

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Planning & Conservation League
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1107 9th Street Suite 901
City or town, state or province, country, and ZIP or foreign postal code
Sacramento, CA 95814

D Employer identification number
94-1600890
E Telephone number
(916) 822-5631
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: www.pcl.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 4,746**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	
1	Contributions, gifts, grants, and similar amounts received 4,732
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income 14
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b 0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0
c	Less direct expenses from gaming and fundraising events 6c 0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b 0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 4,746
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
11	Benefits paid to or for members 11
12	Salaries, other compensation, and employee benefits 12
13	Professional fees and other payments to independent contractors 13 5,200
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15
16	Other expenses (describe in Schedule O) 16 90,212
17	Total expenses. Add lines 10 through 16 17 95,412
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -90,666
Net Assets	
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 100,413
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 9,747

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: ***** Date: 2018-05-15
Howard Penn Executive Director
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Christina L Cavanaugh CPA Preparer's signature Date Check [X] if self-employed PTIN: P01500833
Firm's name: Christina L Cavanaugh CPA Firm's EIN
Firm's address: PO Box 739 Lotus, CA 95651 Phone no: (530) 626-9720

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID: 16000298

Software Version: 2016v3.0

EIN: 94-1600890

Name: Planning & Conservation League

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 Promoted a sustainable California where water supply, infrastructure, and land use policy meets societal needs while still protecting the environment (Grants \$ 90,042)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Graham Brownstein President	1 00	0		
Kevin Johnson Vice President	1 00	0		
Jan Chatten-Brown Vice President	1 00	0		
Sage Sweetwood Vice President	1 00	0		
David Mogavero Vice President	1 00	0		
Elisabeth Brown Director	1 00	0		
Judy Corbett Director	1 00	0		
Joe DiStefano Director	1 00	0		
Phyllis Faber Director	1 00	0		
Caroline Farrell Director	1 00	0		
Jessie Feller Hahn Director	1 00	0		
Chanell Fletcher Director	1 00	0		
Fran Layton Director	1 00	0		
Adrian Martinez Director	1 00	0		
Jen McGraw Director	1 00	0		

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(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Seth BC Shonkoff PhD MPH Director	1 00	0		
Edward Thompson Jr Director	1 00	0		
Terry Watt Director	1 00	0		
Denny Zane Director	1 00	0		
Veronica Garibay Director	1 00	0		
Phoebe Seaton Director	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Planning & Conservation League**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

94-1600890

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Program Services \$83648

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Fines \$5370

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Taxes & Licenses \$1186

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Bank Fees \$8

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	Due from PCLF - Beginning \$27388 Due from PCLF - Ending \$27388

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 2	Other Asset - Beginning \$12993 Other Asset - Ending \$12993

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	Due to PCLF for Expense Reimbursement - Beginning \$0 Due to PCLF for Expense Reimbursement - Ending \$55527