EXTENDED TO NOVEMBER 15, 2018

Form **990**

Department of the Treasury

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public

Form **990** (2017)

OMB No. 1545-0047

and ending A For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change CITIZENS UNION OF THE CITY OF NEW YORK 13-4997570 |Name |change Doing business as E Telephone number Number and street (or P.O. box if mail is not delivered to street address) initial return Room/suite 227-0342 (212)299 BROADWAY SUITE 700 Final 509,483 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ H(a) Is this a group return 10007 NEW YORK, NY _Yes X No]Applica-|llon F Name and address of principal officer: BETSY GOTBAUM for subordinates? ending 299 BROADWAY SUITE 700, NEW YORK, NY 10007 H(b) Are all subordinates included? Yes _ If "No," attach a list, (see instructions) Tax-exempt status: 501(c)(3) X 501(c) (4 4947(a)(1) or L)◀ (insert no.) J Website: ► WWW.CITIZENSUNION.ORG H(c) Group exemption number L Year of formation; 1897 M State of legal domicile; NY Form of organization: X Corporation Trust Other > Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 44 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Prior Year_ 375,543 370,339. 8 Contributions and grants (Part VIII, line 1h) 0. 9 Program service revenue (Part VIII, line 2g) 2,296. 10,899. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -36,852.-27,174.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 345, 349,590 461. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 186,882. 213,484. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,160 <u>17,</u>790. 16a Professional fundraising fees (Part IX, column (A), line 11e) e de la companya de l **b** Total fundraising expenses (Part IX, column (D), line 25) 116,395. 183,582. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 416,624. 347,669. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -67,034. -2,208.19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 172<u>,104</u> 245,995 20 Total assets (Part X, line 16) 21,975. 24,898 21 Total liabilities (Part X, line 26) 150,129 221,097. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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. Signature of officer Sign EXECUTIVE DIRECTOR BETSY GOTBAUM, Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature 10/16/18 self-amployed P00747134 KR<u>I</u>S KRINGAS KRIS KRINGAS Paid 13-3539062 Firm's name MAIER MARKEY & JUSTIC LLP Firm's El<u>N</u> ▶ Preparer Firm's address > 222 BLOOMINGDALE ROAD SUITE 400 Use Only Phone no. 914-644-9200 WHITE PLAINS, NY 10605 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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art II	TI OLL I THE OF DEAGEON SONIE	CE ACCOMON	ISNMENTS					X]
	Check if Schedule O contains a response	onse or note to a	any line in this Part	<u> </u>					_
	iefly describe the organization's mission: EE SCHEDULE O								_
21	EE SCHEDOILE O								_
_									_
					use not listed on t	 he			_
Di	d the organization undertake any signific	ant program ser	vices during the yea	ar Wnich W	ele Hor Harad ou r		🗀	Yes X No)
pr	ior Form 990 or 990-EZ?	obodula O		.,		•••••			
If '	"Yes," describe these new services on Sid the organization cease conducting, or	make significant	t changes in how it	conducts,	any program serv	ices?	[]	Yes <u>X</u> No	3
DI If	"Yes," describe these changes on Sched	lule O.					d by ovnon	· ·	
		l* 1	ents for each of its	three large	st program servic	es, as measured a others, the to	a by expense	es. and	
S	ection 501(c)(3) and 501(c)(4) organization	ns are required :	to report the amour	it of grants	s and anocations to	0 001010, 610 10			_
	evenue, if any, for each program service r	eported.	including grants of \$)	(Revenue \$			_)
(0	ode:) (Expenses \$3 SEE STATEMENT O	01,2021	Monday & and on 4						
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) (Revenue \$			_
c	(Code:) (Expenses \$		including grants of \$			_) (Revenue »			
									
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4d	Other program services (Describe in Sc	hedule O.)						`	
7.4	(Expenses \$	including grants (of\$) (Revenue \$				_
4e	Total program service expenses	3	01,282.					Form 990	(20
		দ্বত	SCHEDULE (FOR	CONTINUAT	rion(S)			
3200	92 11-28-17	SEE	2					~~~ ^ C	_
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 lo_	VT	ı	IV Checklist of Required Schedules
10	Yes		
X	ł	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
	$\overline{\mathbf{x}}$	2	Is the organization described in Section 301(5)(5) 51-51 (2)(5) 51-51
_			If "Yes," complete Schedule A
X	, }	3	
		<u> </u>	public office? If "Yes," complete Schedule C, Part I
		4	
			during the tax year? If "Yes," complete Schedule C, Part II
	Х	5	FOA (-VA) FOA (-
	\vdash	<u> </u>	Is the organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(5), 6 55 (c)(6) organization a section 50 (c)(4), 50 (c)(6) organization a section 50 (c)(6), 6 55 (c)(6) organization a section 50 (c)(6), 6 55 (c)(6) organization a section 50 (c)(6) organization 50
X	.	6	
		<u> </u>	
X	l	7	to all a consequence agramment including easements to proceed up to
X	1	8	Did the expeniention maintain collections of works of art, historical treasures, or other circumstances.
	 	<u> </u>	
	1		
Х	1	وا	and listed in Part Y: or provide credit counseling, debt management, ground repair
	+-	<u> </u>	If "Yes," complete Schedule D, Part IV
X	1	10	
Mary 3	E 1985	\$ 4.9	
	3 N.X	27.5	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
1. KV.		1	
	l x	111	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,
	' -	<u> </u>	
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1 3	4a		
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1	-	}	
:	ایم	_	the anticide outside the linited States, or aggregate for a single
+	4b	├ `	or more? If "Yes," complete Schedule F, Parts I and IV
:	ای		
+-	15	··	foreign organization? If "Yes," complete Schedule, P. Parts II and IV
	.		
十	16	·· -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
1	 17 :		the state of more than \$15 (IIII) of expenses for processional terre
十	17	├-	7 Did the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report a total of more than \$\phi\$ solution of the organization report as \$\phi\$ solution of the organization report as \$\phi\$ solution of the organization report and \$\phi\$ solution of the organization report as \$\phi\$ solution of the organiz
.	ا م		testion report more than \$15,000 total of tungraising event gross income and terminal
+	18	··· -	
Ì	_ [1	
_	<u>19) </u>	<u></u> _	9 Did the organization report more than \$15,500 or group to the organization report more than \$15,500

rm 90	00 (2017) CITIZENS UNION OF THE CITY OF NEW YORK 13-49975	7.0		ige •
art	V Checklist of Required Schedules (continued)		Yes	No
		20a	163	X
Da D	It was a second or more begoital facilities? If "Ves " complete Signedule II	20b		
	"Verlies lies and did the organization attach a copy of its audited financial statements to this return."	200		
	is the appropriation report more than \$5,000 of grants or other assistance to any domestic organization of	21		Х
	tie commont on Port IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	 '		
	tide the experimentary report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	o ao I o I shd- I Desta Land III			
	1 Section A. line 3, 4, or 5 about compensation of the organization			
2	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	1
			 -	
4 - 1	old the examination have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		ļ.	,
	act day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 240 and complete	24a	1	x
		24b	 	<u> </u>
	t are and of toy overmit honds hevong a temporary period exception	210	!	T
G	Did the organization maintain an escrow account other than a refunding escrow at any time during the year of	24c		
		24d	1	T
_	or the contraction and an applicable of issuer for bonds outstanding at any time during the year?	2.40	1	
_	e u sout voi soutoval and 501/cl/29) organizations. Did the organization engage in all oxesses and	 25a	l	х
	or " " " " " " " " " " " " " " " " " " "	1204	\dagger	
	that it appeared in an excess henefit transaction with a disqualified person in a prior year,		Ì	
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 330-22. He res, complete	25b	1	x
		230	\top	
6	Dart V. line 5. 6 or 22 for receivables from or payables to any current of	Į.		\
•	former officers, directors, trustees, key employees, highest compensated employees, or disquarries provides and the compensated employees, or disquarries provides and the compensated employees.	26		x
		120	+-	 -
7	to an allege equiptions to an officer director, to ano	\	1	Ì
•	and the second section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, or to a 35% controlled state of the section committee member, and the section committee member and the section committee member, and the section committee member and the sec	27	ļ	x
	2 to the second of the second	14.3		
28	Was the organization a party to a business transaction with one of the following parties (acc constant a party			
	the standard of the short of th	28		X
a	the street divertor trustee or key employee? If "Yes " complete Schedule L, Fait IV	281		X
	A director trustee of key employee; if Yes, complete ochequio E, and the	201	' 	
C	the startists a surrent or former officer, director, trustee, or key employee (or a failing member director, trustee)	280	_ [X_
·	" to the artificial or indirect owner? If "Ves " complete Schedule L, Part IV	29	$\neg \iota =$	X
29	The mark than \$25,000 in non-cash contributions? If "Yes, " complete scriedule M"	120	+	+=
30	Did the organization receive more than \$25,000 in the resources, or other similar assets, or qualified conservation Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	, l	x
30	contributions? If "Yes," complete Schedule M	30	' -	-
31	Did the experimention liquidate terminate or dissolve and cease operations?	31	. 1	X
J 1		13	' -	
32	Did the expeniention cell, exchange, dispose of, or transfer more than 25% of its not about 1,1700, complete	۱.,	,	<u>x</u>
32		32	-	+
3 3	B: Use expeniention own 100% of an entity disregarded as separate from the organization and 100% of an entity disregarded as separate from the organization	١,	,	x
JJ	and 3704 0 and 2701 32 Mayor & complete Schedule B. Part I	3	* -	- -
04	Wee the expanization related to any tax-exempt or taxable entity? If "Yes," complete Scriedule A, Part II, III, 6177, 615		٠١,	ζ
34		1		<u> </u>
ΛГ.		35	pa	- -:
35a	The second state of the exemplation receive any payment from or engage in any danaged with the second state of the second stat		_	ļ
K		. 35	20	
^-	a vi Cotto Val expenientions. Did the organization make any transfers to all exempt from some	- 1		1
36	- · · · · · · · · · · · · · · · · · · ·	_3	6	-+-
		- 1	_ {	,
37	for foderal income tax nurposes? If "Yes." complete Scriedule II, r art vi	. 3	37	_\ <u>_</u>
	and provide explanations in Schedule O and provide explanations in Schedule O for Fait VI, info TTD and TV	i	_]	. I
38	Note, All Form 990 filers are required to complete Schedule O			XX
	Note, All FORTH SAU THEIS are required to company a serious statement of the serious statement o	F	orm 9	90 (20

	· ·			
	290 (2017) CITIZENS UNION OF THE CITY OF NEW YORK 13-49975	<u> 570</u>	Pa	ge 5
	W. Other IDC Filings and Tay Compliance			
Part	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	
	Check it Scriedule o Contains a response of weather	\	Yes	No_
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 0	3.60		25.44
	and wood in-turbed in line 1a. Enter-0, if not applicable			420
b	Enter the number of Forms W-2G included in line ta. Line 10 in lot applicable payments to vendors and reportable gaming Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	₹55-¥3	Alay].	4.437
C	Did the organization comply with backup withholding rules for reportable payments	1c	X	
	(gambling) winnings to prize winners?			rica de la
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 9		en en en	
	filed for the calendar year ending with or within the year covered by this return [2a] [3] [4] [5] [6] [6] [6] [7] [7] [8] [8] [8] [9] [9] [9] [9] [9	_	X	
b	If at least one is reported on line 2a, did the organization line an required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to grain at the vear?	3a		<u> </u>
3a	The Land Harder of the Harder	3b		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1 1	•	l
4a	At any time during the calendar year, did the organization have an interest in, or disgraphs of the secount, or other financial account)? financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	financial account in a foreign country (such as a bank account, securities account, or the such as a bank account, securities account, or the such as a bank account, securities account, or the such account in a foreign country (such as a bank account, securities account, or the such account in a foreign country (such as a bank account, securities account, securities account, securities account in a foreign country (such as a bank account, securities account, securities account in a foreign country (such as a bank account, securities account in a foreign country (such as a bank account).			
b	If "Yes," enter the name of the foreign country:		432	400
	If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		X
5a		5b		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Notice that the organization file Form 8886-T?	5c		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		ļ	
6a	If "Yes," to line 5a or 5b, did the organization file Form 6565 ft. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a	X_	↓
	any contributions that were not tax deductible as charitable contributions?	'	1	
b	any contributions that were not tax deductible as original an express statement that such contributions or gifts If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b	X	<u> </u>
	were not tax deductible?			Part
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	└	<u>X</u>
а	Did the organization receive a payment in excess of \$75 made party as a contribution and party of the goods or services provided?	7b	<u> </u>	↓—
b	Did the drganization receive a payment to the description of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-	Ì	1
С		7c	1	<u> </u>
	to file Form 8282? 7d			
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <u>e</u>	↓	1 X
e	directly of Indirectly of Indirectly of Indirectly of Indirectly	<u>7f</u>	↓	<u> </u>
f		7 <u>g</u>	┦—	
ę	If the organization received a contribution of qualified interesting property is a first property of the organization file a Form 1098-C? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_	1	
ŀ	If the organization received a contribution of cars, boats, an plantes, or other states of the Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100	1 8 3	
8	Sponsoring organizations maintaining donor advised funds. See a series of the vear?	8	- To visit	2 8 800 CF 12
	sponsoring organization have excess business holdings at any time during the year?	Z.		
9	Sponsoring organizations maintaining donor advised funds. Sponsoring organizations make any taxable distributions under section 4966?	9a	┼-	
	a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		27 10 10 10	one west or
1	b Did the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization make a distribution to a donor, donor adversariant and a second action of the sponsoring organization action of t	1.28.35		
10	Section 501(c)(7) organizations. Enter:			
1	a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b			
1	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	A	10.2	
11	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders	_		
	a Gross income from members or shareholders		刺激的	医 经
	b Gross income from other sources (Do not net amounts due or paid to other sources against	_[3:5	200	遊 樹皮
	amounts due or received from them.) amounts due or received from them.) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12:	a	
12	2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization ming to the year			
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<u> </u>	Sa Bras
13	Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?	13	<u>a </u>	
	a Is the organization licensed to issue qualified nearly plans if more than one strain on Schedule O. Note. See the instructions for additional information the organization must report on Schedule O.			多家人
	Note. See the instructions for additional information the organization must report to			9. 3 8

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand
Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017)

CITIZENS UNION OF THE CITY OF NEW YORK

Form 990 (2017)	CITIZENS UNION OF THE CITY OF	
Part VI Governa	CITIZENS UNION OF THE CITI OF THE CITION OF	
Part VI GOVERNO		
to line 8a, 8	b, or 10b below, describe the cheanistances, pro- in this Bort VI	<u>()</u>

	Check if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management				下	es l	No _
		ـــا	l 4	4	13 2		(V. 3)
4-	Enter the number of voting members of the governing body at the end of the tax year	1a				130	
	July differences in voting rights among filelipots of the governing oddy of the contract	Į	1				
	hand a delegated broad authority to an executive committee of Similar Committee, explain in Consumition		1 4	14			V 6
		1b		= =			
D	Did any officer, director, trustee, or key employee have a family relationship of a session	p with :	any outer	2		[1284 .]	X
2	officer, director, trustee, or key employee?	.,		··	+		
	officer, director, addition of the state of	e direc	t supervision	3	.	!	X _
3	Did the organization delegate control over management duties customary personnel of officers, directors, or trustees, or key employees to a management company or other person?		et 10	\	$\neg \tau$		X
	of officers, directors, or trustees, or key employees to a management company of outer poor some solution of the organization make any significant changes to its governing documents since the prior Form to the organization of the organization's as	990 wa	as filed?	-			X
4					-	x	
5	Did the organization have members or stockholders?	,		··· ├─ ⁵	'		
6	the organization had the power to elect or a	ppoint	one or	- 1		x	l
7a	Did the organization have members, stockholders, or other persons and persons are persons and persons are persons are persons and persons are persons are persons and persons are persons and persons are persons are persons are persons are persons and persons are persons are persons are persons are persons are persons and persons are personally persons are persons are personally persons are persons ar			├-7	a 		
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or		. 1		x
b	Are any governance decisions of the organization reservos of the persons other than the governing body?			7	b		
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the years.	ear by t	he following:		294		1.5
8	Did the organization contemporaneously document the fileetings field of written actions and actions and actions are actions are actions and actions are actions are actions and actions are actions and actions are actions and actions are actions as a second action and actions are actions as a second action actions are actions as a second action actions are actions as a second action action actions are actionally action action actions action action actions are actionally action actions action action action actions are actionally action act			_≛	3a	<u> X</u>	├ ──
а	Did the organization contemporaneously odcurrent the filestings note or the state of the property of the prope			_5	3b_	X	
b				l			\
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be really the committee of the section A.			<u></u>	9_		X
					_		.,
Sec	organization's mailing address? If "Yes." provide the names and dedication of required by the Internal Letion B. Policies (This Section B requests information about policies not required by the Internal L	CVCIID			_	Yes	_
				[<u>1</u>	10a		X
10a	Did the organization have local chapters, branches, or affiliates?	chante	ers affiliates.	···· [ł	.
h	Lava wellow policing and procedures dovoring and are				10b		
_	If "Yes," did the organization have written policies that with the organization's exempt purposes? and branches to ensure their operations are consistent with the organization's exempt purposes?	 odubo	fore filing the form		1 1 <u>a</u>	X	\top
44.		ody be	lote marg and term	8	Ť.	7.79	100
	Describe in Schodule O the process, if any, used by the organization to				12a	1 77	
_	Did the organization have a written conflict of interest policy? If "No," go to line 13		andiate2		12b	 ,,	
12:		rise to c	omingist	·····-	,	†	\top
					12c	.lx	
•					13		
					<u>13</u> 14		$\overline{\mathbf{x}}$
13	Did the organization policy?			·····- -	_	1 1× 2×2	45 (48g)
14			/ independent	Į.			10 15 AU 11 15 1 X 15
15	Did the process for determining compensation of the local decision persons, comparability data, and contemporaneous substantiation of the deliberation and decision persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?			. 4	1 3	
	persons, comparability data, and contemporaried substantial data.			 	15a		
	a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization	.,			15k	┸	1 2 2 2 2
					r usta Lucit		
	b Other officers of key employees of the organization of the organ	ngemei	nt with a	Ì	. (1)		
16	a Did the organization invest in, contribute assets to, or participate in a joint vertical				16	a _	<u> </u>
	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization follows a written policy or procedure requiring the organization to evaluate the organization of the	aluate i	its participation		12.		
	b If "Yes," did the organization follow a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows a written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows as written policy or procedure requiring the organization follows as written as well as well as written as well as w	raaniza	ation's				
					16	<u>b _</u>	l
	in joint venture arrangements under applicable lederal tax law, and tax law, and tax law, are ta						
S	- Li C. Disologure						
1	7 List the states with which a copy of this Form 990 is required to be filed NY NY 1024 if applicable), 990, and 9	OO.T (9	Section 501(c)(3)s	only) av	/aila	ble	
1	and the pulse of organization to make its folice 1020 to 1021 is approximate	י) ו-טפּו	36011011 00 1(0)(0)	,,			
•	the public inspection. Indicate how you made these available, Orlow as the start and						
	TX Own website X Another's website X Upon request Other (e)	oplain l	n Schedule O)	hae voi	fina	ıncial	
	The second of the second of the second of the organization made its governing documents	s, confi	lict of interest pol	icy, and	11116	., , , 114	
1	9 Describe in Schedule O whether tails is soften, statements available to the public during the tax year.						
		s book	s and records:				
2	State the name, address, and telephone number of the person who possesses the signal of the CITIZENS UNION OF THE CITY OF NEW YORK - (212) 2	27-	0344				
	299 BROADWAY, NEW YORK, NY 10007						990 (201
_	Z99 BROADWAI, NEW 1014,				۲	orm :	7 30 (20)
7	32008 11-28-17						٥٥٥٥

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 report-• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-• List the organization of the current highest compensated employees (other than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and 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 compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

d former such persons. Check this box if neither the organization (A)	(B)		F	ں) Posil	ition	1	1	(D) Reportable	Reportable	(F) Estimated
Name and Title	Average hours per	hav	not ch	hack III se nare	more ti reon is	than or s both or/truste	an	compensation	compensation from related	amount of other
	week	-	T 3	Ja u.	/6Dtc.	/True	199	from the	organizations	compensation
	(list any hours for		(1	1 1	1 1	ا م	ı J	organization	(W-2/1099-MISC)	from the
	related		18188	()	1 '	nsate	i 1	(W-2/1099-MISC)	1	organization and related
	organizations	Individual trustee or director	Institutional trustee	('	es l	Highest compensated employee	()	1	1	organizations
	below	widus	ditutio	Officer	d am	plest c	Former	1	\	
	line)	필	_≅_	<u> </u>	斎	울등	بج	 		
) RANDY MASTRO	1.00	ٔ ۍ ا	1	-	1	1 1	1 '	0.	0.	0
HAIRMAN OF THE BOARD	1.00	X	+-	X	+-	┼~	\vdash	 		
2) NANCY BOWE	0.50	┧		x) '	('	0.	0.	0
REASURER	0.50	X	+-	1-	+	+-	+-	 		
3) CHRISTINA R DAVIS	0.50	$\frac{1}{x}$.}	x	.	1		0.	0.	0
ECRETARY	0.50	_	+	十	+	十	\vdash	 	 	Γ .
4) LUIS GARDEN ACOSTA			,	X		1		0.	. 0.	0
ICE CHAIRMAN	0.50		+	+=	+	+	1			Ţ
5) JOHN HORAN	0.00	→			1	1		0.	. 0.	. 0
DIRECTOR	0.50		+	+	+	+	+		1	١ ,
6) ALAN ROTHSTEIN	0.00		اح	$ _{\mathbf{x}}$		-	1	0.	0.	<u>. </u>
CHAIR, STATE AFFAIRS COMMIT	0.50		+	+	+	+	T		Τ ,	١,
(7) ROBERT ABRAMS	0.50		z					0	. 0.	
DIRECTOR (8) PENELOPE L CHRISTOPHOROU	0.50	_	+	1	十	+	T	 		
	0.00		X					0	0.	
DIRECTOR (9) GENA LOVETT	0.50		1	1	7	1	Ţ	\top		.) (
	0.50		χĹ	\perp	\perp	\perp		0	0. 0	<u>-</u>
DIRECTOR (10) ALLAN H DOBRIN	0.50			7			7	7		
DIRECTOR	0.00	<u> </u>	x	\perp	1		1	0	<u></u>	+
(11) ROBERT M KAUFMAN	0.50		7	\neg		_			0	
DIRECTOR	0.50	2 2	x L	\perp	_	4	4		0.	
(12) IAN L KELLEY ESQ	0.50				Ì		-		o.\ <u> </u>]
DIRECTOR	0.00		<u>x</u> _	4	_	+	+			+
(13) ERIC S LEE	0.50	_	1]	1	-	- {	, ا	o.	. l
DIRECTOR	0.00		X	4	-	+	+	- 		'
(14) MALCOLM MACKAY	0.50		_	1	-	- }	-	1 ,	00).
DIRECTOR	0.00	_	X	\rightarrow	+	+	+		'- 	<u> </u>
(15) TOM OSTERMAN	0.50			- {	-		-1	1 ,	0.).[
DIRECTOR	0.00		*	+	+	+	+		'' 	
(16) GAIL ERICKSON	0.50			- [1	1	00). <u> </u> _
DIRECTOR	0.50		^	+	-	-	+			
(17) TORRANCE ROBINSON	0.5				,)	,	- {	.]	0.	0. Form 990 (

732007 11-28-17

OTHITTENS	INTON O	E, .	ואיז	E (:I:	ГY	0	F NEW YORK	13-4997	570 Page	8
Part VII Section A. Officers, Directors, Trust	ON LOW EMP	ove	es	and	Hia	= = hest	Co	mpensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	(do r	not ch	Osit Posit eck m s pers	ion iore l on is		ne an	(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) EDWARD C SWENSON DIRECTOR	0.50	X						. 0.	0.).
(19) RICHARD BRIFFAULT	0.50	x						0.	0.		<u>).</u>
(20) DAVID WANG.	0.50	x						0.	0.		0.
DIRECTOR (21) KENNETH SEPLOW	0.50		-		<u> </u>	†		0.	0.	.	0.
CHAIR, AUDIT COMMITTEE (22) ANTHONY R SMITH	0.50	X	\vdash		-	-	-	0.	0		0.
DIRECTOR (23) HECTOR SOTO	0.50	X	T		├	╁	-				0.
DIRECTOR (24) MARK FOGGIN	0.50	X	╁	-	\vdash	+	╁	0.			0.
DIRECTOR	0.00	Х	+-	-	╀	十	╀	0			
(25) JUDI RAPPOPORT BLITZER DIRECTOR	0.50	X	<u>: </u>	\downarrow	╁	+	╀	0	0		0.
(26) GRACE LYU VOLCKHAUSEN DIRECTOR	0.50	X	:	<u> </u>	<u> </u>		Ţ	0			0.
1b Sub-total c Total from continuation sheets to Part \	/II, Section A						-	58,660 58,660	. 135,650 . 135,650		6.
d Total (add lines 1b and 1c)	not limited to t	hos	e lis	ted a	abov	ve) w	ho	received more than \$10	00,000 of reportable		No
Did the examination list any former office	er, director, or t	rust	tee, l	key t	emp	oloye	e, o	r highest compensated	employee on	3	X
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	sum of reporta	DIE:	com	рын	sauc	UII ai	iu c	Illioi compensarion		4 X	
and related organizations greater than \$1 5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." ca	r accrue comp	ens	atior	i froi	n ai	ny ui	irei	ated organization of the	Triada to the same	. 5	X
Section B. Independent Contractors		nde	nene	dent	cor	 ntrac	tors	that received more that	n \$100,000 of compe	sation from	
the organization. Report compensation f	or the calendar	уөг	r en	ding	wit	h or	with	(B)	(C)	
(A) Name and busine	ss address		NO.	NE	_		_	Description	of services	Compensatio	<u> </u>
			_	_							
								 	+		
2 Total number of independent contracto	rs (including bu	ut no	ot lim		to t	thos	- lis	ted above) who receive	d more than		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
\$100,000 of compensation from the org	anization 🖿					•	_			Form 990	(20

CTTTZENS	S UNION O	7 1	ľHľ	E	CI	ΓY	OI	NEW YORK	13-499	570
orm 990 CTTZBN. Part VII Section A. Officers, Directors, 1	rustees. Kev Em	ploy	/ees	, <u>ar</u>	d H	ighe	st <u>C</u>	ompensated Employe	es (continued)	
(A)	(B)			(0	;}		- 1	(D)	\ - /	(F)
Name and title	Average		F		tion		- {	Reportable	Reportable	Estimated amount of
Maine and the	hours	(ch	eck	all t	hat	appl	y) _	compensation	compensation from related	other
	per		\neg				l	from the	organizations	compensation
	week	_ [Į			loyes	Į	rne organization	(W-2/1099-MISC)	from the
	(list any	irecto				em 2		(W-2/1099-MISC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	hours for related	B 0F d	ᇕ		Ì	sate	- 1	(11 2) (000 1111 - 17		and related
	organizations	ruste	al trus		ag.	ad us			1	organizations
	below	individual trustee or director	Institutional trustee	 =	Key employee	Highest compensated employee	盲		 	l:
	line)	Indivi	Instit	Officer	žey.	High	Former			
(27) KENNETH AUSTIN	0.50							0.	0.	0.
DIRECTOR	0.50	X	<u> </u>	Ļ	↓_	├ -	<u> </u>	<u> </u>	 	
(28) JOHN P AVLON	0.50	l				ł	l	ο.	0.	0.
DIRECTOR	0.50	X	<u> </u>	ــــ	╄-	<u> </u>	<u> </u>		 	
(29) NICOLE GORDON	0.50	Į	ì	1	1	ļ]) o.	0.	0.
DIRECTOR	0.50	X	上	<u> </u>	—	\vdash	┡	<u></u>	 	
(30) GEORGE KAUFMAN	0.50]	1	ļ	1	1	 		0.	0.
DIRECTOR	0.50	X	L	Ļ	╄	┺	Ļ	0.		
(31) MARC D NORMAN	0.50	1	Ì	l	1	h	1	0.	0.	0.
DIRECTOR	0.00	X	上	1_	╀	╄	╄	 	 	
(32) LUIS O REYES PHD	0.50	┨	1	1		1	1	0	. o.	0.
DIRECTOR	0.00	<u> X</u>	1	╄	-	+	╁	 	·	
(33) GARY P NAFTALIS	0.50	┨_		1	Ì		1	0	0.	0.
DIRECTOR	0.00	X	╄	╀	╄	╁	╁	 -		
(34) EDDIE BAUTISTA	0.50	٦,		1	1		ł	\ o	.] 0.	.\
DIRECTOR	0.00	X	╁	┿	+	╁	+	+		T
(35) CURTIS COLE	0.50	 K	,	l	-	1	Į	l o	.\ _0	. 0.
DIRECTOR	0.00	_	╄	+	+	╁	╁╌	 		Τ .
(36) RICK SCHAFFER	0.50		,	Į,	ĸ	-) o	.\0	. <u> </u>
CO-CHAIR MUNICIPAL AFFAIRS	0.50		╁	+	-	+	十			_
(37) GREGORY SILBERT	0.50		ζ	1	ì	- [1) 0	. 0	. 0.
DIRECTOR	0.00		- -		-+	╌	╁	 		
(38) MONICA AZARE		_		Ţ	ł	Ì	- [\ o	. 0	0_
DIRECTOR	0.50		`- -				+			
(39) TONY PEREZ CASSINO	0.50		٠l		Ų	-	1	Ì	0	. 0
DIRECTOR	0.00		+	╅	+	+	╅	 	1	
(40) LORNA GOODMAN	0.50		. l	- 1		ļ	1	1 0	·0	0
DIRECTOR	0.50		^+	\dashv	-+	+	十			_
(41) ESTER R FUCHS PHD	0.00		v١	- [ì		- [\ ().] <u>0</u>	. 0
DIRECTOR	0.50		╬┼	-+	-†	+	+			
(42) ANTHONY CROWELL	0.50		v l	1	- {		-).\0	. 0
DIRECTOR	0.5		^	-1	-†	7	1			1
(43) JUANITA SCARLETT	0.5		χl	ł	ļ	1	- 1).\ <u>_</u>	0
DIRECTOR	$-\frac{0.5}{0.5}$		╬	一	一	_	寸			1
(44) JASON STEWART	0.0		\mathbf{x}	١	Ì	ļ	- }). <u> </u>	0. 0
DIRECTOR	0.5						7			,
(45) BARBARA FIFE	0.0		x l				- {		0)0
DIRECTOR DIVINE	0.5	_	~	_			_		1	、
(46) MARJORIE B TIVEN DIRECTOR	0.5		$_{\mathbf{x}}$						0.	0.\0
		لــتـ			_					l

Form 990

58,660.

135,650.

20,396.

Total to Part VII, Section A, line 1c

		Check if Schedule O contains	s a response or I	note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
and Other Similar Amount	b c d e f	Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f	1b 1c 3 1d s) 1e and 1f 1f 1f 1c \$	21,897. 02,666. 50,980.	375,543.			4
- -	_	f All other program service revening Total. Add lines 2a-2f		st. and				1,451
	3 4 5	other similar amounts) Income from investment of tax-	exempt bond pr	oceeds	1,451			1,401
		b Less: rental expenses	(I) Neal					
	7	a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)	(i) Securities 92,255. 82,807. 9,448.	<u> </u>	9,448			9,448
Other Revenue	8	Gross income from fundraising including \$ 302,6 contributions reported on line Part IV, line 18	g events (not 66. of 1c). See	40,234				-36,85
0	9	c Net income or (loss) from fund 9 a Gross income from gaming and Part IV, line 19 Less: direct expenses Net income or (loss) from gar	ctivities. See	ab				
	10	a Gross sales of inventory, less and allowances b Less: cost of goods sold Net income or (loss) from sale	es of inventory	a b Business Co	b de			
	1	Miscellaneous Reven 11 a b c d All other revenue				a triadica de la companya de la comp	and the state of	A 50 A 50 BAR A 7 A 10
		e Total. Add lines 11a-11d 12 Total revenue. See instructions			349,59	N. 12. W. 1	0.	025,9 Form 990

Form 990 (2017) 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 (**D)** Fundraising (B) (A) Total expenses Management and general expenses Program service Do not include amounts reported on lines 6b, expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 9,686. 6,810 48,074. 64,570. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 14,203.10,239. 72,643. 97,085. Other salaries and wages Pension plan accruals and contributions (include 329. 235 1,665. 2,229. section 401(k) and 403(b) employer contributions) 2,749. 1,962. 13,888. 18,599. 2.081. Other employee benefits 486. 9 10,518. 14,085<u>.</u> Payroll taxes 10 Fees for services (non-employees): 11 a Management _____ b Legal 6,470 6,470. c Accounting 36,474. d Lobbying **学科学教育学科教** 5.对中国的根据和10个级为10°C 36,474. Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 162. 216 71,275. 71.653. column (A) amount, list line 11g expenses on Sch O.) 3,017. Advertising and promotion 1,077. 12 22,951. 27,045. Office expenses 762. 13 3,319. 4,081. Information technology 14 6,471. Royalties 4,747. 32,165. 15 $\overline{43,383}$ 108. Occupancy _____ 264. 16 3.2913,663. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 16. Payments to affiliates _____ 12 21 80. 108. Depreciation, depletion, and amortization 469. 343 22 $\overline{2.312}$ 3,124. 4 × 200 Insurance 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) 582. amount, list line 24e expenses on Schedule 0.) 12,340. 295 13,217. a PRINTING & MAILING 1,565. 2,635. 13. 4,213. POSTAGE 985. 2,690. 3,675. c WEBSITE/BRANDING 264 1,700. 1,436. PROGRAM/ EVENT EXPENSES 1,250. 1,250. 80,909. e All other expenses 34,433. 301,282 416,624. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

732010 11-28-17

Form 990 (2017)

Check here if following SOP 98-2 (ASC 958-720)

o <u>rm 99</u>	90 (20	O17)CITIZENS_UNION	OF THE CITY OF	NEW YORK	<u> 13</u>	<u>-49</u>	97570 Page 11
Part	$\overline{}$	Dalance Sheet					
		Check if Schedule O contains a response or note t	o any line in this Part A	(A) Beginning of year			(B) End of year
		Cash - non-interest-bearing			_ 1_1		147,140.
1	1 '	Cash - non-interest-bearing Savings and temporary cash investments		137,336		\neg	147,140.
1	2	Savings and temporary cash investments Pledges and grants receivable, net		·	3	-	16,240.
- 1	3	Accounts receivable, net		12,904	• 4	90 00	10,240.
-	4	Accounts receivable, net Loans and other receivables from current and for	ner officers, directors,	4.27.27.19.37.20		A	SISTEMATICAL PROPERTY.
Ų	5	trustees, key employees, and highest compensate	ed employees. Complete			8 8	
l	•	Part II of Schedule L			<u>5</u> ভাচাজন	. S. 188	
1	_	Loans and other receivables from other disqualifie	ed persons (as defined under	Constant Approximate	64	W. Au	Manufecture of the Control of the Co
)	6	section 4958(f)(1)), persons described in section 2	1958(c)(3)(B), and contributing			多数	
ì		employers and sponsoring organizations of section	on 501(c)(9) voluntary				VERNER BERTS - TELEP I
ì		employees' beneficiary organizations (see instr).	Complete Part II of Sch L	. <u></u>	_		
왏	_	Notes and loans receivable, net	*		_ -7	\neg	
Assets	7	Inventories for sale or use				3	2,287.
٩	8	Prepaid expenses and deferred charges	***************************************	3,39	/ . 9	-	2,207.
- 1	9	Land, buildings, and equipment: cost or other	i			342 S	
Į	10a	basis. Complete Part VI of Schedule D	10a 19,855				6, <u>437.</u>
-		Less: accumulated depreciation	10b 13,418	6,43		0c	0, 137.
		Investments - publicly traded securities		83,56		11	
Į	11	Investments - other securities. See Part IV, line 1			12		
	12	Investments - order securities coor art types investments - program-related. See Part IV, line	. \	-+	13		
	13	Intangible assets			14	0.	
	14	Other assets. See Part IV, line 11		# +	15	$\frac{172,104.}{}$	
	15	Total assets. Add lines 1 through 15 (must equ			16	21,957 <u>.</u>	
	16	Accounts payable and accrued expenses		24,89	- $-$	17	
	17	Grants payable			-	18	
	18	Deferred revenue				19	
	19	T-v. sugmet bond liabilities				20	
	20	= as sustadial account liability. Complete	Part IV of Schedule D		ci desta lit	21	CONTRACTOR FOR STAN
	21	to current and former	r officers, directors, trustees,	Gradition and the	1		李生报 的时间的时间
<u>8</u>	22	key employees, highest compensated employee	es, and disqualified persons.		3.24.V	00	ja 1. jelendu alem 120 desember I
푡		Campleto Bort II of Schedule I.				22	
Liabilities]	Coursed mortgages and notes payable to unrel	ated third parties			23	
_	23	Upage and loans payable to unrelate	ed third parties			24_	
	24	Other Babilities (including federal income tax, D	ayables to related trillo		l		
	25	parties, and other liabilities not included on line	es 17-24). Complete Part X of	.,	0.	25	18.
	1	Schedule D		24,8		25 26	21,975.
	26	- Add lines 17 through 25			30.	<u> 20</u>	0.200 (2.000)
	129	Organizations that follow SFAS 117 (ASC 95	8), check here $ ightharpoonup \left[oxed{X} ight]$ an	d la	10.00		te Anna Car
	1	complete lines 27 through 29, and lines 33 a	na 34.	221 0	\$2.86 A. C.	27	150, <u>129</u> .
90	27	Unrestricted net assets			- ' ·	28	
<u>ě</u>	28	- "				29	
Not Assets or Fund Balances	29	n			- 181 2018 No.		The second section is the second
7	"	Organizations that do not follow SFAS 117	ASC 958), check here 🕨 🗀		955		
ű	<u>.</u>	and complete lines 30 through 34.		enthants thanks are made and	185 G.	30	The state of state of the state
5	5 3 30	o or trust principal or current fund	ls			31	
ţ	3 3	 Doid in or capital surplus, or land, building, or 	equipment lund			32	
Š	3	 Retained earnings, endowment, accumulated 	income, or other funds	221 (97	33	1 50 120
•	§ 3	3 Total net assets or fund balances		2/5 0		34	170 104
•	"	4 Total liabilities and net assets/fund balances			, , , , ,	1 34	Form 990 (201)

Form 990 (2017)

Total liabilities and net assets/fund balances

	990 (2017) CITIZENS UNION OF THE CITY OF NEW YORK	13-499	1570 Page 12
Parl	XI Pacanciliation of Net Assets		[7
	Check if Schedule O contains a response or note to any line in this Part XI	.,,	
			349,590.
_	Total revenue (must equal Part VIII, column (A), line 12)	1	416,624.
1	Total expenses (must equal Part IX, column (A), line 25)	2	-67,034
	- Outstand line 2 from line 1	_3	221,097.
3	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,934.
4	Net unrealized gains (losses) on investments	_5	-3,334.
	Donated services and use of facilities	6	<u>'</u>
		7	
7	D. L. Bushnorta	8	
8	Other changes in net assets or fund balances (explain in Schedule O)	9	
9	Other changes in net assets of fund balances (expenditure of the same of the s		450 130
10		10	150,129.
Day	TVIII Et (a) Chatomonto and HANOITINI		
Fai	Check if Schedule O contains a response or note to any line in this Part XII		Yes No
	Check it Schedule o Contains a respense		West No
	Accounting method used to prepare the Form 990: Cash X Accrual Other Accounting method used to prepare the Form 990: Cash X Accrual Other Accounting method used to prepare the Form 990: Cash X Accrual Other Accounting method used to prepare the Form 990: Cash X Accrual Other Description in Schedule		
1	the shared its method of accounting from a prior year or checked. Other, explain in second	Ο.	2a X
			2a
2a	Were the organization's financial statements compiled or reviewed if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed in the statements for the year were compiled or reviewed in the statements for the year were compiled or reviewed in the statements for the year were compiled or reviewed in the statements for the year were compiled or reviewed in the statements for the year were compiled or reviewed in the year were compiled	l on a	
	It "Yes," check a box below to indicate whoth:		
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
	Separate basis Consideration and the separate published by an independent accountant?		26 X
b	Were the organization's financial statements addited by an important for the year were audited on a separat If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	
	consolidated basis, or both: X Separate basis		
	A Separate basis Committee that assumes responsibility for oversight of the	ie audit,	
C			2c X
	's		12 m 3 m 2 m
	If the organization changed either its oversight process of selection process. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit	
			3a X
	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	uired audit	
k	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
	or audits, explain why in Schedule O and describe any steps taken to give a		Form 990 (2017)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organization 	ns: Complete Part III.		Employ	er identification number
Name of organization		TY WEW TO YOU	ORK	13-4997570
CITIZENS	UNION OF THE CI	section 501(c) o	r is a section 527 orga	nization.
Part I-A Complete if the orga	inization is exempt in			
 Provide a description of the organiza Political campaign activity expenditu Volunteer hours for political campaign 	760			
		Non EOUOVS	2)	
Part I-B Complete if the org	anization is exempt unde	r section 501(c)(c	s s	
 Enter the amount of any excise tax i Enter the amount of any excise tax i 	ncurred by organization manage	rs under section 4955		Yes No
	ACCE And did it file ECYMO & COLL	or iins veal (
4- Was a correction made?			***************************************	
b If "Yes," describe in Part IV.		r section 501(c).	except section 501(c)	(3).
Part I-C Complete if the org	anization is exempt unde	Ham 507 event funct	ion activities >\$	
Part I-C Complete if the org 1 Enter the amount directly expended	by the filing organization for sec	cuon 527 exempt fanor	ection 527	
1 Enter the amount directly expended2 Enter the amount of the filing organ	ization's funds contributed to ou	ter organizations for or	▶\$	
2 Enter the amount of the filing organ exempt function activities	LO E-t-chero o	nd on Form 1120-POL		•
3 Total exempt function expenditures line 17b	, Add lines 1 and 2. Enter here a	nd off offi fizer or	▶ \$	
line 17b				Yes No
4 Did the filing organization file Form 5 Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If	nployer identification number (E) tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org	zation's funds. Also enter the janization, such as a separate	e amount of political e segregated fund or a (e) Amount of political
(a) Name	(b) Address	(e) Eliv	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				<u> </u>
				<u> </u>
	 			
		l	L	0.45 000 or 000-E7) 201

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

section 501(h)).					ORK 13-49 Form 5768 (elec	
Check if the filing organization	on belongs	o an affiliate	ed group (and list in F	art IV each affiliated g	roup member's name,	address, Eliv,
eypenses, and share	of excess lo	obbying exp	enditures).			
Check if the filing organization	on checked	box A and	limited control" prov	sions apply.	/) Elling	(b) Affiliated group
				Ì	(a) Filing organization's	totals
Limits The term "expendi)	; on Lobby: itures" mea	ng Expendi ns amounts	paid or incurred.)	ŀ	totals	
•						
1a Total lobbying expenditures to influe	ence public	opinion (gra	ss roots lobbying) .			
b Total lobbying expenditures to influe	ence a legisl	ative body (altect loppying)			
c Total lobbying expenditures (add lin	ies 1a and 1	p) '''''				
d Other exempt purpose expenditures	s					
e Total exempt purpose expenditures	; (add lines 1	c and 1d)				
f Lobbying nontaxable amount. Enter	r the amoun	t from the fo	ollowing table in bottl	Columns.	and American Andrews	CLEANING TO AND TO
If the amount on line 1e, column (a) or	/ (b) is;	The lobby	<u>ing nontaxable allic</u>	unt is:		
Not over \$500,000		20% of the	e amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,000	plus 15% of the exce	ss over \$500,000.	是多数企品的特合	
Over \$1,000,000 but not over \$1,50	00,000	\$175,000	plus 10% of the exce	ss over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,000	plus 5% of the exces	s over \$1,500,000.	la Cara de Como de Cara de Car Cara de Cara d	
Over \$17,000,000		\$1,000,00	0		15 15 15 15 15 15 15 15 15 15 15 15 15 1	
Over \$17,000,000					1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	<u> </u>
Subtract line 1f from line 1c. If zero If there is an amount other than ze reporting section 4911 tax for this	ero on either year?	line 1h or lir		tion file Form 4720		Yes No
(Some organizations t	hat made a	section 50	aging Period Under 1(h) election do not	section 501(h) have to complete all	of the five columns b	
(Some organizations t	that made a See	section 50 the separa	1(h) election do not te instructions for li	section 501(h) have to complete all nes 2a through 2f.)	of the five columns b	
(Some organizations t	that made a See	section 50 the separa	1(h) election do not te instructions for li	section 501(h) have to complete all	of the five columns b	elow.
(Some organizations t Calendar year (or fiscal year beginning in)	that made a See Lobb	section 50 the separa	1(h) election do not te instructions for li	section 501(h) have to complete all nes 2a through 2f.)	of the five columns b	
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye	section 501(h) have to complete all hes 2a through 2f.) ar Averaging Period		elow.
Calendar year (or fiscal year beginning in)	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye	section 501(h) have to complete all hes 2a through 2f.) ar Averaging Period		elow.
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye	section 501(h) have to complete all hes 2a through 2f.) ar Averaging Period		elow.
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye (b) 2015	section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2016	(d) 2017	(e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye (b) 2015	section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2016	(d) 2017	(e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye (b) 2015	section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2016	(d) 2017	(e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	that made a See Lobb	section 50 the separa ying Expen	1(h) election do not te instructions for li ditures During 4-Ye (b) 2015	section 501(h) have to complete all nes 2a through 2f.) ar Averaging Period (c) 2016	(d) 2017	(e) Total

Schedule C (Form 990 or 990-EZ) 2017 CITIZENS UNION OF THE CITY OF NEW YORK 13-4997570 Page 3

[Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

each "Yes," response on lines 1a through 1l below, provide in Part IV a detailed description the lobbying activity. 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		a)	L_	(b)	
the lobbying activity. Design the year did the filing organization attempt to influence foreign, national, state or	Yes	No		Amo	μnt
During the year, did the filing organization attempt to influence foreign, national, state or	163			1 1 30 %	North Periods
builting the year, and the time a subject opinion on a legislative matter		1			
local legislation, including any attempt to influence public opinion on a registration	建设设设				
or referendum, through the use of:		100 C. P. W.			
		├	16		的总统
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 		┼	- 33	CONTRACTOR CO	
c Media advertisements?		<u> </u>	 +		
d Mailings to members, legislators, or the public?		╄	-+		
Mailings to members, legislators, or the public? Publications, or published or broadcast statements?		↓	-+		
f Grants to other organizations for lobbying purposes?	\	┼	-+		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		 	-+		
g Direct contact with legislators, their stans, government contacts with legislators, and the stans with legislators an		<u> </u>	}		
i Other activities?	S. 18 18 18 18 18 18 18 18 18 18 18 18 18			e de la lace de la constitución de	C +66: (9:5: 1)
j Total. Add lines 1c through 1i				1.00	1.00
j Total. Add lines to through the control of the control of the activities in line 1 cause the organization to be not described in section 501(c)(3)?	100 March 1981				
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?			\$ \$ \$ £		100 to a 100
c If "Yes," enter the amount of any tax incurred by organization managers under section to a				THE SECTION OF THE SE	14874
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year.	ction 501(c)(5), or	sec	tion	
c If "Yes," enter the amount of any tax incurred by organization managers under section 4012 d. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sec					
501(c)(6).				Yes	No
		Γ	٦]	_X	<u> </u>
1 Were substantially all (90% or more) dues received nondeductible by members?			2		X
Were substantially all (90% or more) dues received nondecessary of the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), see the organization 501(c)(4), see the organization 501(c)(4), see t	om the prior Ve	ar?	3		X
Complete if the organization is exempt under section 50 (c)(4), se 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."			1		
allowered 1991					
d similar amounts from members	political				
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 	political				
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 	pontion.		2a		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). 					
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year 			<u>2a</u>		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year 			2a 2b		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 			2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due 	es ne excess		2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the describe extraplication agree to carryover to the reasonable estimate of nondeductible lobbying 	es ne excess and political		2a 2b 2c		
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total 	es ne excess and political		2a 2b 2c 3		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

erlment of the Treesury rnat Revenue Service	►Go to www.irs.gov/Form99	90 for instructio	ns and the latest informa		er identification number
me of the organizat	CITIZENS UNION OF	THE CITY	OF NEW YORK		13-4997570
Graniz	CITIZENS UNION OF tations Maintaining Donor Advise	d Funds or C	ther Similar Funds	or Accounts.	Complete if the
art Organiz	on answered "Yes" on Form 990, Part IV, lin	10 G.		(h) Fundo	and other accounts
organizati	ariswered 100 stream	(a) Don	or advised funds	(b) Funds	and other accounts
	nd of year				
Total number at e	of contributions to (during year)				
Aggregate value	of grants from (during year)				
* -	I I duigovo in	AMERICAN TO SET TELES	assets held in donor advis	ed tunds	Yes No
					163 1
					Yes No
ort III / Conset	vation Easements. Complete it the o	I GAITIZATION GITTE		Falt IV, IIIO 7.	
A Durpose(s) of co	nservation easements held by the organizat	tion (check all ui	at apply). Preservation of a his		nt land area
Preservati	on of land for public use (e.g., recreation or	education)	Preservation of a cel	torically importal	ucture
Protection	of natural habitat		Preservation of a cer	Ittlied Historic Str	40.12. -
		_	u u i - i- the form	of a conservatio	n easement on the last
2 Complete lines	on of open space 2a through 2d if the organization held a qua	ilified conservati	on contribution in the lorn	or a conserved	eld at the End of the Tax Year
				1 1	
a Total number of	conservation easements				
		structure include	d in (a) bietoric struct	ture	
_	vice recoments included in (c) acquires	galler 1/25/00,	and not on a re-	1 1	
listed in the Na	tional Register		I be all as terminated by th	ne organization d	uring the tax
3 Number of con	tional Register servation easements modified, transferred,	released, exting	uisned, or terminated by a	,	
4 Number of stat	es where property subject to conservation	easement is loca	ing inspection handling o	-	
5 Does the organ	ization have a written policy regarding the l	helionic ilioniroi	migrane,		Yes N
violations, and	enforcement of the conservation easement teer hours devoted to monitoring, inspecting	s it noids?	iolations, and enforcing co	nservation ease	nents during the year
6 Staff and volum	iteer hours devoted to monitoring, inspectir	ig, nariuling or v	·		
>	enses incurred in monitoring, inspecting, h	- ndling of violati	ons and enforcing conser	vation easement	s during the year
7 Amount of exp	enses incurred in monitoring, inspecting, na	anding of violati	one, and the		
> \$	nservation easement reported on line 2(d) a	have esticty the	requirements of section 17	70(h)(4)(B)(i)	
8 Does each cor	nservation easement reported on line 2(d) a	DOVE Sausiy tile			Yes N
and section 1	ro(h)(4)(B)(ii)? scribe how the organization reports conserv	untion easement	s in its revenue and expen	se statement, ar	d balance sheet, and
9 In Part XIII, de	scribe how the organization reports consen licable, the text of the footnote to the organ	vation's financi	al statements that describe	es the organizati	on's accounting for
include if and	licable, the text of the footnote to the organ	IIZALION G IIIIA.			
conservation	easements. nizations Maintaining Collections	of Art. Hist	orical Treasures, or	Other Simila	r Assets.
Part III Orga	ete if the organization answered "Yes" on F	orm 990, Part I\	/, line 8.		
Compl	ete if the organization answered "Yes" on F ation elected, as permitted under SFAS 116	(ASC 958), not	to report in its revenue sta	tement and bala	nce sheet works of art,
1a If the organiza	ntion elected, as permitted under SFAS 116 sures, or other similar assets held for public	avhibition edu	cation, or research in furth	erance of public	service, provide, in Part XII
historical trea	sures, or other similar assets held for public	scribes these it	ems.		
the text of the	e footnote to its financial statements that de ation elected, as permitted under SFAS 116	S (ASC 958), to r	eport in its revenue statem	ent and balance	sheet works of art, historic
b If the organize	ation elected, as permitted under SFAS 116 other similar assets held for public exhibitio	n education of	research in furtherance of	public service, p	provide the following amour
treasures, or	other similar assets neid for public exhibite	,, 0 2202,			
	ese items: included on Form 990, Part VIII, line 1				\$
(i) Revenue	included on Form 990, Part VIII, line 1				\$
(ii) Assets in	cluded in Form 990, Part Xation received or held works of art, historica	al treasures. or 0	other similar assets for fina	ncial gain, provid	le
2 If the organize	ation received or held works of art, historical amounts required to be reported under SF.	AS 116 (ASC 95	8) relating to these items:		
the following	amounts required to be reported under SH uded on Form 990, Part VIII, line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$
a Revenue inc	uded on Form 990, Part VIII, line 1			<u>,,</u>	\$ Schedule D (Form 990)
	I. J. Laver 000 Part X				

732051 10-09-17

hedule D (Form 990) 2017 CITIZENS UNION OF THE CITION SIMILAR ASSETS (continued) art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	_		mrr (1)	un∧ ∪.	г мжи уо	nk	13	3-499	7570_	Page	<u>, 2</u>
Using the organization's acquisition, accession, and other records, check any of use recovery of the recove	chedule D (Form 990) 2017 CITIZE	NS UNION OF	Historia	al Trea	sures, or O	ther Si					
Control Cont	Part III Organizations Maintaining	Collections of Art,	TISTOI IC	of the fo	llowing that are	a signific	ant use	of its coll	ection ite	ems	
a Public exhibition d	3 Using the organization's acquisition, acces	sion, and other records,	check any	or the to	noving and and	3					
b Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solicit or roceive domations of art, historical treasures, or other similar assets to be sold to traite funds rather than to be maintained as part of this organization are collection?	<u> </u>	ا.		n or exch.	ange programs						
b	a Public exhibition	_									
4 Provide a description of the organization's collections and explain how try furner the dynamic variety similar assets to buring the year, did the organization solid to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? I poported an amount on from 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complote the following table: C Beginning balance 1c Beginning balance 1d Additions during the year 1e Indig balance 2 Bistributions during the year 1f Ending balance 2 Bistributions during the year 1f Ending balance 2 Bistributions during the year 1g If Yes," explain the arrangement in Part XIII, Check hear if the explanation has been provided on Part XIII 2 Bistributions 1 Bistributions 1 Bistributions 2 No In Yes, explain the arrangement in Part XIII, Check hear if the explanation has been provided on Part XIII 2 Bistributions 3 Bistributions 4 Administrative expenses 2 End of year balance 3 Contributions 4 Administrative expenses 5 End of year balance 5 Other expenditures for facilities 1 Administrative expenses 6 End of year balance 1 Administrative expenses 9 End of year balance 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative expenses 1 Administrative		e	Our	·							
5 During the year, did the organization solicit or receive donations of all instances. The control of the organization is collection? 1 to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a Is the organization an agent, trustee, oustedian or other intermediary for contributions or other assets not included on Form 990, Part XV. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 3 Beginning balance 4 Additions during the year 5 Ending balance 9 Distributions during the year 1 to 1 t	c Preservation for future generations	n de la composi	how thou f	urther the	e organization's	exempt	purpose	in Part X	П.		
to be sold to raise funds rather than to be maintained as part of the originations are swered "Yes" on Form 990, Part IV, line 9, or Part IV, line 91. Teported an amount on Form 990, Part X, line 21.	4 Provide a description of the organization's	collections and explain	now iney i	ical treasi	ires, or other si	imilar ass	ets				
Secretary and Custodial Arrangements, Competed in organization or organization an assets not included on Form 990, Part X; line 21. The second of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										للل	No_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custedian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 5 Beginning balance	to be sold to raise funds rather than to be	maintained as part of the	to if the or	nanizatior	answered "Ye	s" on For	m 990,	Part IV, lir	ie 9, or		
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets in included on Form 990, Part X? If "Yea," explain the arrangement in Part XIII and complete the following table: Amount	- Corm 000	Dorf X line 23									
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No	reported an amount on Form 990,	adian at other intermedi	ary for con	tributions	or other assets	s not incl	uded				
b If "Yes," explain the arrangement in Part XIII and complete the following stude. c Beginning balance d Additions during the year f Ending balance Distributions during the year f Ending balance Bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V: Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Not investment earnings, gains, and losees d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Temporarily restricted endowment tunds not in the possession of the organization that are held and administered for the organization b): (i) unrelated organizations b): (i) unrelated organizations b): Describe in Part XIII the intended uses of the erganization's endowment funds. Part VI: Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10. C Leasehold improvements 1, 1, 180. 0. 0. c Leasehold improvements 1, 1, 180. 0. 0. c Leasehold improvements 6, 4, 377. 6, 4, 437. 6, 6, 4, 437.	1a Is the organization an agent, trustee, cust	odian or other littermedi	ary 10. 00						Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part Y-s, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Part Y-s, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Beginning of year balance Contributions. Not investment earnings, gains, and iosees d Grants or scholarships Other expensitures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Beginning of year balance Beginning of year balance Provide the estimated year balance Beginning of year balanc	on Form 990, Part X?	(III d mploto the fol	lowing tabl	e:							
d Additions during the year	b If "Yes," explain the arrangement in Part	(III and complete the for	owning tab.						<u>Amount</u>		
e Distributions during the year f Ending balance Distributions during the year f Ending balance Distributions during the year f Ending balance Distributions during the year Form 990, Part X, line 21, for escrow or custodist account liability? Yes No							1c				
Entiributions during the year Tending balance Tending balanc	c Beginning balance	***************************************					1d				
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Did the organization include an amount on Form 990, Part X, line 10. Complete if the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Did the provide on Part XIII. Did the organization answered "Yes" on Form 990, Part VI, line 10. Did the provide the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Did the provide on Part XIII. Did the organization answered "Yes" on Form 990, Part VI, line 10. Did the provide the estimated percentage of the ourrent year end balance (line 1g, column (a)) held as: Did to year balance	d Additions during the year						1e				
2a Did the organization include an amount on Form 99I, Part A, inte 2I, the explanation has been provided on Part XIII b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships o Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Temporarily restricted endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization b) (i) unrelated organizations (ii) related organizations b) If "Yes" on Ire 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Characteristics of the part XIII the intended uses of the organization's endowment funds. 1a Land b Buildings c Leasehold improvements 1 1, 180, 1, 180, 0. c Leasehold improvements 1 2, 239, 12, 239, 0. d Equipment 6, 437, 6, 437.	e Distributions during the year						1f				
b If "Yes," explain the arrangement in Part XIII. Check here it the explanation has been wered "Yes" on Form 990, Part IV, line 10. Calcument year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	f Ending balance		21 for esc	row or cu	istodial accoun	ıt liability'	?	, <u>[</u> _	Yes	닏	No
Part V Endowment Funds. Complete in the organization allowers (a) Three years back (b) Four year (c) Iwo years back (d) Three years back (e) Four years back (e)	2a Did the organization include an amount of	on Form 990, Part A, IIIIo	olanation l	nas heen	provided on Pa	ırt XIII	· · · · · · · · · · · · · · · · · · ·				
a Beginning of year belance b Contributions c Not investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board dosignated or quasi-endowment	b If "Yes," explain the arrangement in Part	XIII. Check nere if the ex	swered "Y	es" on Fo	rm 990, Part IV	/, line 10.					
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 c Temporarily restricted endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R7 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VII. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 1 2, 239 . 12, 239 . 0 . 6, 437 . 6, 437 . 6, 437 . 6, 437 . 6, 437 . 6, 437 .	Part V Endowment Funds. Compi	ete if trie organization at	(b) Price	or vear	(c) Two years	back (d) Three y	ears back	(e) Four	years t	ack_
b Contributions c Not investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			 '0'.''	71 3 0 <u>41</u>	1						
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶			 								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			 								
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment					 						
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		·	1						L		
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶			 						<u> </u>		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) neith as: a Board designated or quasi-endowment			+		 						
a Board designated or quasi-endowment	g End of year balance			column b	all held as:						
a Board designated or quasi-endowment	2 Provide the estimated percentage of the	current year end balan	ce (line 19,	COMMITTE	ajj nela as.						
c Temporarily restricted endowment \	 a Board designated or quasi-endowment 	·	%								
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 1 , 180 . 1 , 180 . 0 . 4 Cother Other Other	b Permanent endowment ▶										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) r	 c Temporarily restricted endowment 										
Are there endowment funds not in the possession of the organization that are field and dependence by: (i) unrelated organizations (ii) related organizations (iii) relate	10	lld Agus 1100%			d administars	ad for the	organiz	zation			
by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (3a Are there endowment funds not in the p	oossession of the organi	zation that	are neio	and administer	50 101 1110	organi-			Yes	No
(i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (ii) related organizations (iii) related organi	•								3a(i)		<u> </u>
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 Land b Buildings c Leasehold improvements d Equipment Other Other	n trade-manifolds								- 400		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Scriedule 11. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Other Other											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 1,180 1,180 0. c Leasehold improvements 12,239 12,239 0. d Equipment 6,437.	. It "Vee" on line 3afii) are the related ord	janizations listed as requ	nitea on Sc	Headle II	<i>T</i>		,				
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1	A Describe in Part XIII the intended uses	of the organization's end	dowmen <u>t fu</u>	ınds							
Complete if the organization answered "Yes" on Form 990, Part IV, line Tra. Sec Form 600, Part IV,					Can Form 900	Part X	line 10.				
Cost or other basis (investment) Cost or other basis (other)	Complete if the organization and	swered "Yes" on Form 9	90, Part IV	, iine 1 ia.	See Form 330	(a) A	cumula	ted	(d) Bo	ok val	пе
ta Land		(a) Cost o	rother	(b) C	ost or other	10,1%	J. C.				
ta Land	·	basis (inve	stment)	Das	na (ourer)			11.77 (1.78)			
b Buildings	1a Land			 		\$ x - 325 - 100 x 1	in joyang ji mi				
c Leasehold improvements d Equipment 6,437.				ļ. ——	1 190	 -	1.	180.			_0.
d Equipment 6,437. 6,437.				 -							
6.437.	=	•		 						6,4	<u>137.</u>
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	• Other			<u> </u>		J					
	Total, Add lines 1a through 1e. (Column (d)	must equal Form 990, P	art X. colur	nn (B). lin	e 10c.)				ıle D (Fo	_	

,	ON OR BUT CI	Ͳϓ OF NEW YOR	к 13-4	997570 Page 3
Jorioddio D V St. 1	ON OF THE CI	TY OF NEW YOR		
Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	- Form COO Port IV line	11b. See Form 990, Part	X, line 12.	
Complete if the organization answered "Yes" of	(b) Book value	(c) Method of valua	tion: Cost or end-of-	ear market value
(a) Description of Security or Category (including name of security)	(B) Book value			
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			· · · · · · · · · · · · · · · · · · ·	s de roersk operation (27va
(H) (D) line 12 \		(1) (1) (1) (1) (2) (2)	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		_ 		
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV. lin	e 11c. See Form <u>990, Par</u>	t X, line 13	t to to the
Complete if the organization answered res (a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-o	f-year market value
(a) Description of Investment				
(2)				
(4)				
		T		
(6)				
			# 17 PR. N. 1915 4, 150	
(9)		· "我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. Complete if the organization answered "Yes	on Form 990, Part IV, I	ine 11d. See Form 990, P	art X, line 15.	(b) Book value
Complete if the organization answered 165) Description			(D) DOOK VAIGE
(1)				
(2)				
(3)				
(4)				
(5)				
(8)				
(9)	ino 15)		<u> </u>	
Total. (Column (b) must equal Form 990. Part X col. (B) I Part X Other Liabilities.	To COO Port IV	line 11e or 11f. See Form	990, Part X, line 2 <u>5</u>	•
Part X Other Liabilities. Complete if the organization answered "Ye	s" on Form 990, Part IV,	(b) Book value	101 300 2008	
1. (a) Description of liability		(e)	1.000	
(1) Federal income taxes		18.		
(2) DUE TO AFFILIATE			- Parkanena Parkanena	
(3)				en e
(4)			Post of the figure of	
(5)				

18. <u>.....</u> Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

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chedule D (Form 990) 2017 CITIZENS UNION OF THE CI	TY OF NEW YORK	13-49975 <u>7(</u> turn.) Page 4
Chedule D (Form 990) 2017 CITIZENS UNION OF THE CIPART XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		-
Complete if the organization answered Tes City City Controls,		1 69	0,376.
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			
a Net unrealized gains (losses) on investments	2a $-3,934$.		
a the sand use of facilities	2b 267,634.		
D		144	-
and the in Dock VIII.)	2d 77,086.	T	0,786 <u>.</u>
A Lit Place On through 2d		1 = 3 4	9,590.
4 1 1 5 5 5 4 5 5 4 5 5 5 5 5 5 5 5 5 5		3 34	9,3301
	1 1		
to the second pot included on Form 990, Part VIII, line /b	4a	$\exists : \exists$	
Other (Describe in Part YIII)		- Marie 18	0.
		4c 34	9,590.
			<u>:5 5 5 5 5 5 5 5 5 5 </u>
Part XII Reconciliation of Expenses per Addited I indicate of		Retuins	
O white if the organization answered "Yes" on Form 990, Pan IV, III	le 12a.	7/	1,344.
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1 267 634	12 Sp.34	
a Donated services and use of facilities	2a 267,634	in the state of th	
h Prior year adjustments			
- Other losses	77 096		
A CULT (Describe in Part VIII.)		-	44,720.
A J.J. Bross On through 2d		- 1 1	16,624.
2 Subtract line 2e from line 1		4.50	
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a lovestment expenses not included on Form 990, Part VIII, line /b			
Other /Describe in Part XIII)		1 - 1	0.
1.49			16,624.
5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I. line	18.)	<u> </u>	
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	41 JOHn Dort V. lin	o 4: Part X line 2: F	Part XI.
Provide the descriptions required for Part II, lines 3, 5, and 4, and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PART X, LINE 2:			
FIN 48 FOOTNOTE			
IN ACCORDANCE WITH FINANCIAL ACCOUNTING	STANDARDS BOARD COD	IFICATION	TOPIC_
740, ACCOUNTING FOR INCOME TAXES, ENTITI	ES ARE REQUIRED TO	DISCLOSE]	<u>.N</u>
THEIR FINANCIAL STATEMENTS THE NATURE OF	ANY UNCERTAINTY IN	THEIR TAX	<u> </u>
POSITION. FOR TAX-EXEMPT ENTITIES, THEI	R TAX-EXEMPT STATUS	ITSELF IS	3
DEEMED TO BE AN UNCERTAINTY IN THEIR TAX	POSITION, SINCE EV	ENTS COUL	D
POTENTIALLY OCCUR TO JEOPARDIZE THEIR TA	X EXEMPT STATUS. C	U'S ACCOU	NTING
POLICY FOR EVALUATING UNCERTAIN TAX POSI	TIONS IS IN ACCORDA	ANCE WITH	
GENERALLY ACCEPTED ACCOUTING PRINCIPLES.	. CU HAS NOT RECOG	NIZED ANY	
BENEFITS FROM UNCERTAIN TAX POSITIONS IN	N THE CURRENT YEAR	AND BELIEV	ES IT_
HAS NO UNCERTAIN TAX POSITIONS FOR WHICH	H IT IS REASONABLY	POSSIBLE T	HAT (Form 990) 20
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Schedule D (Form 990) 2017 CITIZENS UNION OF THE CITY OF NEW YORK 13-4997570 Page 5
Part XIII Supplemental Information (continued)
THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE
OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF FINANCIAL POSITION DATE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES
PART XI LINE 2D & PART XII LINE 2D
DIRECT FUNDRAISING EXPENSES IN THE AMOUNT OF \$77,086 ARE INCLUDED IN THE
STATEMENT OF FUNCTIONAL EXPENSES ON THE AUDITED FINANCIAL STATEMENTS. IN
ACCORDANCE WITH THE INSTRUCTIONS FOR FORM 990, PART VIII, LINE 8B, THESE
EXPENSES ARE REPORTED AS A REDUCTION OF GROSS REVENUE FROM FUNDRAISING
EVENTS ON LINE 8B.
Schedule D (Form 990) 201

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest instructions.

Inspection Employer identification number

ame of the organization			37731	W WORK	13-49975	70
	UNION OF THE CIT	Y OF	NE.	W YORK		
- Le - amploto this part	Complete if the organization answe					
1 Indicate whether the organization raise a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pob If "Yes," list the 10 highest paid indiccompensated at least \$5,000 by the	f X Solicita g X Specia or oral agreement with any individua art VII) or entity in connection with priduals or entities (fundraisers) pursu	ation of g I fundrai	overnsing e	ument grants events icers, directors, trust	e fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundri have ci or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MCEVOY & ASSOCIATES - 32		Yes	No	240 000	14,210.	328,690.
UNION SQUARE EAST STE 406,	CONSULTANT	+-	X	342,900.	13,223	
INTERIM SOLUTIONS - 142 WEST END AVENUE #3R, NEW YORK, NY	CONSULTANT		x_	0.	22,464.	-22,464.
			 		 	
			 	 		
		_	-	 -	 	<u> </u>
			_		 	<u> </u>
			<u> </u>		<u> </u>	<u> </u>
					<u> </u>	
		_ _	\top			
				342,900	36,67	306,226.
Total 3 List all states in which the organize or licensing.	ation is registered or licensed to soli	cit conti	ibutio	ns or has been notifi	ed it is exempt from	registration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2017

732081 09-13-17

<u>edu</u> irt	lule G (Form 990 or 990-EZ) 2017 Fundraising Events.	CITIZENS UNION OF TE Complete if the organization answered	IE CITY OF NEW "Yes" on Form 990, Part	V line 18 or reported	4997570 Page 2 more than \$15,000
_	of fundraising event contri	outions and gross income on Form 990-	EZ, lilles Talld Ob. Elect of		
_	or furiditationing over-	(a) Event #1	(b) Event #2	` '	(d) Total events
		ANNUAL		NONE	(add col. (a) through
		DINNER	SPRING EVENT		col. (c))
		(event type)	(event type)	(total number)	<u> </u>
		211 675	31,225.		342,900.
1	1 Gross receipts	200 675	21,991.		302,666.
2	2 Less: Contributions	21 000			40,234.
ŀ	3 Gross income (line 1 minus lines	(0 2)			
	4 Cash prizes				
- 1	5 Noncash prizes				
2 	6 Rent/facility costs		 		
Ulrect Expenses	7 Food and beverages	33,282	12,794.		46,076.
5		ļ			31 010
1	8 Entertainment		3,611.		31,010.
١	9 Other direct expenses			>	77,086.
١	10 Direct expense summary. A	id lities 1 am = - 3			-36,852.
	artill Gaming. Complete if \$15,000 on Form 990-E	act line 10 from line 3, column (d) the organization answered "Yes" on For z, line 6a.	rm 990, Part IV, line 19, or (b) Pull tabs/instant	T	(d) Total gaming (add
Revenue		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
æ	1 Gross revenue			 	
ses	2 Cash prizes			 	
ect Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses	<u></u>	% Yes9	6 Yes	%
		Yes	% Yes?	No No	
	6 Volunteer labor			<u> </u>	
		Add III.00 = III. = 23	/8		•
	8 Net gaming income summ	ary. Subtract line 7 from line 1, column	(u)		=
9	a is the organization licensed to	organization conducts gaming activities conduct gaming activities in each of the	ese states?		Yes Yes
	b If "No," explain:				
	Oa Were any of the organization	s gaming licenses revoked, suspended,	or terminated during the t	ax year?	Yes
11	n de liste a ll assolution				
10	b If "Yes," explain:				

CATELLIANCE UNION OF THE CITY OF NEW YORK 13-4997570 Page 3
Schedule G (Form 990 or 990-EZ) 2017 CITIZENS UNION OF THE CITY OF NEW YORK 13-4997570 Page 3
Schedule G (Form 990 or 990-E2) 2017 CTTTZIBNB GTT201 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a trust. No to administer charitable gaming?
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13b %
 b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address >Yes No
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:
Name
Address >
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Description of services provided
Employee Independent contractor
Director/officer Employee Independent contractor
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities during the tax year > \$ organization's own exempt activities of the tax year > \$ organization's own exempt activities of the tax year > \$ organization's own exempt activities of the tax year > \$ organization's own exempt activities of the tax year > \$ organization's own exempt activities own exempt activities own exempt activities own exempt activities of the tax year > \$ organization's own exempt activities own exempt activi
Provide the explanations required by Part I, line 20, column by and I,
15c, 16, and 17b, as applicable. Also provide any additional mornation.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
SCHEDULE G, PART I, LINE 2B, HIST ST 122
(I) NAME OF FUNDRAISER: MCEVOY & ASSOCIATES

(I) ADDRESS OF FUNDRAISER:
32 UNION SQUARE EAST STE 406, NEW YORK, NY 10003
(I) NAME OF FUNDRAISER: INTERIM SOLUTIONS
(I) ADDRESS OF FUNDRAISER: 142 WEST END AVENUE #3R, NEW YORK, NY 10023
Schedule G (Form 990 or 990-EZ) 201
732083 09-13-17

		CITIZENS UNION	OΨ	тнк	CITY	OF	NEW	YORK	<u> 13-4997570</u>	Page 4
chedule G	(Form 990 or 990-EZ) Supplemental Info	CTTTZENS UNION	<u> </u>	<u> </u>						
rart IV	Supplemental into	(continued)								
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									Schedule G (Form	990 or 990-

SCHEDULE J (Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CITIZENS UNION OF THE CITY OF NEW YORK

Employer identification number 13-4997570

Part Questions Regarding Compensation	1	Yes No	
		826 da 1538 da 1877	143
1a Check the appropriate box(es) if the organization prov	ided 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 trees the		
First-class or charter travel			
Travel for companions	Payments for business use of personal residence		1867 1874
Tax indemnification and gross-up payments	Health or social club dues or initiation fees	一种的人	25
	Personal services (such as, maid, chauffeur, chef)		
Discretionary spending account			
b If any of the boxes on line 1a are checked, did the org	anization follow a written policy regarding payment or		
b If any of the boxes on line to are checked, and the organizes des	cribed above? If "No," complete Part III to explain	1b	SVertid
	WRITEING OF SHOWING BYORISOS HIGHING BY AN AN AN AND AND	1 7 1	*3
2 Did the organization require substantiation prior to re	irector, regarding the items checked on line 1a?	2	
trustees, and officers, including the CEO/Executive D	rector, regarding the result energy		
	institution used to petablish the compensation of the organization's		
3 Indicate which, if any, of the following the filing organ	ization used to establish the compensation of the organization's		200 A
CEO/Executive Director. Check all that apply. Do not	check any boxes for methods used by a related organization to		1
establish compensation of the CEO/Executive Direct	or, but explain in Part III. Written employment contract		ore in Second
Compensation committee	Compensation survey or study		
Independent compensation consultant	Carlos committee		
Form 990 of other organizations	Approval by the board or compensation committee		
	ut and the filing		
4 During the year, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to the liling		
organization or a related organization:		4a X _	
Landa de la control r	ayment?	·····	X
	stal populialified retirement plant	······ -	X
	sed compensation attaingement	75.00 B.\$0 8	7kp:
f "Yes" to any of lines 4a-c, list the persons and pro	vide the applicable amounts for each item in Part III.		A STAN
Only section 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.	F	
5 For responsibilisted on Form 990, Part VII, Section A	line 1a, did the organization pay or accrue any compensation		
the response of		13 De 18 50 F	X
contingent on the revenues of:		<u>5a </u>	X
a The organization?		5b	-22
If "Yes" on line 5a or 5b, describe in Part III.	line 1a, did the organization pay or accrue any compensation		
6 For persons listed on Form 990, Fact viii, 300000000		(大学) (1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	₽Ş.SK •
contingent on the net earnings of:		6a	$\frac{x}{x}$
a The organization?		6b	<u> </u>
If "Yes" on line 6a or 6b, describe in Part III.	line to did the organization provide any nonfixed payments		
7 For persons listed on Form 990, Part VII, Section A	, line 1a, did the organization provide any nonfixed payments	7	X
not described on lines 5 and 67 lf "Yes," describe	n Part III		il.
8 Were any amounts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that was subject to the	8	X
	section 53,4956-4(a)(3)? II 163, GCSCHIDS III	12.0	وروز دارد عالیکات
9 If "Yes" on line 8, did the organization also follow t	he reputtable presumption procedure desertable	9	<u>L</u>
Regulations section 53.4958-6(c)?	Sch	edule J (Form 990)	201

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

13-4997570

Schedule J (Form 990) 2017

Partil Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. CITIZENS UNION OF THE CITY OF NEW YORK

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The source of colors and a source of the source of t	ł				Doctroment and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(B) Breakdown of W-2	-2 and/or 1099-MISC compensation	C compensation	other deferred		(a)(b-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as usered on prior Form 990	
	7			000	1 947.	3,962.	64,	0	
7.5	ε	999		24,000.	367	10,120.	150,137.	0	- 7
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.

Employer identification number

13-4997570 CITIZENS UNION OF THE CITY OF NEW YORK Name of the organization FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INDEPENDENT, NONPARTISAN, CIVIC ORGANIZATION OF MEMBERS WHO PROMOTE GOOD GOVERNMENT AND ADVANCE POLITICAL REFORM IN THE CITY AND STATE OF NEW YORK. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN PURSUIT OF ITS MISSION, CITIZENS UNION WORKS TO ENSURE THAT THE CITY AND STATE GOVERNMENTS VALUE THEIR CITIZENS, ADDRESS CRITICAL ISSUES AND IT COMMENTS ON OPERATE IN A FAIR, OPEN AND FISCALLY SOUND MANNER. IMPORTANT PUBLIC POLICY ISSUES BY SUPPORTING LEGISLATION THAT REFORMS THE ELECTIONS SYSTEM, IMPROVES THE FUNCTIONING OF GOVERNMENT, AND SERVES THE BROAD PUBLIC INTEREST RATHER THAN NARROW SPECIAL INTERESTS. CU EVALUATES AND RECOMMENDS CANDIDATES FOR ELECTED OFFICE. IT MAKES AVAILABLE THROUGH ITS WEBSITE THE CANDIDATE RESPONSES TO A A COMPLETED QUESTIONNAIRE HAS UNFILTERED ANSWERS TO QUESTIONNAIRE. QUESTIONS AND ALSO ALLOWS A CANDIDATE TO STATE REASONS AS TO WHAT THROUGH THE PUBLICATION OF ITS HIGHLY HE/SHE HOPES TO ACCOMPLISH. REGARDED VOTERS' DIRECTORY, CU PROVIDES A BALANCED NONPARTISAN ANALYSIS OF CANDIDATES. IT REVIEWS AND PROVIDES AN IMPARTIAL SUMMARY OF THE IT ALSO INFORMS MEMBERS AND VOTERS ON WHICH CANDIDATES' RESPONSES. CANDIDATES ARE THE MOST QUALIFIED, CAPABLE, AND SUPPORTIVE OF THE ORGANIZATION'S MISSION. CANDIDATES WHO MAY NOT RECEIVE THE ORGANIZATION'S RECOMMENDATION BUT DEMONSTRATE A CAPACITY TO SERVE EFFECTIVELY AND SUPPORT THE ORGANIZATION'S GOOD GOVERNMENT AND Schedule O (Form 990 or 990-EZ) (2017) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

732211 09-07-17

Employer identification number 13-4997570

POLITICAL REFORM GOALS CAN RECEIVE FAVORABLE EVALUATIONS.

FORM 990 PART III LINE 1 (CONTINUED) CITIZENS UNION OF THE CITY OF NEW YORK IS AN INDEPENDENT, NONPARTISAN, CIVIC ORGANIZATION OF MEMBERS WHO PROMOTE GOOD GOVERNMENT AND ADVANCE CITIZENS UNION POLITICAL REFORM IN THE CITY AND STATE OF NEW YORK. HAS SERVED AS A WATCHDOG FOR THE PUBLIC INTEREST AND AS AN ADVOCATE FOR THE COMMON GOOD FOR MORE THAN A CENTURY. IN PURSUIT OF ITS MISSION, CITIZENS UNION WORKS TO ENSURE THAT THE CITY AND STATE GOVERNMENTS VALUE THEIR CITIZENS, ADDRESS CRITICAL ISSUES AND OPERATE IN A FAIR, OPEN AND FISCALLY SOUND MANNER. IT COMMENTS ON IMPORTANT PUBLIC POLICY ISSUES BY SUPPORTING LEGISLATION THAT REFORMS THE ELECTIONS SYSTEM, IMPROVES THE FUNCTIONING OF GOVERNMENT, AND SERVES THE BROAD PUBLIC INTEREST RATHER THAN NARROW SPECIAL INTERESTS. CU EVALUATES AND RECOMMENDS CANDIDATES FOR ELECTED OFFICE. IT MAKES AVAILABLE THROUGH ITS WEBSITE THE CANDIDATE RESPONSES TO A QUESTIONNAIRE. A COMPLETED QUESTIONNAIRE HAS UNFILTERED ANSWERS TO QUESTIONS AND ALSO ALLOWS A CANDIDATE TO STATE REASONS AS TO WHAT HE/SHE HOPES TO ACCOMPLISH. THROUGH THE PUBLICATION OF ITS HIGHLY REGARDED VOTERS' DIRECTORY, CU PROVIDES A BALANCED NONPARTISAN ANALYSIS OF CANDIDATES. IT REVIEWS AND PROVIDES AN IMPARTIAL SUMMARY OF THE CANDIDATES' RESPONSES. IT ALSO INFORMS MEMBERS AND VOTERS ON WHICH CANDIDATES ARE THE MOST QUALIFIED, CAPABLE, AND SUPPORTIVE OF THE ORGANIZATION'S MISSION. CANDIDATES WHO MAY NOT RECEIVE THE ORGANIZATION'S RECOMMENDATION BUT DEMONSTRATE A CAPACITY TO SERVE EFFECTIVELY AND SUPPORT THE ORGANIZATION'S GOOD GOVERNMENT AND POLITICAL REFORM GOALS CAN RECEIVE FAVORABLE EVALUATIONS.

732212 09-07-17

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

FROM THE MY CHARITIES BUREAU.

Employer identification number 13-4997570

FORM 990 PAGE 6 PART VI, SECTION A #1A & 1B - MEMBERS OF THE GOVERNING BODY 44 BOARD MEMBERS ARE ELECTED INDEPENDENTLY. 25 BOARD MEMBERS ARE ALSO BOARD MEMBERS OF THE RELATED TAX-EXEMPT ORGANIZATION AND SERVE ON THE BOARD OF DIRECTORS OF BOTH ORGANIZATIONS. THESE BOARD MEMBERS DO NOT GET TO VOTE FOR THE CANDIDATE PREFERENCES BUT CAN VOTE ON OTHER ISSUES.

FORM 990, PAGE 9 PART VIII, LINE 1C AND SCHEDULE R, LINE 2 CITIZENS UNION FOUNDATION INC. AND CITIZENS UNION OF THE CITY OF NEW YORK HELD A JOINT FUNDRAISING ANNUAL AWARDS DINNER IN OCTOBER 2017. DONORS/ATTENDEES DESIGNATED ON THE EVENT TICKET WHAT PORTION OF THEIR IF A DONOR/ATTENDEE CONTRIBUTIONS SHOULD BE GIVEN TO EACH ENTITY. INDICATED ON THEIR TICKET THAT THEIR CONTRIBUTIONS SHOULD BE SPLIT BETWEEN THE TWO ENTITIES, THE CONTRIBUTIONS WERE HANDLED AS FOLLOWS: -IF MONIES WERE RECEIVED BY CHECK, THEY WERE DEPOSITED INTO THE CU-CUF THIS ACCOUNT WAS SET UP TO BE USED AS A FLOW AWARDS DINNER ACCOUNT. THROUGH ACCOUNT FOR THE SPLIT DINNER CONTRIBUTIONS. THE TOTAL AMOUNT OF MONEY THAT WAS DEPOSITED INTO THIS ACCOUNT IN THE CURRENT YEAR WAS \$378,850. AFTER THE DINNER, FUNDS TOTALING \$208,425 WERE TRANSFERRED TO CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK AND \$170,425 WERE TRANSFERRED TO CITIZENS UNION OF THE CITY OF NEW YORK. -IF MONIES WERE RECEIVED VIA CREDIT CARD, IT WAS PROCESSED THROUGH CITIZENS UNION OF THE CITY OF NEW YORK AND THEN TRANSFERRED OVER TO THE

TRANSFERRED TO THE ACCOUNT OF CITIZENS UNION FOUNDATION OF THE CITY OF Schedule O (Form 990 or 990-EZ) (2017) 732212 09-07-17

ACCOUNT OF CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK.

\$139,600. OF THIS AMOUNT, EXACTLY HALF, TOTALING \$69,800 WAS

THE TOTAL AMOUNT RECEIVED VIA CREDIT CARD IN THE CURRENT YEAR WAS

hedule O (Form 990 or me of the organization								WORK	Em	oloyer identifica 13-49975	tion nu 70	ımber
oi me oidanizaron	CITIZENS	UNION	OF	THE	CITY	OF	NEW	YORK		TO 20010	<u>,</u>	
W YORK												
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732212 09-07-17

Schedule R (Form 990) 2017 Employer identification number 13-4997570 Open to Public Inspection Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity Direct controlling End-of-year assets status (if section **e** Public charity 501(0)(3)) LINE 7 Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Exempt Code section 501(C)(3) ► Go to www.irs.gov/Form990 for instructions and the latest information. Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. NEW YORK CITIZENS UNION OF THE CITY OF NEW YORK Primary activity Primary activity POLICY RESEARCH For Paperwork Reduction Act Notice, see the Instructions for Form 990. CITIZENS UNION FOUNDATION, INC. OF THE CITY OF NEW YORK - 13-5549188, 299 BROADWAY, NEW Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Name of the organization 10001 Department of the Treasury Internal Revenue Service SCHEDULE R YORK, NY PartII Form 990) Parti

(g) Section 512(b)(13) controlled

OMB No. 1545-0047

entity?

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Yes

×

13-4997570

Page 2

CITIZENS UNION OF THE CITY OF NEW YORK

Schedule R (Form 990) 2017 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Code V-UBI General or Percentage amount in box partner? 20 of Schedule K-1 (Form 1065) 3 Percentage ownership Partills Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related partills organizations treated as a partnership during the tax year. Share of end-of-year assets Yes No Disproportionate allocations? Share of total income Ξ Share of end-of-year assets <u>6</u> Type of entity (C corp. S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) e Legal domícile (state or foreign country) ত (d)
| Direct controlling | entity Primary activity 3 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2017 Part IV

732162 09-11-17

Schedule R (Form 990) 2017 CITIZENS UNION OF THE CITY OF NEW YORK

(Form 990) 2017 CITIZENS UNION OF THE CITE CITE CITE CITE CITE CITE CITE CIT	ed "Yes" on Form 99	3, Part IV, line 34, 35b, or	36.		
Part.V Transactions With Related Organizations. Complete in the Olympian				Yes	S _S
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	atelate or more relate	d organizations listed in Pa	arts II:IV?		
1 During the tax year, did the organization engage in any of the following transactions with one or more contractions and the tax year, did the organization engage in any of the following transactions with one or more contractions are contracted to the contraction of the following transactions with one organization engage in any of the following transactions with one organization engage in any of the following transactions with one organization engage in any of the following transactions with one organization engage in any of the following transactions with one organization engage in any of the following transactions with one organization engage in any of the following transactions with one organization engage in any of the following transactions with the following transactions will be a followed transaction with the f				<u>a</u>	4 ۶
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled enuity.				g F	4 >
b Gift, grant, or capital contribution to related organization(s)				<u>0</u>	4 ۶
Gift. grant, or capital contribution from related organization(s)				PL	ا له
				<u>e</u>	×
					6.5 6.5 6.5
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Calc of accept to related organization(s)				ŧ	×
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במסת כן ימכוויים ליתוח של היים ליתוח של ה				¥	
I ease of facilities, equipment, or other assets from related organizat				=	×
R Leave of the services or membership or fundraising solicitations for related organization(s)	zation(s)			Ę	×
Ferromatics of services or membership or fundraising solicitations by related organization(s)	:ation(s)			ŧ X	
	(s)			٠ ۲	

				1 _p X	_
hursement paid to related organization(s) for expenses				19	×
				(5) (4) (5) (3)	
				\$ X	
Other transfer of cash of property from related organization(s)			nationships and transaction thresholds.	1	
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	(b) Transaction	(c) Amount involved	Method of determining amount involved	involved	
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CITIZENS UNION FOUNDATION, INC. OF THE CITY	ы	159,110.	ACTUAL		
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732163 09-11-17	43				

Schedule R (Form 990) 2017 CITIZENS UNION OF THE CITY OF NEW YORK

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

organization conducted more than five percent of its activities (measured by total assets or gross revenue)

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Dravide the following information for each entity taxed as a partnership throu		that was not a related organization. See instructions regarding contraction	3
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Provide the londwing information. See instructions regarding exclusion for	ructions regarding exclus	ion for certain inve	certain investment partnersnips.		Ì	3	4	W	2	3	
that was not a leaded organization) 	(0)	9	<u></u>		(6) (7)	Cionno C	Code 1/41B1	General or	Percentage	
(a)	(a)	micile	Predominant income	partners sec.	ഗ	Share of	tionate	amount in box 20	managing	ownership	
Name, address, and EIN of entity	בוווומו א מסוייון	or foreign	excluded from tax under	er orgs.	total income	end-or-year assets	Yes No	ves No (Form 1065) Yes No	Yes No		
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Schedule R	(Form 990) 2017 Supplemental Info	CITIZENS	OWTOW	Ų.F	<u> </u>	<u> </u>	<u> </u>				
Part VII	Supplemental Into Provide additional infor	n IIIauUII. mation for response	s to question	s on S	Schedule	R. See in	struct	ions.			
	Provide additional infor	mation for response	s to quocus.								
											
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732165 09-11-17

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

print

Application for Automatic Extension of Time To File an **Exempt Organization Return**

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or 13-4997570

print	OF MUE OTOM (אות אות	A VORK		<u> 13-499/5</u>	70
	CITIZENS UNION OF THE CITY	JE 1911	TOTAL	Social secur	ity number (SS	N)
Fite by the due date fo	Number, street, and room or suite no. If a P.O. box, se	e instructi	ons.			
filing your return, See	299 BROADWAY SUITE 700	nian oddr	ess see instructions.			
instruction	s. City, town or post office, state, and ZIP code. For a lor	reign addi-				- 1212 1
	NEW YORK, NY 10007 e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Enter th	e Return Code for the return that this application is for the	Return	Application			Return
Applica	tion		Is For			Code
s For_		01	Form 990-T (corporation)			07
Form 99	00 or Form 990-EZ	02	Form 1041-A			08
Form 99	90-BL	03	Form 4720 (other than individual)			09
Form 4	720 (individual)	04	Form 5227			10
Form 9		05	Form 6069			11
Form 9	90-T (sec. 401(a) or 408(a) trust)	06	Form 8870			12
Form 9	90-T (trust other than above)		HE CITY OF NEW YORK	ζ		
_	CITIZENS UNION		ORK, NY 10007			
• The	books are in the care of 299 BROADWAY -	1417.44	Fax No.			
Tele	phone No. ► (212) 227-0342		II - L Obeter - shock this box	_		
• If th	e organization does not have an office or place of busines:	s in the Ur	nited States, Creck this Box	If this is for	the whole grou	p, check this
• If th	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit	Group Exe		f all member	rs the extension	n is for
box 🖿	If it is for part of the group, check this box	sand aπ	MBER 15, 2018 , to fil	le the exem	ot organization	return
1	at an enterestic 6-month extension of time until	140 A 17	TIDDIT 207		•	
	for the organization named above. The extension is for the	organizati	on's return for:			
	•				,	
	▶X calendar year 2017 or					
	tax year beginning		and ending	Final return	_ `	
2	If the tax year entered in line 1 is for less than 12 months,	check rea	son: Initial return	1 1 11101 101011	•	
3a	Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069	, enter the tentative tax, less any	За	\$	0.
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b	11 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	9, enter a	ny refundable credits and	3b	.	0.
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С	Balance due, Subtract line 3b from line 3a, Include your p	payment w	Aut this form, in requires	3c	 \$	0.
_	Dalance de la contraction de l	Coo inch	ructions _			

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

723841 04-01-17

instructions.

Form 8868 (Rev. 1-2017)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2017 Open to Public Inspection

1 General Information

Secretary Secr	1.General Informati	on _			1114 12/21/21	017		
Check if Applicable. Mare Change Mare C	For Fiscal Year Beginning	g (mm/c	dd/y <u>yyy) 01/01/2</u> () 17 and Ending (mr	n/dd/yyyy) 12/31/21	UL/		
Maining Address: Annoted Filing Maring Address: 29 BROADWAY SUITE 700 1-60-90	·	Name	of Organization:	OF THE CITY OF	NEW YORK	13-4997570		
Initial Filing	1=							
Final Filing City / State / ZiP: NEW YORK, NY 10007 S12 227-0342 Email: Website: WWW.CITIZENSUNION.ORG CITIZENSUNION.ORG CITIZENGCITIZENSUNION.ORG CITIZENGCITIZENSUNION.ORG COnfirm your Registration Category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT Exemption: Charlies Registry at www.CharliesNys.com. 2. Certification: See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. President or Authorized Officer: Signature Sign	I 	200	9 BROADWAY SUI	TE 700		01-60-90		
Amended Filing NEW YORK, NY 10007 Email: Website: Website: Website: William Website: Websit	1===							
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We certify under penalities of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. BETSY GOTBATIM President or Authorized Officer: Signature Chief Financial Officer or Treasurer: Signature Chief Financial Officer or Treasurer: Signature Print Name and Title Date As Annual Reporting, Exemption; If you organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DLAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required, if you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you contributions from NY State including residents, foundations, government agencies, etc. clid not exceed \$25,000 and the market value of assets clid not exceed \$25,000 at any time during the fiscal year. As EPTL filing exemption: Gross receipts clid not exceed \$25,000 and the market value of assets clid not exceed \$25,000 at any time during the fiscal year. As Chedules and Attachments	2. Certification							
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3b. EPTL filling exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. 4. Schedules and Attachments See the following page for a checklist of schedules and attachments to complete your filling. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. See the checklist on the next page to calculate your fee(s). Indicate fee(s) you A filling fee: EPTL filling fee: Total fee: Make a single check or money order payable to: "Department of Law"	contribu	tions d	uring the fiscal year.					
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See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. See the checklist on the next page to calculate your fee(s). Indicate fee(s) you A Schedules and Attachments X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. Total fee: Make a single check or money order payable to: "Department of Law"	☐ ah EDT	l filing	exemption: Gross receipts	did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time		
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. Total fee: Make a single check or money order payable to: "Department of Law"	durina ti	ne fisca	al vear.					
See the following page for a checklist of schedules and attachments to complete your filling. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5 Fee See the checklist on the next page to calculate your fee(s). Indicate fee(s) you 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. 4b. Did the organization receive government grants? If yes, complete Schedule 4b. Total fee: Make a single check or money order payable to: "Department of Law"	daining to	,0 ,1000	,					
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for a checklist of schedules and attachments to complete your filling. Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venture for fund raising activity in NY State? If yes, complete Schedule 4a. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 55. Fee See the checklist on the next page to calculate your fee(s). Indicate fee(s) you Total fee: Make a single check or money order payable to: "Department of Law"	The principal of the control of the							
schedules and attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. See the checklist on the next page to calculate your fee(s). Indicate fee(s) you for fund raising activity in NY State? If yes, complete Schedule 4a. Total fee: Total fee: Make a single check or money order payable to: "Department of Law"			Yes No 4a Did ve	our organization use a prof	fessional fund raiser, fund i	raising counsel or commercial co-venturer		
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. See the checklist on the next page to calculate your fee(s). Indicate fee(s) you Total fee: Total fee: Make a single check or money order payable to: "Department of Law"	L	44	for fund r	aising activity in NY State	? If yes, complete Scheduk	e 4a.		
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. 5. Fee See the checklist on the next page to calculate your fee(s). Indicate fee(s) you Total fee: Make a single check or money order payable to: "Department of Law"	⁻	1	io, jana i					
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you Total fee: Total fee: Make a single check or money order payable to: "Department of Law"	1	l⊢,	Ves X No 4h Did th	ne organization receive go	vernment grants? If yes, co	omplete Schedule 4b.		
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you Total fee: Total fee: Make a single check or money order payable to: "Department of Law"	complete your tiling.		165 [21] NO 40. DIG 0	to organization reserve 3-				
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you Total fee: Total fee: Make a single check or money order payable to: "Department of Law"	5. Fee	L						
next page to calculate your fee(s). Indicate fee(s) you Department of Law"		е	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order		
fee(s), Indicate fee(s) you			<u>-</u>			_		
	1	-	,]			
			\$ <u> 25 </u>	\$ <u>50.</u>	\$ <u>75.</u>			

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

768451 04-27-18 1019

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CITIZENS UNION OF THE CITY OF NEW YORK

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Condisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenu filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the Accountant's Review or Audit Report: 0 and up to \$750,000. ort is less than \$250,000
Calculate Your Fee	TO THE STATE OF TH
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A. EPTL. DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$25, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
, ,	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	 IRS Form 990 Part I, line 22 IRS Form 990 EZ Part I, line 21 IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

(212) 416-8401 Call:

Email: Charities.Bureau@ag.ny.gov

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

2017

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions		/ Handle describes (Article 7A 171-9 4)
A Professional Fund Raiser (PFR), in	addition to other activities, conducts solicitation of contributions and/o	or handles the donations (Article 7A, 171-a.4).
A Fund Raising Counsel (FRC) d	oes not solicit or handle contributions but limits activities to advising or	r assisting a chantable organization to
perform such functions for itself (A	rticle 7A, 171-a.9).	agged in trade or commerce other than
A Commercial Co-Venturer (CCV	/) is an individual or for profit company that is regularly and primarily en	optortoinment or any other thing of Value
raising funds for a charitable organ	nization and who advertises that the purchase or use of goods, services	s, entertainment of any outer unity of taller
will benefit a charitable organization	on (Article 7A, 171-a.6).	or a grantwriter who has been hired solely
Professional fund raising does n	ot include activities by an organization's development staff, volunteers,	of a grantwiner who has been three delery
to draft applications for funding fro	om a government agency or tax exempt organization.	
4 Augustianian informatio	8.49 14.49	
1. Organization Informatio	<u>// </u>	NY Registration Number:
Name of Organization:		
CITIZENS UNION OF	THE CITY OF NEW YORK	01-60-90
2 Professional Fund Rais	er, Fund Raising Counsel, Commercial Co-Venturer In	formation
Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Turid Haising Froitssional type.		·
X Professional Fund Raiser	MCEVOY CONSULTING	
121 Totodolorial Land Talloon	Mailing Address:	Telephone:
Fund Raising Counsel		
	32 UNION SQUARE EAST SUITE 406	(212)228-7446
Commercial Co-Venturer	City / State / ZIP:	
Į į	NEW YORK, NY 10003	
3. Contract Information	·	
Contract Start Date:	Contract End Date:	
01/01/2017	12/31/2017	
4. Description of Services	<u> </u>	
Services provided by FRP:		
FUNDRAISING AND EVENT CO	OORDINATION FOR ANNUAL DINNER	
ļ.		
- 10 Curris - 22 - 83 END MARKETS JELONG 1906 予選が基立の均衡学学館 87	# 1 € 1 ± 12 PENE	
5. Description of Comper		Amount Paid to FRP:
Compensation arrangement with	FRP:	, and to the
FOR ANNUAL DINNER		14,210.
		, , , , , , , , , , , , , , , , , , ,
6. Commercial Co-Ventu	re: (CCV) Report	
O. Collinerdial Co. vento	I Grafo O alla Giorna de la Caracteria d	
No. 16 accident	s were provided by a CCV, did the CCV provide the charitable organiza	ition with the interim or closing report(s)
Yes No If service	by Section 173(a) part 3 of the Executive Law Article 7A?	-
required	Dy Sebuon 175(a) part o of the Executive East 1996 17.	

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated April 2018)

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

2017

Open to Public Inspection

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions		
A Professional Fund Raiser (PFR), in	addition to other activities, conducts solicitation of contributions	and/or handles the donations (Article 7A, 171-a.4).
A Fund Raising Counsel (FRC)	loes not solicit or handle contributions but limits activities to advisi	ng or assisting a charitable organization to
perform such functions for itself (/	Article 7A, 171-a.9).	
A Commercial Co-Venturer (CC)	 is an individual or for-profit company that is regularly and primar 	ily engaged in trade or commerce other than
raising funds for a charitable orga	nization and who advertises that the purchase or use of goods, set	vices, entertainment or any other thing of value
will benefit a charitable organization	on (Article 7A, 171-a.6).	
Professional fund raising does r	not include activities by an organization's development staff, volunt	eers, or a grantwriter who has been hired solely
to draft applications for funding fr	om a government agency or tax exempt organization.	
1. Organization Information	<u></u>	
Name of Organization:		NY Registration Number:
_		
CITIZENS UNION OF	F THE CITY OF NEW YORK	01-60-90
<u> </u>	·	A SECTION AND SECTIONS
2. Professional Fund Rais	er, Fund Raising Counsel, Commercial Co-Venture	er Information
Fund Raising Professional type:	Name of FRP:	NY Registration Number:
,		
X Professional Fund Raiser	INTERIM SOLUTIONS	
	Mailing Address:	Telephone:
Fund Raising Counsel		
	142 WESST END AVENUE #3R	(212)543-3836
Commercial Co-Venturer	City / State / ZIP:	
Į	NEW YORK, NY 10023	
3. Contract Information		
Contract Start Date:	Contract End Date:	
05/01/2017	12/31/2017	
4. Description of Services		
Services provided by FRP:		
PROVIDING ON SIT	E FUNDRAISING CONSULTING SERVICES	
		·
5. Description of Compe	isation	
Compensation arrangement with		Amount Paid to FRP:
MONTHLY		·
		22,264.
]		
		
6. Commercial Co-Ventu	rer (CCV) Report	
<u> </u>		
Yes No If services	s were provided by a CCV, did the CCV provide the charitable orga	inization with the interim or closing report(s)
	by Section 173(a) part 3 of the Executive Law Article 7A?	
required	-) (, -/m) km,	

768471 04-27-18

1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated April 2018)