by the Interna	al Revenue	Code	.)	
			_		Yes	No
		he organization have local chapters, branches, or affiliates?	· -	10a		No
	and b	es," did the organization have written policies and procedures governing the activities of such chapters, a branches to ensure their operations are consistent with the organization's exempt purposes?	;	10ь		
		the organization provided a complete copy of this Form 990 to all members of its governing body before?		11a	Yes	
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990				
		he organization have a written conflict of interest policy? If "No," go to line 13	- ⊢	12a	Yes	
	confli			12b	Yes	
	Sched	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," desc dule O how this was done		12c	Yes	
13	Did th	he organization have a written whistleblower policy?		13	Yes	
14	Did th	he organization have a written document retention and destruction policy?		14	Yes	
		he process for determining compensation of the following persons include a review and approval by inde ons, comparability data, and contemporaneous substantiation of the deliberation and decision?	pendent			
		organization's CEO, Executive Director, or top management official	. [:	15a	Yes	
		r officers or key employees of the organization	· <u> </u>	15b	Yes	
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)				
	taxab	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wi ble entity during the year?	📑	16a		No
	ın joli	es," did the organization follow a written policy or procedure requiring the organization to evaluate its pa int venture arrangements under applicable federal tax law, and take steps to safeguard the organization' to with respect to such arrangements?				
	scatu:	is with respect to such arrangements?	:	16b		
_						
		n C. Disclosure				
		n C. Disclosure the States with which a copy of this Form 990 is required to be filed▶ PA				
17 18	List tl	he States with which a copy of this Form 990 is required to be filed▶	(3)s only)			
17 18	Section availated (the States with which a copy of this Form 990 is required to be filed PA on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) able for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain in Schedule O)				
17 18 19	Section available Description	the States with which a copy of this Form 990 is required to be filed PA on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) able for public inspection. Indicate how you made these available. Check all that apply				

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable co										
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	itutio	nal t	rust	ees,	offic	ers, key employees	s, highest	
Check this box if neither the organization no		rganızat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an on on is	e bo botl	t che x, u n an	eck m Inless office ustee	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
		individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
(1) CHAR MAGARO CHAIR	1 00	×		x				0	0	0
(2) BRIAN LANG VICE CHAIR	1 00	×		×				0	0	0
(3) BARBARA SMITH SECRETARY	1 00	x		×				0	0	0
(4) TIMOTHY FULTON TREASURER	1 00	х		x				0	0	0
(5) THOMAS SCHMIDT III DIRECTOR	1 00	×						0	0	0
(6) SUE HOSTLER DIRECTOR	1 00	x						0	0	0
(7) SCOTT TOBE	1 00	×						0	0	0

(1) CHAR MAGARO CHAIR	1 00	x		х		0	0	0
(2) BRIAN LANG VICE CHAIR	1 00	x		х		0	0	0
(3) BARBARA SMITH SECRETARY	1 00	x		х		0	0	0
(4) TIMOTHY FULTON TREASURER	1 00	x		х		0	0	0
(5) THOMAS SCHMIDT III DIRECTOR	1 00	x				0	0	0
(6) SUE HOSTLER DIRECTOR	1 00	х				0	0	0
(7) SCOTT TOBE DIRECTOR	1 00	x				0	0	0
(8) COREY WOLFF DIRECTOR	1 00	x				0	0	0
(9) RANDALL CLINE DIRECTOR	1 00	×				0	0	0
(10) DIANA DAKEY DIRECTOR	1 00	x				0	0	0
(11) JAMIE GAUTHIER DIRECTOR	1 00	х				0	0	0
(12) CECILY KIHN DIRECTOR	1 00	×				0	0	0
in the second			ı T				l	I

(15) MARILYN KAUFFMAN DIRECTOR	1 00	x			0	0	0
(16) LARRY SCHWEIGER PRESIDENT & CEO	40 00		Х		180,000	0	4,100
(17) JACQUELYN BONOMO EXECUTIVE VICE PRESIDENT & COO	40 00		×		125,000	0	9,727
							Form 990 (2016)

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,	· · · ·							-	` -		
(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of	t che unles ficer	s pers	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	_,,	MISC)	related organizations	
(18) GEORGE JUGOVIC VICE PRESIDENT OF LEGAL AFFAIRS	40 00					х		119,383	0	12,456	
1b Sub-Total					•	•					
c Total from continuation sheets to Part defends to Part defends Total (add lines 1b and 1c)	•				>	-		424,383	0	26,283	
Total number of individuals (including but of reportable compensation from the organization)	not limited to				e) w	/ho re	ceiv	ed more than \$100	,000		

_	of reportable compensation from the organization > 3

c 7	Total from continuation sheets to Part VII, Section A			
d 7	Total (add lines 1b and 1c)	0		26,283
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 3			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	2		No

d	Total (add lines 1b and 1c)	0		26,283
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 3			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			
	ine 1a' It res, complete schedule Froi such molvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.			

of reportable compensation from the organization ► 3			
		Yes	No
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
individual	4	Yes	
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	of reportable compensation from the organization ▶ 3 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirming the organization. Report compensation for the calendar year ending with or within the organization's tax year	ompensa	ition	
	(A) Name and business address Description of services		(C	,

			3		INO
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for sindividual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization of services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received mor from the organization. Report compensation for the calendar year ending with or within the organ		ensa	ition	
	(A)	(B)		(C)
	Name and business address	Description of services		Compen	sation
CLIE	FON LARCON ALLEN	COURCED ACCOUNTING			112.000

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for individual	such	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more from the organization. Report compensation for the calendar year ending with or within the organization.		ensa	ation	
	(A) Name and business address	(B) Description of services		(C Comper	
CLIF		SOURCED ACCOUNTING /ICES			112,650
610	N GERMANTOWN PIKE SUITE 400				

S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contracto from the organization Report compensation for the calendar year ending with		ensation
	(A)	(B)	(C)
	Name and business address	Description of services	Compensation
CLIF	TON LARSON ALLEN	OUTSOURCED ACCOUNTING SERVICES	112,650
	W GERMANTOWN PIKE SUITE 400 1OUTH MEETING, PA 19462		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Form **990** (2016)

Part		I Statement of	Revenue								rage 3
				a respo	onse or note to any	line in t	hıs Part VII	ι			🗆
				•		((A) revenue	Rela exe fun	B) ted or empt ction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1:	a Federated campaigi	ns	1a				rev	enue		512-514
nts nts		b Membership dues		1b	<u> </u>						
iral 10 u		c Fundraising events		1c	7,936						
S. G Aπ		d Related organizatio		1d							
Siff lar		e Government grants (co			<u> </u>						
imi		f All other contributions,		1e							
io S	1	and similar amounts no		1f	1,705,910						
Contributions, Gifts, Grants and Other Similar Amounts	١.	above 9 Noncash contribution	ne included								
ËÒ	'	in lines 1a-1f \$		5,27	<u>72</u>						
Cont and		Total.Add lines 1a-1	f		•	1	,713,846				
	_				Business		.,, 13,010				
JU.	2 a	LEGAL INCOME				541100	6	15,601	615,	601	
Ę.	b	MEMBERSHIP DUES				541700		23,555	23,	555	
Service Revenue	c										
ξέ	d			_							
E S	е	· -		_							
Program	f	All other program se	rvice revenue	<u> </u>							
Æ	g	Total.Add lines 2a-2f			>	539,156					
	3	Investment income (in	ncluding divid	lends, ı	interest, and other		20.56				20.555
		similar amounts) .			•	`	30,56	5			30,565
		Income from investme Royalties				-					
	5	Royalties	(ı) Rea		(II) Personal	1					
	6a	Gross rents	(1) 1100	•	(ii) i ci sonai	1					
				39,597							
	Ŀ	Less rental expenses		10,638							
		: Rental income or		28,959		1					
		(loss)					20.05				
	C	Net rental income of	, ,			1	28,95	9	28,959		
	7a	Gross amount from sales of assets other than inventory	(ı) Securi	595,079	(II) Other						
	Ł	Less cost or other basis and sales expenses	1,5	500,301							
	c	Gain or (loss)	1	194,778							
		Net gain or (loss) .			<u> </u>		194,77	8			194,778
Other Revenue		contributions reporte See Part IV, line 18	7,936 d on line 1c)	of		4					
ď		Less direct expenses		Ь	5,713		-1,78	4			-1,784
her		: Net income or (loss)			ents		-1,/8	4			-1,/84
ŏ	90	Gross income from g See Part IV, line 19		ies							
				а		_					
		Less direct expenses		b							
		: Net income or (loss)		activit	ies						
	10	aGross sales of invent returns and allowand	es	a							
	Ŀ	Less cost of goods s	old	b							
	•	Net income or (loss)		invent							
	4.4	Miscellaneous	Revenue		Business Code	4					
	11	.a									
	Ŀ										
	c	:									
		All other revenue .									
		i All other revenue . • Total. Add lines 11a	-11d			1		-			
					•						
	12	Total revenue. See	instructions	• •	• • • •		2,605,52	0	668,115		0 223,559
											Form 990 (2016)

Form 990 (2016) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) ◪ Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 665,841 1 Grants and other assistance to domestic organizations and 665,841 domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 **3** Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 4 Benefits paid to or for members 39,944 5 Compensation of current officers, directors, trustees, and 331,652 212,218 79,490 key employees . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 144,956 995,666 756,623 94,087 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . 132,795 86,675 18,380 27,740 **9** Other employee benefits . 82,742 14,282 10 Payroll taxes . . 113,370 16,346 11 Fees for services (non-employees) a Management . . **b** Legal 116,447 116.447 c Accounting d Lobbyina . e Professional fundraising services See Part IV, line 17 12.300 12.300 **f** Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 386,718 364,400 2,800 19,518 (A) amount, list line 11g expenses on Schedule O) 1,027 747 280 **12** Advertising and promotion . . . 73,376 31.911 19,005 22,460 13 Office expenses . 41,920 16,961 10,764 14,195 14 Information technology **15** Royalties 24 490 21,152 155.905 110.263 16 Occupancy . 65,680 53,453 4,979 7,248 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,471 20,810 2,401 5,260 19 Conferences, conventions, and meetings 20 Interest . . 21 Payments to affiliates . 4,893 22 Depreciation, depletion, and amortization 28,714 19,003 4,818

26,221

25,748

12,689

3,214,540

17,606

15,740

9,162

2,464,155

8,197

4.875

3,452

421,047

418

5,133

329,338

Form 990 (2016)

75

23 Insurance .

c d

expenses on Schedule O)

a DUES & SUBSCRIPTIONS

b RESEARCH & OTHER

All other expenses

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Page **11**

Form 990 (2016)

Assets or 30

Net

31

32

33

34

	Beginning of year		End of year
1 Cash-non-interest-bearing	1,203,744	1	1,193,86
2 Savings and temporary cash investments	138,905	2	36,888
3 Pledges and grants receivable, net	320,990	3	673,937
4 Accounts receivable, net	16,360	4	26.640

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)

6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use . 8

Assets 49.024 9 51,573 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other 10a 945,320 basis Complete Part VI of Schedule D 459.944 485.287 485,376 10b 10c

b Less accumulated depreciation 1.561.836 11 Investments—publicly traded securities . 11 12 12 Investments—other securities See Part IV, line 11 . 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets

751.148 13.945 15 15 11.039 Other assets See Part IV, line 11 . 3,790,091 3.230,468 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 184,348 17 260,388 18 Grants payable . . . 18 19 10,326 19 10,487 Deferred revenue . . .

Tax-exempt bond liabilities 20 20

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L . 22

Liabilities 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties .

Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 194.674 Total liabilities. Add lines 17 through 25 . 26

270,875 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.

27 1.628,235 27 2.037.047 Unrestricted net assets

Fund Balances 28 1.967.182 28 922.546 Temporarily restricted net assets 29 29 Permanently restricted net assets

30

31

32

33

34

2,959,593

3.230.468

Form **990** (2016)

3,595,417

3.790.091

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2	,605,520
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,214,540
3	Revenue less expenses Subtract line 2 from line 1	3			-609,020
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	,595,417
5	Net unrealized gains (losses) on investments	5			-26,804
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	,959,593
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 31-1607866

Name: CITIZENS FOR PENNSYLVANIA'S FUTURE

Form 990 (2016)

EFFICIENCY AS A RESOURCE AND TO REMOVE BARRIERS TO RENEWABLE ENERGY

Form 990, Part III, Line 4a:

ENERGY PENNFUTURE'S ENERGY CENTER PROGRAM CONTINUED TO WORK ON CLEAN ENERGY AND CLIMATE CHANGE ISSUES. CONSISTENT WITH ITS MISSION OF CHAMPIONING PENNSYLVANIA'S TRANSITION TO A CLEAN ENERGY ECONOMY. WORK INCLUDES DEFENDING THE ABILITY OF CITIZENS TO NET METER ELECTRICITY GENERATION, PROMOTING THE FEDERAL AND STATE CLEAN ENERGY STRATEGIES TO REDUCE GREENHOUSE GAS EMISSIONS, ADVOCATING FOR IMPROVED BUILDING CODES. MONITORING IMPLEMENTATION OF ENERGY EFFICIENCY AND RENEWABLE ENERGY PROGRAMS. DEFENDING AGAINST ATTACKS TO EFFICIENCY AND RENEWABLE ENERGY PROGRAMS, MONITORING ELECTRICITY GRID POLICY IMPLEMENTATION AND REVISIONS, ENGAGING IN UTILITY ENERGY PROCEEDINGS TO PROMOTE ENERGY

WATER PENNFUTURE HAS CONTINUED ITS LONGSTANDING EFFORTS TO PROTECT WATER QUALITY IN PENNSYLVANIA BY PURSUING LITIGATION, ENGAGING IN THE REGULATORY PROCESS, AND MONITORING ACTIVITIES THAT IMPACT WATER QUALITY IN THE LAST YEAR, PENNFUTURE HAS PURSUED LITIGATION THAT HAS RESULTED

LIMIT WATER POLLUTION PENNFUTURE HAS ALSO ACTIVELY MONITORED REGULATORY ACTIVITY RELATED TO MUNICIPAL SEPARATE STORM SEWER SYSTEM ("MS4") PERMITS, RIPARIAN BUFFERS, AND PIPELINES PENNFUTURE HAS SUBMITTED NUMEROUS COMMENT LETTERS TO MUNICIPALITIES, THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION, AND THE FEDERAL ENERGY REGULATORY COMMISSION ADVOCATING FOR IMPROVED WATER QUALITY PROTECTION IN EACH OF THESE

IN IMPROVEMENTS TO PENNSYLVANIA'S EROSION AND SEDIMENTATION PERMIT PROCESSES AND AFFIRMED THE VALIDITY OF A TOTAL MAXIMUM DAILY LOAD (TMDL) TO

Form 990, Part III, Line 4b:

AREAS PENNFUTURE HAS ALSO REVIEWED DISCHARGE MONITORING REPORTS FROM NUMEROUS NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMITTEES TO ASSESS THEIR COMPLIANCE WITH PERMIT CONDITIONS THROUGH THIS WORK (AND OTHERS), PENNFUTURE HAS HELPED TO PROTECT AND PRESERVE

PENNSYLVANIA'S WATER QUALITY FOR PENNSYLVANIA'S CITIZENS AND FUTURE GENERATIONS

AIR PENNFUTURE REVIEWED PUBLIC FILES TO ASSESS THE COMPLIANCE STATUS OF INDUSTRIAL FACILITIES, ISSUED 60-DAY NOTICE LETTERS TO FACILITIES FOUND TO BE VIOLATING THE LAW, SUBMITTED COMMENTS ON AIR QUALITY PERMITS, EDUCATED THE PUBLIC ON VARIOUS PUBLIC HEALTH HAZARDS ASSOCIATED WITH AIR POLLUTION, PARTICIPATED IN PUBLIC MEETINGS TO COMMENT ON PROPOSED REGULATIONS INTENDED TO ADDRESS VARIOUS TYPES OF AIR POLLUTION, AND FACILITATED COMMUNITY MEETINGS TO ORGANIZE AND EDUCATE PERSONS BEING IMPACTED BY SPECIFIC SOURCES OF AIR POLLUTION

Form 990, Part III, Line 4c:

efile	e GRA	APHIC prii	nt - DO NOT PROC	ESS	As Filed Data -			DLN: 9	3493335002177
SCI	HED	ULE A	Pub	lic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(For	m 990			the org	ganization is a sect	ion 501(c)(3) d	organization o		2016
990E	CZ)			•	4947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Information	about	Schedule A (Form			ıctions is at	Open to Public Inspection
Nam	e of th	ne Service ne organiza			<u>www.ns.g</u>	<u> </u>		Employer identific	<u> </u>
.11 1 ZE	:NS FOR	R PENNSYLVAN	IIA'S FUTURE					31-1607866	
Pa			for Public Charity					See instructions.	
	rganız		a private foundation be		•	•	,	/A)/:>	
1		·	onvention of churches					(A)(I).	
2			scribed in section 17			,	• • • • • • • • • • • • • • • • • • • •	:::>	
			or a cooperative hospit		-				
4	Ш		esearch organization o and state	perateo	in conjunction with	a nospital descri	bed in section	1/U(B)(1)(A)(III). E	nter the nospital's
5			ation operated for the lation (iv). (Complete Part II		of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6			tate, or local governm	•	governmental unit de	scribed in sectio	on 170(b)(1)(A	۸)(v).	
7	✓	section 17	ation that normally rec ' 0(b)(1)(A)(vi). (Cor	nplete I	Part II)			ınıt or from the gener	al public described in
8		A communi	ty trust described in s e	ection	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organizat rant college of agriculti						ege or university or a
10		from activit	ation that normally rec ties related to its exem income and unrelated See section 509(a)(2	pt func busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11			ation organized and op			r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and op ly supported organiza i through 12d that des	tions de	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization n(s) the power to regu Part IV, Sections A a	opera larly ap	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization of the supporting or plete Part IV, Section	n supe ganızat	ion vested in the san				
С		Type III f	unctionally integrate organization(s) (see in	d. A su	ipporting organizatioi				ted with, its
d		functionally	on-functionally inter integrated The organ (i) You must complet	ization	generally must satisf	fy a distribution i			
e		Check this	box if the organization	receive	ed a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-functions of supported organization		ntegrated supporting	organization			
g	Provid	de the follow	ing information about	the sup	ported organization(s)			
(i)N		f supported ((iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			L						
				-					
Tota		usuk Di 1	tion Act Notice, see	blac =		Cat No 11285	-	Cabadula A / P	 90 or 990-EZ) 2016

(a)2012 (b)2013 (c)2014 (d)2015 (e)2016 (f)Total

(or fiscal year beginning in) ▶ 2,000,541 2,463,115 2,492,534 3,697,291 1,713,846 Amounts from line 4

12,367,327 Gross income from interest, dividends, payments received on 45,319 39,393 34,770 70,182 70,162 259,826 securities loans, rents, royalties and

10,075

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test—2015. If the organization did not 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

40,480

8,536

12

14

15

Schedule A (Form 990 or 990-EZ) 2016

70,091

12,697,244

676,095

52 810 %

50 820 %

▶ 🗹

▶□

11,000

income from similar sources 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

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 Schedule A, Part II, line 14

Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

assets (Explain in Part VI) 11 Total support. Add lines 7 through

organization

instructions

supported organization

hedule A (Form 990 or 990-EZ) 2016						Page 3
Support Schedule for (Complete only if you of the organization fails to	hecked the box	on line 10 of P	art I or if the or	ganızatıon faile	' '	er Part II. If
Section A. Public Support	•			•		
Calendar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
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						

	Gross receipts from activities that are not an unrelated trade or business under section 513				
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				
5 سر	The value of services or facilities <u>furnished by a covernmental unit to a</u>	 	<u> </u>		
ो द ार	,				
<u>'</u>					
41.					
n-					
	•				
	<i>7</i> 1				
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1					

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

7

8

10a

Schedule A (Form 990 or 990-EZ) 2016

Sections A and D, and complete Part V) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	1 - '		l

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2)	L
	W 20010 305 (4)(1) 01 (2)	L
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)	Ĺ
	below	ſ
•	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the	

	III Section 309(a)(1) or (2)	2	i
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	i

	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below	4a	
	Did the eventualities have obtained and discussion in deciding whather to make make to the fewers commented	\Box	

		30	l
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections	·	
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		

	to the foleigh supported organization was used exclusively for section 170(e)(2)(b) purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by		
	amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗆	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such			
	powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
			•	•
Se	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		Τ.,	
	Did the appropriate any would be each of the grown what a manufacture has the last through a COL manufacture.	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	Form 990 that was most recently filed as of the date of notification, and (III) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
			1	
	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instru	ictions))
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supporte organizations and explain how these activities directly furthered their exempt purposes, how the organization was	3		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of 3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	<u> </u>	1	
,	supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		
		,	1	

1	t V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rganiz	ations	Pag
	Check here if the organization satisfied the Integral Part Test as a qualifying true Type III non-functionally integrated supporting organizations must complete Se			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
				•
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
4	Trital (add lines 1a 1h_and 1c)	14		
A 3-	In.			
<u> </u>	Ere.			
	Pro-			
**				
<u> </u>				
• •				
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	•			

Schedule A (Form 990 or 990-EZ) (2016)

e Excess from 2016. . . .



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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

2016

OMB No 1545-0047

DLN: 93493335002177

SCHEDULE C

(Form 990 or 990-

EZ)

-	ment of the Treasury I Revenue Service	►Inform	nation about Schedule C (Form 99 <u>www.irs.qov/</u>	•	ts instruc	ctions is at	Inspection
• Se • S • S If the • S If the (Prox	ection 501(c)(3) or section 501(c) (oth section 527 organiz organization ans section 501(c)(3) o section 501(c)(3) o organization ans ty Tax) (see sepal	ganizations Corer than section 5 zations Complet swered "Yes" or rganizations that rganizations that swered "Yes" or rate instruction	n Form 990, Part IV, Line 4, or Form thave filed Form 5768 (election unde thave NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T	ete Part I-C rts I-A and C below 990-EZ, Part VI, IIn r section 501(h)) Co under section 501(h	Do not co ne 47 (Lob omplete Pa)) Comple	mplete Part I-B bying Activiti art II-A Do not context Part II-B Do	es), then complete Part II-B o not complete Part II-A
Nam	ne of the organizat	tion				Employer ide	entification number
CITI	ZENS FOR PENNSYLV	ANIA S FUTURE				31-1607866	
Part	I-A Complet	te if the orga	nization is exempt under sect	ion 501(c) or is	a sectio	n 527 orgar	ization.
1 2 3	Provide a descrip Political expendit Volunteer hours		ization's direct and indirect political c	ampaign activities in	n Part IV	•	\$
Part	I-B Complet	te if the orga	nization is exempt under sect	ion 501(c)(3).			
1	Enter the amount	t of any excise ta	ex incurred by the organization under	section 4955		>	\$
2	Enter the amount	t of any excise ta	ex incurred by organization managers	under section 4955		•	\$
3	If the organizatio	n incurred a sect	cion 4955 tax, did it file Form 4720 fo	r this year?			☐ Yes ☐ No
4a	Was a correction	made?					☐ Yes ☐ No
ь	If "Yes," describe			. =01()		=04()(F	
			nization is exempt under sect				-
1			ed by the filing organization for section	•			\$
2	function activities		anızatıon's funds contributed to other	organizations for se	ection 527	exempt >	\$
3	Total exempt fun	ction expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	lıne 17b	>	\$
4	Did the filing orga	anızatıon file Forı	m 1120-POL for this year?				☐ Yes ☐ No
5	organization mad of political contrib	le payments For outions received	employer identification number (EIN) each organization listed, enter the ai that were promptly and directly deliv- ee (PAC) If additional space is needed	mount paid from the ered to a separate p	filing orga olitical org	anızatıon's fund Janızatıon, such	s Also enter the amount
	(a) Nam	e	(b) Address	(c) EIN	filing o	ount paid from organization's If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2							
3							
4							
					1		
5							

36,132

75,710

16,767

21,567

70,464

11,780

15,074

70,464

7,350

12,500

80,182

6,206

Schedule C (Form 990 or 990-EZ) 2016

1.780,910

85,273

296,820

445.230

42,103

(150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

Department of the Treasury Internal Revenue Service Name of the organization

CITIZENS FOR PENNSYLVANIA'S FUTURE

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

DLN: 93493335002177 OMB No 1545-0047 Open to Public Inspection **Employer identification number**

						31-	1607866			
Pa		anizations Maintaining Donor nplete if the organization answere				ls or Ac	counts.			
			(a) Donor advised	funds		(b	Funds and othe	er acco	unts	
	Total num	ber at end of year								
2	Aggregate year)	value of contributions to (during								
3	Aggregate	value of grants from (during year)								
ļ	Aggregate	value at end of year								
i		anization inform all donors and donor ne organization's property, subject to t				r advised			Yes	
•	used only fo	anization inform all grantees, donors, or charitable purposes and not for the mpermissible private benefit?					urpose		Yes	□ No
Pai	Con	servation Easements. Complet	e if the organization a	nswer	ed "Yes" on F	orm 990), Part IV, line	7.		
	Purpose(s)	of conservation easements held by the	e organization (check all	that app	oly)					
	☐ Preser	vation of land for public use (e g , rec	reation or education)		Preservation o	f an histoi	rically important	t land a	area	
	☐ Protec	tion of natural habitat			Preservation o	f a certifie	d historic struct	ture		
	Preser	vation of open space								
2		nes 2a through 2d if the organization l n the last day of the tax year	held a qualified conservat	tion con	tribution in the	e form of	a conservation Held at the	End o	of the	Year
а	Total numbe	er of conservation easements				2a				
b	Total acreag	e restricted by conservation easemen	ts			2b				
С	Number of c	onservation easements on a certified	historic structure include	d ın (a)		2c				
d		onservation easements included in (c ted in the National Register) acquired after 8/17/06,	and no	t on a historic	2d				
3	Number of o	conservation easements modified, trai	nsferred, released, exting	juished,	or terminated	by the or	ganızatıon durır	ng the		
ļ	Number of s	states where property subject to cons	ervation easement is loca	ited ►_		_				
•		ganization have a written policy regar ment of the conservation easements i		ıng, ıns	pection, handl	ing of viol		Yes		No
•	Staff and vo	olunteer hours devoted to monitoring,	inspecting, handling of v	iolation	s, and enforcin	ig conserv	ation easement	s durır	ng the	year
,	Amount of €	expenses incurred in monitoring, inspe	ecting, handling of violation	ons, and	d enforcing cor	nservation	easements dur	ing the	e year	
3		conservation easement reported on lin 170(h)(4)(B)(ii)?	e 2(d) above satisfy the	require	ments of sectio	on 170(h)ı		Yes		No
)	balance she	describe how the organization report et, and include, if applicable, the text ation's accounting for conservation ea	of the footnote to the or					,		
ar		anizations Maintaining Collect plete if the organization answere				Other Si	milar Assets	;_		
.a	If the organ art, historica	ization elected, as permitted under Sf al treasures, or other similar assets he Part XIII, the text of the footnote to it	FAS 116 (ASC 958), not telled for public exhibition, e	o repor	t in its revenue on, or research	ın furthei				of
b	historical tre	ization elected, as permitted under Si easures, or other similar assets held fo nounts relating to these items								
(i) Revenue in	cluded on Form 990, Part VIII, line 1					▶ \$			
(i	i)Assets ınclu	ided in Form 990, Part X					▶ \$			
2		ization received or held works of art, nounts required to be reported under				financial g	gain, provide the	2		
а	Revenue inc	cluded on Form 990, Part VIII, line 1					▶ \$			

b Assets included in Form 990, Part X

▶ \$

Pai	t IIII	Organizations Mainta	ining Coll	ections of	Art, Hi	stori	cal T	reasu	ires, or	Other	Similar A	ssets	continued))
3		the organization's acquisition (check all that apply)	n, accessior	n, and other re	ecords, c	heck a	any of	the fo	llowing tl	nat are a	significant	use of it	s collection	ı
а		Public exhibition				d		Loan	or excha	nge prog	rams			
b		Scholarly research				e		Othe	r					
С		Preservation for future gene	rations											
4	Provide Part	de a description of the organi KIII	zation's coll	ections and e	xplain ho	ow the	y furtl	ner the	e organiz	ation's ex	empt purp	ose in		
5		g the year, did the organizati s to be sold to raise funds rat									ılar	□ Y	es 🗆	No
Pa	rt IV	Escrow and Custodial							_					
		Complete if the organiza X, line 21.	ation answ	ered "Yes" (on Form	า 990	, Part	IV, lı	ne 9, or	reporte	d an amo	unt on	Form 990	, Part
1a		e organization an agent, trust ded on Form 990, Part X?	ee, custodia	an or other int	termedia	ry for	contri	bution	s or othe	r assets ı	not	□ Y	es 🗆	No
b	If "Y∈	es," explain the arrangement	ın Part XIII	and complete	the follo	owing	table		[Amount		_
С	Begin	ning balance								1c				
d	Addıt	ions during the year								1d				
е	Dıstrı	butions during the year								1e				
f	Endın	g balance								1f				
2 a	Did th	ne organization include an am	nount on Fo	rm 990, Part 3	X, line 2:	1, for	escrow	or cu	stodial a	ccount lia	bility?	□ Y	es 🗆	No
b	If "Ye	s," explain the arrangement i	ın Part XIII	Check here i	f the exp	olanati	on has	been	provided	l in Part)	(III			
Pa	rt V	Endowment Funds. Co							•					
				(a)Current y			or yea			ars back	(d)Three ye		(e)Four ye	ars back
1 a	Beginn	ing of year balance												
b	Contrib	outions												
c	Net inv	estment earnings, gains, and	losses											
d	Grants	or scholarships												
е		expenditures for facilities ograms												
f	Admını	strative expenses												
g	End of	year balance												
2	Provid	de the estimated percentage	of the curre	nt year end b	alance (l	line 1g	g, colu	mn (a))) held as	5				
а	Board	d designated or quasi-endown	nent 🟲											
b	Perm	anent endowment 🕨												
С	Temp	orarily restricted endowment	>											
	The p	ercentages on lines 2a, 2b, a	nd 2c shoul	ld equal 100%	6									
3a	orgar	nere endowment funds not in lization by	the posses	sion of the org	ganızatıo	n that	are h	eld an	d admini	stered fo	the	_	Yes	No
		nrelated organizations					•						a(i)	
b		elated organizations is" on 3a(ii), are the related o	· · ·	clisted as res	· · ·	Scho	 dulo P	•				3	a(ii) 3b	+
4		ibe in Part XIII the intended	-		•			•					30	
	rt VI	Land, Buildings, and I				- I - I - I	41143							
		Complete if the organiza			n Form	990,	Part :	IV, lın	ne 11a. :	See For	n 990, Pa	rt X, lır	ne 10.	
	Descri		Oost or oth (Investme	er basis ((b) Cost or						epreciation		(d)Book val	ue
1a	Land						-	70,000						70,000
b	Buildin	gs					60	00,151			227,492			372,659
		old improvements												
		nent					27	75,169			232,452			42,717
	Other							-			·			<u> </u>
		lines 1a through 1e (Column	(d) must ed	gual Form 990	O, Part X,	. colun	nn (B)	, line 1	10(c)) .		>			485,376

	See Form 990, Part X, line 12.			
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
.)Financial o	derivatives			·
Other	eld equity interests	_		
.)				
)				
)				
))				
)				
)				
i)				
1)				
	(b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII	Investments—Program Related. Complete if the ord See Form 990, Part X, line 13.	ganization answ	ered 'Yes' on Forn	n 990, Part IV, line 11c.
		(b) Book value		ethod of valuation d-of-year market value
.)				·
2)				
;)				
1)				
5)				
)				
')				
3)				
))				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	n Form 990, Part	IV, line 11d See Fo	m 990, Part X, line 15 (b) Book value
.)				
)				
)				
)				
)				
)))				
))))				
)				
))))))) obtal. (Column	nn (b) must equal Form 990, Part X, col (B) line 15)		n 000 Part IV Iva	. >
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer	ed 'Yes' on Forr	· · · · · · · · · · · · · · · · · · ·	
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in)	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) part X)) Federal in)))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X))))) perton in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X)))))) petal. (Column Part X))))))))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	

2

b

c

Part XII

5

1

2

b

d

е

3

4

Schedule D (Form 990) 2016

(I	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments 2a -26,804 Donated services and use of facilities 2b

b 2c c d 2d 16,351

е 3 Subtract line **2e** from line **1** 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . . .

Other losses

Subtract line 2e from line 1 .

Prior year adjustments

Other (Describe in Part XIII)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25

4a 4b

2a

2b 2c

2d

4h

16,351

4c

2e 3

2e 3

3.214.540 4c

Page 4

2,595,067

-10,453

2,605,520

2,605,520

3,230,891

16,351

Page 5		Schedule D (Form 990) 2015			
	ation (continued)	Part XIII Supplemental Infor			
	Explanation	Return Reference			

Schedule D (Form 990) 2016

Additional Data

Software Version: **EIN:** 31-1607866

Name: CITIZENS FOR PENNSYLVANIA'S FUTURE

S PENNEUTURE IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS

Supplemental Information

Return Reference PART X, LINE 2

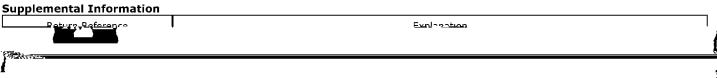
Explanation

PENNFUTURE QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND, THEREFORE, HAS NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES PE NNFUTURE FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. THE APPLICATION OF T HE STANDARD HAS NO IMPACT ON PENNFUTURE'S FINANCIAL STATEMENTS PENNFUTURE'S INFORMATIONAL TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIE

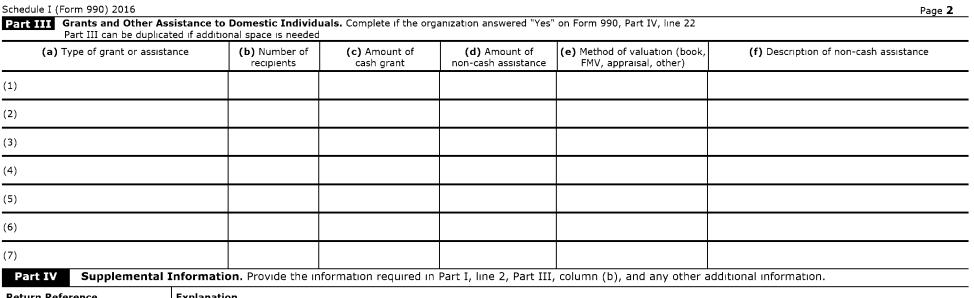
Software ID:

Supplemental Information				
Return Reference	Explanation			
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 10,638 FUNDRAISING EVENT EXPENSES 5,713			

S



efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DLN: 93493335002177	
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .						OMB No 1545-0047 2016 Open to Public Inspection	
Name of the organization						Employer	ployer identification number	
CITIZENS FOR PENNSYLVANIA'S FUTURE						31-16078	31-1607866	
Part I General Info	rmation on Grants	and Assistance				•		
the selection criteria us	ed to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No	
Part II Grants and Oth	er Assistance to Dom	estic Organizations a	se of grant funds in the Ur ind Domestic Governme ditional space is needed		ganızatıon answered "Yes"	on Form 990, Part	IV, line 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assis		
		=					6	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Cat No 50055	iP		Schedule I (Form 990) 2016	



Additional Data

CLEAN AIR COUNCIL

135 S 19TH STREET PHILADELPHIA, PA 19103

		Name:	: 31-1607866 : CITIZENS FOR PENN				
Form 990,Schedule I, Part (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEAN AIR COUNCIL 135 S 19TH STREET PHILADELPHIA, PA 19103	23-1683461	501(C)(3)	64,400				CHALLENGE DRILLING - EVERYWHERE ZONING - MIDDLESEX TWP, BUTLER COUNTY

18,400

GORSLINE AMICUS

BRIEF

501(C)(3)

23-1683461

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 23-1683461 501(C)(3) 50.000 EXPORT PIPELINES CLEAN AIR COUNCIL 135 S 19TH STREET CLOTHED AS THE

PHILADELPHIA, PA 19103					STATE MUST APPLY THE ERA
CLEAN AIR COUNCIL 135 S 19TH STREET	23-1683461	501(C)(3)	20,000		PROTECTING THE RIGHTS OF IMPACTED

135 S 191H STREET PHILADELPHIA, PA 19103

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RESIDENTS TO PARTICIPATE IN LAND USE HEARINGS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance DELAWARE RIVERKEEPER 74-3255972 501(C)(3) 227,654 WHAT IT MEANS FOR PA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

NETWORK 925 CANAL STREET SUITE 3701 BRISTOL, PA 19007		(-)(-)			I .	DEP TO HAVE AN ERA OBLIGATION
ENVIRONMENTAL INTEGRITY PROJECT 1000 VERMONT AVENUE NW SUITE 1100	20-1326922	501(C)(3)	75,000			ROBINSON TOWNSHIP OIL AND GAS ORDINANCE CHALLENGE

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
46-2642901	501(C)(3)	71,800	J'			PROTECT PENN			
	(b) EIN	(b) EIN (c) IRC section if applicable	(b) EIN (c) IRC section (d) Amount of cash grant 46-2642901 501(C)(3) 71,800	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) 46-2642901 501(C)(3) 71,800	(b) EIN (c) IRC section If applicable (d) Amount of cash grant (e) Amount of non-cash assistance (book, FMV, appraisal, other) (g) Description of non-cash assistance (book, FMV, appraisal, other)			

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance MOUNTAIN WATERSHED 25-1730301 501(C)(3) 7.000 PENN TOWNSHIP LAND LISE APPEAL ASSOCIATION

PO BOX 408 1414-B ICV ROAD MELCROFT, PA 15462					741127
MOUNTAIN WATERSHED	25-1730301	501(C)(3)	47,200		ELIZABETH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MELCROFT, PA 15462

TH TOWNSHIP LAND USE APPEAL ASSOCIATION PO BOX 408 1414-B ICV ROAD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 25-1730301 501(C)(3) 9.000 APPEAL OF SUNOCO'S MOUNTAIN WATERSHED ASSOCIATION MARINER EAST

PO BOX 408 1414-B ICV ROAD PERMITS MELCROFT PA 15462 PROTECT ELIZABETH 81-1460923 501(C)(3) 19.000 THE BETTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 43

BUENA VISTA, PA 15018

TOWNSHIP COMMUNITY INITIATIVE **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

DLN: 93493335002177

2015

Open to Public Inspection

Department of the Treasury Internal Revenue

Schedule J (Form 990)

erv	rice					
	me of the organization IZENS FOR PENNSYLVANIA'S FUTURE Employer identif	ication nur	nber			
CII	31-1607866					
Pa	rt I Questions Regarding Compensation					
			Yes	No		
La	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel Housing allowance or residence for personal use					
	☐ Travel for companions ☐ Payments for business use of personal residence					
	Tax idemnification and gross-up payments Health or social club dues or initiation fees					
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	Compensation committee					
	☐ Independent compensation consultant ☐ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
ŀ	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization	ation				
а	Receive a severance payment or change-of-control payment?	4a		Νo		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of					
а	The organization?	5a		Νo		
b	Any related organization?	5b		Νo		
	If "Yes," on line 5a or 5b, describe in Part III					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6 a		Νo		
b	Any related organization?	6b		No		
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νo		
3	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			No		

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	· · ·	(E) Total of columns	` ' '
	Base	(II) Bonus & Incentive	(iII) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior
	(I) compensation	compensation	compensation	Compensation			Form 990

4.100

184,100

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation					
		Base (1) compensation	(II) Bonus & Incentive compensation	(iII) Other reportable compensation			
1 LARRY SCHWEIGER	7:3	180.000	0	0			

Schedule J (Form 990) 2015

PRESIDENT & CEO

Return Reference	Explanation							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Part IIII Supplemental Inform	nation							
Schedule J (Form 990) 2015	nedule J (Form 990) 2015							

Schedule J (Form 990) 2015

efile GRAPHI	C print - DO NO	T PROCES	S As F	iled Data -					DI	_N: 93	4933	350	02177
Schedule L (Form 990 or 990	-EZ)		► Comp rm 990, P	ns with li	anization ans 5a, 25b, 26, 3	swered 27, 28a, 28b,		lc,			^{18 No}		
				990-EZ, Part ch to Form 99							20		U
Department of the Trea Internal Revenue Servi	isurv	ormation abo	out Sched	ule L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at)pen Insp	to Pu Jecti	
Name of the org CITIZENS FOR PEN	anızatıon NSYLVANIA'S FUTURI	≣						•	-	entifica	ition r	umb	er
Part I Exce	ss Benefit Trar	nsactions (s	section 501	(c)(3), section	501(c)(4), and	501(c)(29) o			7866 s onlv)				
Comp	lete if the organiza	ition answered	d "Yes" on	Form 990, Part	IV, line 25a or	25b, or Form	990-E						
1 (a) Name of disquali	fied person	(b)	Relationship be		lified person a	nd		escript		<u> </u>		rected?
					organization			Lī	ansact	ION	Y	es	No
Con repo (a) Name of	ans to and/or I nplete if the organ orted an amount o (b) Relationship with organization	ization answei n Form 990, F (c) Purpose	red "Yes" o Part X, line (d) Loan	n Form 990-EZ 5, 6, or 22	(e)Original principal amount	(f)Balance	(g)	Part IV, line 26, or if to (g) In efault? Approved by board or committee?		(i)Written by agreement?			
			То	From	-		Yes	No	Yes	No	Yes		No
										-			
										+			
Total	l				<u> </u>								
	nts or Assistar	nce Benefit	ina Inter										
	nplete if the orga					line 27.							
(a) Name of Inter	rested person (b) Relationship erested perso organizati	n and the	(c) Amount	of assistance	(d) Type	of assı	stand	ce	(e) Pu	rpose (of assi	stance
	+												
									-+				
or Danerwork Ded	luction Act Notice s	see the Instruc	tions for E	rm 000 or 000-l		l at No. 50056∆		C =		I /F	000 -	- 000	E7) 201

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction between interested transaction of person and the organization's revenues? organization Yes No (1) LARRY SCHWEIGER PRESIDENT AND CEO PENNFUTURE HAS A 39 8625% Nο EOUITY INTEREST IN PACECONTROLS, LLC THE INVESTMENT IS CARRIED AT A ZERO VALUE LARRY SCHWEIGER. PRESIDENT AND CEO OF PENNFUTURE, IS A MEMBER OF THE BOARD OF DIRECTORS OF

PACECONTROLS, LLC Part V Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions)

Explanation

Schedule L (Form 990 or 990-EZ) 2016

Return Reference

efile GRAPH	N: 93493335002177								
SCHEDUL	E O	Sunnlement	al Informatic	on to Form 990 or	1 to Form 990 or 990-EZ				
(Form 990 or EZ) Department of the 1	· 990-	Complete to pro Form 990 c	ovide information fo or 990-EZ or to prov ▶ Attach to Form t Schedule O (Form	for responses to specific questions on winder any additional information. In 990 or 990-EZ, and its instructions is at gov/form990.					
Internal Revenue Se Name of the org CITIZENS FOR PER		S FUTURE		Employer identification number 31-1607866					
990 Schedul	e O, Sup	plemental Informatio	n		1				
Return Reference		Explanation							
FORM 990, PART VI,	PENNFUTURE APPROVED TO AMEND THE BYLAWS INCREASING THE TERM OF THE OFFICERS FROM ONE TO TW O YEARS AND TO PROVIDE FOR AN EXTENSION OF THE DIRECTOR'S TERM IF NEEDED TO ACCOMMODATE TH								

LINE 4

Return Explanation
Reference

FORM 990	AN ELECTRONIC DRAFT OF THE FORM 990 IS CIRCULATED TO THE BOARD OF DIRECTORS FOR REVIEW AND
i Ortivi 330,	AN ELECTRONIC DIVALLO IN THE LOUIS 300 CONCOLATED TO THE BOARD OF DIRECTOROL ON REVIEW AND
PART VI.	APPROVAL A MAJORITY OF THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND APPROVE THE RETURN
I CIVI VI,	ALL ROVAL A MAJORITI OF THE BOARD MEMBERS ARE REQUIRED TO REVIEW AND ALL ROVE THE RETORN
SECTION B	WRITTEN COMMENTS AND QUESTIONS REGARDING THE RETURN. IF ANY, AND APPROVAL ARE SENT TO THE
SECTION D.	WITH EN COMMENTS AND GOESTIONS REGARDING THE RETORN, IL ANT, AND ALL ROVAL ARE SENT TO THE
LINE 11B	PREPARER
LINE LID	IFNEFANEN

Explanation Return Reference

FORM 990. ON AN ANNUAL BASIS. BOARD MEMBERS ARE REQUIRED TO SIGN A DOCUMENT STATING THAT THEY HAVE N PART VI. O CONFLICTS OF INTEREST WITH THE ORGANIZATION OR OUTSIDE PARTIES THAT WOULD DIMINISH THEIR SECTION B. CAPACITY TO SERVE

LINE 12C

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PENNFUTURE MUST ATTRACT AND RETAIN THE MOST QUALIFIED STAFF IF IT IS GOING TO FULFILL ITS MISSION AND UNDERSTANDS THAT EMPLOYEES COULD EARN MORE IN THE FOR-PROFIT SECTOR EMPLOYEES WORK FOR PENNFUTURE AS A RESULT OF THEIR COMMITMENT TO ENVIRONMENTAL PROTECTION AND RECOGNIZE THAT PENNFUTURE, AS A NON-PROFIT CORPORATION, CANNOT PAY STAFF WHAT OTHERWISE MIGHT BE CONSIDERED THEIR FAIR MARKET VALUE PENNFUTURE ALSO RECOGNIZES THAT ITS STAFF HAS SKILLS THAT CAN PROVIDE VALUABLE TECHNICAL ASSISTANCE TO OTHER ORGANIZATIONS IN SUPPORT OF THEIR MISSION AND THE MISSION OF PENNFUTURE, AS WELL AS PROVIDE AN OPPORTUNITY FOR PENNFUTURE TO O RECEIVE REVENUE THAT SUPPORTS ITS ACTIVITIES FOR THE CHIEF EXECUTIVE AND OFFICERS OF THE BOARD, PENNFUTURE REVIEWS AND COMPARES THE PAY LEVELS OF OTHER SIMILARLY SITUATED NON-PROFITS (AS ADJUSTED FOR EMPLOYMENT MARKETS), AS WELL AS THE EXPERIENCE AND EDUCATION OF POTENTIAL CANDIDATES THE DETERMINED PAY LEVELS FOR THE CHIEF EXECUTIVE STAFF IS THEN APPROVED BY THE BOARD PENNFUTURE CONTRACTS WITH AN OUTSIDE CONSULTANT, PAYSCALE, TO REVIEW JOB DESCRIPTIONS AND ASSOCIATED COMPENSATION THE INFORMATION IS BENCHMARKED AGAINST THE MARKETPLACE THIS WORK HAS BEEN ONGOING SINCE JANUARY 2016 THE COMPENSATION PROGRAM IS BASED ON MARKET DATA AND PERFORMANCE AGAINST INDIVIDUAL GOALS AND OBJECTIVES ESTABLISHED

Return Explanation

FORM 990, ANY MEMBER OF THE GENERAL PUBLIC MAY APPEAR AT THE ORGANIZATION'S OFFICES AND REQUEST TO I PART VI, NSPECT COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINAN SECTION C, CIAL STATEMENTS

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990, PART IX,	OTHER FEES PROGRAM SERVICE EXPENSES 364,400 MANAGEMENT AND GENERAL EXPENSES 2,800 FUNDRAISING EXPENSES 19,518 TOTAL EXPENSES 386,718
LINE 11G	

Explanation

Return Explanation
Reference

FORM 990, PART XII,

990 Schedule O, Supplemental Information

LINE 2C

Return Explanation
Reference

FORM 990, OTHER FEES ARE USED FOR CONSULTANTS AND CONTRACT LABOR EXPENSES
PART IX,
LINE 11G