

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

| | | |
|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 299 BROADWAY City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10007 F Name and address of principal officer: BETSY GOTBAUM 299 BROADWAY, NEW YORK, NY 10007 | D Employer identification number 13-5549188 E Telephone number 2122270342 G Gross receipts \$ 1,681,412. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.CITIZENSUNION.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | |
| L Year of formation: 1948 M State of legal domicile: NY | | |

Part I Summary

| | | |
|-----------------------------|--|---|
| | 1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u> | |
| Activities & Governance | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 25 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 25 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 13 |
| | 6 Total number of volunteers (estimate if necessary) | 6 25 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a 1,289. |
| | b Net unrelated business taxable income from Form 990-T, line 38 | 7b -4,384. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 1,446,884. Current Year 899,022. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 73,598. 25,726. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -52,699. -47,457. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,467,783. 877,291. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 777,626. 768,947. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 140,253. 29,627. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 222,237. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 294,856. 416,522. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,212,735. 1,215,096. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | 255,048. -337,805. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year 1,410,617. End of Year 1,054,934. |
| | 21 Total liabilities (Part X, line 26) | 92,500. 91,409. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 1,318,117. 963,525. |

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.

| | | |
|------------------|--|--------------|
| Sign Here | Signature of officer | Date 11/5/19 |
| | BETSY GOTBAUM, EXECUTIVE DIRECTOR Type or print name and title | |

| | | | | | |
|-------------------------------|---|---|-------------------------------|--|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name KRIS KRINGAS | Preparer's signature KRIS KRINGAS | Date 10/29/19 | Check <input type="checkbox"/> self-employed | PTIN P00747134 |
| | Firm's name ▶ MAIER MARKEY & JUSTIC LLP | Firm's EIN ▶ 13-3539062 | | | |
| | Firm's address ▶ 2 LYON PLACE WHITE PLAINS, NY 10601 | | Phone no. 914-644-9200 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 860,543. including grants of \$ _____) (Revenue \$ _____)
SEE STATEMENT O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **860,543.**

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SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|--|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|------------|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a 13 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | 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 | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | 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? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| | 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 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? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 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? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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 | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 25 | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 25 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | The governing body? | X | |
| 8b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
CITIZENS UNION FOUNDATION - (212) 227-0342
299 BROADWAY, NEW YORK, NY 10007

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) RANDY M MASTRO CHAIRMAN | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) NANCY BOWE TREASURER | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (3) ROBERT M KAUFMAN VICE CHAIR | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (4) JOHN AVLON DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (5) JUDI RAPPOPORT BLITZER VICE CHAIR | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (6) ROBERT M ABRAMS PRESIDENT | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (7) RICHARD BRIFFAULT DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (8) GAIL ERICKSON VICE CHAIR | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (9) GRACE LYU VOLCKHAUSEN VICE CHAIR | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (10) GENA LOVETT DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (11) CHRISTINA R DAVIS SECRETARY | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (12) KENNETH AUSTIN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (13) MONICA AZARE DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (14) ANTHONY CROWELL DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (15) LUIS GARDEN ACOSTA DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (16) NICOLE GORDON DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (17) GEORGE KAUFMAN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Form 990 (2018)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SHEKAR KRISHNAN DIRECTOR | 0.50 0.50 | X | | X | | | | 0. | 0. | 0. |
| (19) ANTONIO M MAGLIOCCO DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (20) JUANITA SCARLETT DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (21) RICK SCHAFFER DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (22) HECTOR SOTO DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (23) ANTHONY R SMITH DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (24) MARJORIE B. TIVEN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (25) PETER J W SHERWIN DIRECTOR | 0.50 0.50 | X | | | | | | 0. | 0. | 0. |
| (26) ELISABETH GOTBAUM EXECUTIVE DIRECTOR | 32.00 8.00 | | | | | X | | 155,256. | 21,923. | 618. |
| 1b Sub-total | | | | | | | | 155,256. | 21,923. | 618. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 15,848. | 4,000. | 152. |
| d Total (add lines 1b and 1c) | | | | | | | | 171,104. | 25,923. | 770. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

CITIZENS UNION FOUNDATION, INC. OF THE C
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) RICHARD D DADEY FORMER EXECUTIVE DIRECTOR | 0.00 0.00 | | | | | | X | 15,848. | 4,000. | 152. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 15,848. | 4,000. | 152. |

CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK

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Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|---|---|---|--|----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | | | | | |
| | b | Membership dues | | | | | |
| | c | Fundraising events | 647,980. | | | | |
| | d | Related organizations | | | | | |
| | e | Government grants (contributions) | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 251,042. | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 6,299. | | | | |
| | h | Total. Add lines 1a-1f | | 899,022. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 13,684. | | 13,684. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real 29,387. | | | | |
| | | b | Less: rental expenses | 0. | | | |
| | | c | Rental income or (loss) | 29,387. | | | |
| | d | Net rental income or (loss) | | 29,387. | | 29,387. | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities 678,661. | | | | |
| | | b | Less: cost or other basis and sales expenses | 666,619. | | | |
| | | c | Gain or (loss) | 12,042. | | | |
| | | d | Net gain or (loss) | | 12,042. | | 12,042. |
| | 8 a | Gross income from fundraising events (not including \$ 647,980. of contributions reported on line 1c). See Part IV, line 18 | a | 59,369. | | | |
| | | b | Less: direct expenses | b | 137,502. | | |
| | | c | Net income or (loss) from fundraising events | | -78,133. | | -78,133. |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | |
| b | | Less: direct expenses | b | | | | |
| c | | Net income or (loss) from gaming activities | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | |
| | b | Less: cost of goods sold | b | | | | |
| | c | Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| 11 a | ADVERTISING INCOME | | 1,289. | | 1,289. | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | 1,289. | | | | |
| 12 | Total revenue. See instructions | | 877,291. | 0. | 1,289. | -23,020. | |

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Form 990 (2018)

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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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 155,800. | 123,257. | 14,210. | 18,333. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 467,511. | 369,858. | 42,640. | 55,013. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 16,911. | 13,379. | 1,542. | 1,990. |
| 9 Other employee benefits | 81,980. | 64,856. | 7,477. | 9,647. |
| 10 Payroll taxes | 46,745. | 36,981. | 4,263. | 5,501. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 58,080. | | | 58,080. |
| b Legal | | | | |
| c Accounting | 14,530. | | 14,530. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 29,627. | | | 29,627. |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 51,516. | 45,670. | 315. | 5,531. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 27,350. | 17,253. | 1,481. | 8,616. |
| 14 Information technology | 4,642. | 3,678. | 413. | 551. |
| 15 Royalties | | | | |
| 16 Occupancy | 216,991. | 154,721. | 38,768. | 23,502. |
| 17 Travel | 6,549. | 3,804. | 1,584. | 1,161. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,218. | 990. | | 228. |
| 23 Insurance | 9,044. | 7,144. | 815. | 1,085. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a TELEPHONE | 11,240. | 9,184. | 711. | 1,345. |
| b COMPUTER EXPENSE | 8,288. | 8,013. | 0. | 275. |
| c BAD DEBT EXPENSE | 2,625. | | 2,625. | |
| d PROGRAM EXPENSES | 2,537. | 993. | 44. | 1,500. |
| e All other expenses | 1,912. | 762. | 898. | 252. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,215,096. | 860,543. | 132,316. | 222,237. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Form 990 (2018)

CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK

Form 990 (2018)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|---|--------------------------|------------|--------------------|----------|
| Assets | 1 | | 1 | | |
| | 2 | 391,958. | 2 | 725,982. | |
| | 3 | | 3 | | |
| | 4 | 88,271. | 4 | 40,953. | |
| | 5 | | 5 | | |
| | 6 | | 6 | | |
| | 7 | 18. | 7 | 813. | |
| | 8 | | 8 | | |
| | 9 | 6,439. | 9 | 9,298. | |
| | 10a | | | | |
| | | 10a | 161,219. | | |
| | b | | | | |
| | | 10b | 140,132. | 10c | 21,087. |
| | 11 | | 869,675. | 11 | 214,682. |
| | 12 | | | 12 | |
| | 13 | | | 13 | |
| 14 | | | 14 | | |
| 15 | | 32,121. | 15 | 42,119. | |
| 16 | | 1,410,617. | 16 | 1,054,934. | |
| Liabilities | 17 | 92,500. | 17 | 70,267. | |
| | 18 | | 18 | | |
| | 19 | | 19 | | |
| | 20 | | 20 | | |
| | 21 | | 21 | | |
| | 22 | | 22 | | |
| | 23 | | 23 | | |
| | 24 | | 24 | | |
| | 25 | 0. | 25 | 21,142. | |
| | 26 | 92,500. | 26 | 91,409. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | 1,318,117. | 27 | 963,525. | |
| | 28 | | 28 | | |
| | 29 | | 29 | | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | | 30 | | |
| | 31 | | 31 | | |
| | 32 | | 32 | | |
| 33 | 1,318,117. | 33 | 963,525. | | |
| 34 | 1,410,617. | 34 | 1,054,934. | | |

Form 990 (2018)

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Form 990 (2018)

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Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 877,291. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,215,096. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -337,805. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,318,117. |
| 5 | Net unrealized gains (losses) on investments | 5 | -16,787. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 963,525. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK
Employer identification number 13-5549188

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-10 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions). Includes a Total row.

CITIZENS UNION FOUNDATION, INC. OF THE C

Schedule A (Form 990 or 990-EZ) 2018 OF NEW YORK

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 917,945. | 1042010. | 1056074. | 1446884. | 899,022. | 5361935. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 917,945. | 1042010. | 1056074. | 1446884. | 899,022. | 5361935. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 672,488. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 4689447. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 917,945. | 1042010. | 1056074. | 1446884. | 899,022. | 5361935. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 10,246. | 10,619. | 10,283. | 16,102. | 43,071. | 90,321. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 5452256. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 86.01 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 86.33 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage for 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | | |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|--|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

CITIZENS UNION FOUNDATION, INC. OF THE C

Schedule A (Form 990 or 990-EZ) 2018 OF NEW YORK

13-5549188 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|--|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

CITIZENS UNION FOUNDATION, INC. OF THE C

Schedule A (Form 990 or 990-EZ) 2018 OF NEW YORK

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK

Employer identification number

13-5549188

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

2018
Open to Public Inspection

Name of the organization **CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Employer identification number
13-5549188

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|--|---|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

| | |
|---|------------|
| (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| | |
|---|------------|
| a Revenue included on Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

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

Schedule D (Form 990) 2018

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Schedule D (Form 990) 2018

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Part 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
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or 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? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 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? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b 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.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 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 | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c 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

| | | |
|--------|-----|----|
| 3a(i) | Yes | No |
| 3a(ii) | | |
- (ii) related organizations

| | | |
|----|-----|----|
| 3b | Yes | No |
|----|-----|----|

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 (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 4,720. | 4,720. | 0. |
| d Equipment | | 156,499. | 135,412. | 21,087. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 21,087. |

Schedule D (Form 990) 2018

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Schedule D (Form 990) 2018

13-5549188 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| 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, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| 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, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) STRAIGHT LINE RENT | 21,142. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 21,142. |

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) 2018

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Schedule D (Form 990) 2018

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|---|----|----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,240,600. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | -16,787. | |
| b | Donated services and use of facilities | 2b | 409,723. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | -29,627. | |
| e | Add lines 2a through 2d | 2e | | 363,309. |
| 3 | Subtract line 2e from line 1 | 3 | | 877,291. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | | 877,291. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|---|--|----|----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 1,595,192. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 409,723. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 2e | | 409,723. |
| 3 | Subtract line 2e from line 1 | 3 | | 1,185,469. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | 29,627. | |
| c | Add lines 4a and 4b | 4c | | 29,627. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | | 1,215,096. |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; 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 CODIFICATION TOPIC 740, ACCOUNTING FOR INCOME TAXES, ENTITIES ARE REQUIRED TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION. FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY IN THEIR TAX POSITION, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX EXEMPT STATUS. CUF'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. CUF HAS NOT RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS IN THE CURRENT AND PRIOR YEARS AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY

Part XIII Supplemental Information (continued)

POSSIBLE THAT 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:

PROFESSIONAL FUNDRAISING SERVICES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROFESSIONAL FUNDRAISING SERVICES

PART PART XI LINE 2D & PART XII LINE 4B

PROFESSIONAL FUNDRAISING EXPENSES IN THE AMOUNT OF \$29,627 ARE INCLUDED AS
A REDUCTION TO EVENT INCOME IN THE REVENUE SECTION ON THE AUDITED
FINANCIAL STATEMENTS. IN ACCORDANCE WITH THE INSTRUCTIONS FOR FORM 990,
PART IX, LINE 11E, THESE EXPENSES ARE REPORTED AS PROFESSIONAL FUNDRAISING
SERVICES

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Employer identification number
13-5549188

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| MCEVOY & ASSOCIATES - 32 UNION SQUARE EAST STE 406, | CONSULTANT | | X | 707,349. | 29,627. | 677,722. |
| INTERIM SOLUTIONS - 142 WEST END AVE #3R, NEW YORK, NY | CONSULTANT | | X | 0. | 72,600. | -72,600. |
| STUART DESMOND - 72 CARMINE ST, NEW YORK, NY 10014 | CONSULTANT | | X | 0. | 3,079. | -3,079. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | 707,349. | 105,306. | 602,043. |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CITIZENS UNION FOUNDATION, INC. OF THE C

Schedule G (Form 990 or 990-EZ) 2018 **OF NEW YORK**

13-5549188 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|----|--|------------------------------|------------------------|--|
| | | ANNUAL DINNER (event type) | SPRING EVENT (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 686,799. | 20,550. | 707,349. |
| | 2 | Less: Contributions | 628,924. | 19,056. | 647,980. |
| | 3 | Gross income (line 1 minus line 2) | 57,875. | 1,494. | 59,369. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | 62,323. | 13,332. | 75,655. |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 52,943. | 8,904. | 61,847. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 137,502. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -78,133. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

CITIZENS UNION FOUNDATION, INC. OF THE C

Schedule G (Form 990 or 990-EZ) 2018 OF NEW YORK

13-5549188 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- 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 ▶ _____

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 retain the state gaming license? Yes No
 - 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 ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(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 AVE #3R, NEW YORK, NY 10023

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK**

Employer identification number

13-5549188

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 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.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MARJORIE B. TIVEN DIRECTOR | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| (2) ELISABETH GOTBAUM EXECUTIVE DIRECTOR | (i) 155,256. | (ii) 0. | (iii) 0. | 0. | 544. | 155,800. | 0. |
| (3) RICHARD D DADLEY FORMER EXECUTIVE DIRECTOR | (i) 21,923. | (ii) 0. | (iii) 0. | 0. | 74. | 21,997. | 0. |
| | (i) 0. | (ii) 0. | (iii) 15,848. | 0. | 152. | 16,000. | 0. |
| | (i) 0. | (ii) 0. | (iii) 4,000. | 0. | 0. | 4,000. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |
| | (i) 0. | (ii) 0. | (iii) 0. | 0. | 0. | 0. | 0. |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | Employer identification number | 13-5549188 |
|--------------------------|---|--------------------------------|------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CITIZENS UNION FOUNDATION, INC IS A NONPROFIT RESEARCH, EDUCATION AND
ADVOCACY ORGANIZATION THAT PROMOTES GOOD GOVERNMENT AND ADVANCES
POLITICAL REFORM IN NYS & NYC

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK IS THE NONPROFIT
RESEARCH, EDUCATION AND ADVOCACY ORGANIZATION AFFILIATED WITH CITIZENS
UNION AND IS GOVERNED BY A SEPARATE BOARD OF DIRECTORS AND OPERATES
WITH INDEPENDENT FINANCES. IN PURSUIT OF ITS MISSION, CITIZENS UNION
FOUNDATION: -MONITORS THE DELIBERATIONS AND ACTIONS OF CITY AND STATE
GOVERNMENT, -CONDUCTS RESEARCH ON IMPORTANT ISSUES OF REFORM, -ANALYZES
THE IMPACT OF PROPOSED PUBLIC POLICIES AND LEGISLATION AT THE CITY AND
STATE LEVEL, AND HOLDS FORUMS TO EDUCATE AND ENGAGE THE PUBLIC IN CIVIC
ISSUES OF CITYWIDE IMPORTANCE. BELIEVING THAT AN INFORMED CITIZENRY
IS THE CORNERSTONE OF GOOD GOVERNMENT, CITIZENS UNION FOUNDATION ALSO
PUBLISHES GOTHAMGAZETTE.COM, A DAILY NEWS WEBSITE COVERING LOCAL AND
STATE ISSUES LIKE NO OTHER NEWS PUBLICATIONS IN THE CITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

A) MONITORS THE DELIBERATIONS AND ACTIONS OF CITY AND STATE
GOVERNMENT.

B) CONDUCTS RESEARCH ON IMPORTANT ISSUES OF REFORM.

C) ANALYZES THE IMPACT OF PROPOSED PUBLIC POLICIES AND LEGISLATION AT

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

Schedule O (Form 990 or 990-EZ) (2018)

| | |
|---|--|
| Name of the organization CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | Employer identification number 13-5549188 |
|---|--|

THE CITY AND STATE LEVEL.

D) HOLDS FORUMS TO EDUCATE AND ENGAGE THE PUBLIC IN CIVIC ISSUES OF CITYWIDE IMPORTANCE.

BELIEVING THAT AN INFORMED CITIZENRY IS THE CORNERSTONE OF GOOD GOVERNMENT, CITIZENS UNION FOUNDATION ALSO PUBLISHES GOTHAMGAZETTE.COM, A DAILY NEWS WEBSITE COVERING LOCAL AND STATE ISSUES NOT COVERED BY OTHER NEWS PUBLICATION IN THE CITY. GOTHAMGAZETTE.COM FEATURES NEWS, COMMENTARY, IN-DEPTH ANALYSIS AND LINKS TO RESOURCES IN NEW YORK CITY. IT HAS BECOME A VITAL RESOURCE FOR ELECTED OFFICIAL POLICY MAKERS, ADVOCATES, COMMUNITY LEADERS, STUDENTS, MEDIA PROFESSIONALS, AND CONCERNED CITIZENS COVERING LOCAL AND STATE ISSUES NOT COVERED IN OTHER NEWS PUBLICATION IN NEW YORK CITY.

FORM 990, PART VI, SECTION A, LINE 6:

BOARD MEMBERS ARE ELECTED INDEPENDENTLY. SOME 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, PART VI, SECTION B, LINE 11B:

THE STAFF REVIEWS AND COMPARES EACH OF THE LINE ITEMS ON THE 990 WITH THOSE IN THE FINANCIAL REPORTS AND ALSO QUICKBOOKS. THE DIFFERENT SCHEDULES ARE ALSO REVIEWED WITH THE REPORTS SENT TO THE AUDITORS INCLUDING THE QUESTIONNAIRE. IT IS THEN SENT TO THE AUDIT COMMITTEE WHO REVIEWS AND APPROVES IT PRIOR TO SENDING IT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER RECEIVES A CONFLICT OF INTEREST POLICY AND COMPLETES AND

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | Employer identification number | 13-5549188 |
|--------------------------|---|--------------------------------|------------|

SIGNS THE DISCLOSURE STATEMENT. THE CHAIRMAN OF THE AUDIT COMMITTEE AND THE EXECUTIVE DIRECTOR REVIEW EACH DISCLOSURE STATEMENT ESPECIALLY THOSE WHO SEND IN EXCEPTIONS. IF THE BOARD IS DISCUSSING A SENSITIVE MATTER HE/SHE WILL DISCLOSE ANY CONFLICT THEY MAY HAVE BEFORE THE DISCUSSION BEGINS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S EXECUTIVE COMMITTEE CONDUCTS A REVIEW AND SETS THE SALARY OF THE CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL. THE EXECUTIVE DIRECTOR SETS THE SALARY OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION BASED ON THE BOARD OF DIRECTOR'S APPROVAL OF ANNUAL BUDGET FOR STAFF COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE BY-LAWS, THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES AS WELL AS THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE WWW.CITIZENSUNION.ORG. THE PUBLIC CAN ALSO REQUEST A COPY OF THE FINANCIAL STATEMENTS FROM THE NY CHARITIES BUREAU.

FORM 990, PART VIII, LINE 1C AND SCHEDULE R, LINE 2 (2)

CITIZENS UNION FOUNDATION INC. AND CITIZENS UNION OF THE CITY OF NEW YORK HELD A JOINT FUNDRAISING ANNUAL AWARDS DINNER IN OCTOBER 2018.

DONORS/ATTENDEES DESIGNATED ON THE EVENT TICKET WHAT PORTION OF THEIR CONTRIBUTIONS SHOULD BE GIVEN TO EACH ENTITY. IF A DONOR/ATTENDEE 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 AWARDS DINNER ACCOUNT. THIS ACCOUNT WAS SET UP TO BE USED AS A FLOW

| | |
|---|--|
| Name of the organization CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | Employer identification number 13-5549188 |
|---|--|

THROUGH ACCOUNT FOR THE SPLIT DINNER CONTRIBUTIONS.

THE TOTAL AMOUNT OF MONEY THAT WAS DEPOSITED INTO THIS ACCOUNT IN THE
CURRENT YEAR WAS \$122,100. AFTER THE DINNER, FUNDS TOTALING \$87,300
WERE TRANSFERRED TO CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK
AND \$34,800 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
ACCOUNT OF CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK ACCOUNT.

THE TOTAL AMOUNT RECEIVED VIA CREDIT CARD IN THE CURRENT YEAR WAS
\$156,100. OF THIS AMOUNT, EXACTLY HALF, TOTALING \$77,500 WAS
TRANSFERRED TO THE ACCOUNT OF CITIZENS UNION FOUNDATION OF THE CITY OF
NEW YORK ACCOUNT.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.

OMB No. 1545-0047
2018
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK

Employer identification number
13-5549188

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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Part II 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| CITIZENS UNION OF THE CITY OF NY - 13-4997570, 299 BROADWAY, SUITE 700, NEW YORK, NY 10007 | ADVOCACY | NEW YORK | 501(C)(4) | N/A | N/A | | X |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2018

Part III 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 organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations ² | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner ³ | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV 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.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity ¹ | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

| | Yes | No |
|----|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | | X |
| 1d | | X |
| 1e | | X |
| 1f | | X |
| 1g | | X |
| 1h | | X |
| 1i | | X |
| 1j | | X |
| 1k | X | |
| 1l | | X |
| 1m | | X |
| 1n | X | |
| 1o | X | |
| 1p | | X |
| 1q | X | |
| 1r | X | |
| 1s | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|--|-------------------------------|------------------------|--|
| (1) | CITIZENS UNION OF THE CITY OF NEW YORK | Q | 138,387. | ACTUAL |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec- 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Dispropor- tionate allocations? Yes No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes No | (k) Percentage ownership |
|--|-------------------------|--|---|--|------------------------------------|--|--|---|---|--------------------------------|
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EXTENDED TO NOVEMBER 15, 2019
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

| | | | |
|--|---------------------|---|--|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | Print or Type | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 299 BROADWAY</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10007</p> | <p>D Employer identification number (Employees' trust, see instructions.) 13-5549188</p> <p>E Unrelated business activity code (See instructions.)</p> |
|--|---------------------|---|--|

C Book value of all assets at end of year: **1,054,934.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **ADVERTISING INCOME**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **CITIZENS UNION FOUNDATION** Telephone number ▶ **(212) 227-0342**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|--|---------------|---------------|----------------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 1,289. | 5,673. | -4,384. |
| 12 Other income (See instructions; attach schedule) | | | |
| 13 Total. Combine lines 3 through 12 | 1,289. | 5,673. | -4,384. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | |
|--|------------|----------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) (see instructions) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -4,384. |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31 | |
| 32 Unrelated business taxable income. Subtract line 31 from line 30 | 32 | -4,384. |

CITIZENS UNION FOUNDATION, INC. OF THE C
OF NEW YORK

Form 990-T (2018)

13-5549188

Page 2

| Part III Total Unrelated Business Taxable Income | | | |
|---|---|----|---------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | -4,384. |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1 | 35 | 0. |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 | 36 | -4,384. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 | -4,384. |

| Part IV Tax Computation | | | |
|--------------------------------|--|----|----|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 39 | 0. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 40 | |
| 41 | Proxy tax. See instructions | 41 | |
| 42 | Alternative minimum tax (trusts only) | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 0. |

| Part V Tax and Payments | | | |
|--------------------------------|--|-----|----|
| 45a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 45a | |
| b | Other credits (see instructions) | 45b | |
| c | General business credit. Attach Form 3800 | 45c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | |
| e | Total credits. Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44 | 46 | 0. |
| 47 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | 0. |
| 50a | Payments: A 2017 overpayment credited to 2018 | 50a | |
| b | 2018 estimated tax payments | 50b | |
| c | Tax deposited with Form 8868 | 50c | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 50d | |
| e | Backup withholding (see instructions) | 50e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f | |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 50g | |
| 51 | Total payments. Add lines 50a through 50g | 51 | |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 52 | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | |
| 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> | 55 | |

| Part VI Statements Regarding Certain Activities and Other Information (see instructions) | | Yes | No |
|---|--|-----|----|
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Kris Kringas* Date: 11/5/19 Title: **EXECUTIVE DIRECTOR**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | | |
|----------------------------|----------------------|--------------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| KRIS KRINGAS | KRIS KRINGAS | 10/29/19 | | P00747134 |
| Firm's name | Firm's EIN | | Firm's address | |
| MAIER MARKEY & JUSTIC LLP | 13-3539062 | | 2 LYON PLACE | |
| Firm's address | | Phone no. | | |
| WHITE PLAINS, NY 10601 | | 914-644-9200 | | |

| Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A | | | | |
|---|----|--|--|-----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes |
| 4a Additional section 263A costs (attach schedule) | 4a | | | No |
| b Other costs (attach schedule) | 4b | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
 (see instructions)

1. Description of property

(1) _____

(2) _____

(3) _____

(4) _____

| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|--|---|--|--|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | 0. | 0. |
| Total dividends-received deductions included in column 8 | | | ▶ | 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | | |
|---|--|--|----|---|--|
| Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | | | 0. | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). | |
| Totals | | | 0. | 0. | |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|--|--|----|--|--|
| Enter here and on page 1, Part I, line 9, column (A). | | 0. | Enter here and on page 1, Part I, line 9, column (B). | |
| Totals | | 0. | 0. | |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

| | | | | | | | |
|---|--|----|---|--|----|--|--|
| Enter here and on page 1, Part I, line 10, col. (A). | | 0. | Enter here and on page 1, Part I, line 10, col. (B). | | 0. | Enter here and on page 1, Part II, line 26. | |
| Totals | | 0. | 0. | | 0. | | |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

| | | | | | | |
|--|--|----|----|--|----|--|
| Totals (carry to Part II, line (5)) | | 0. | 0. | | 0. | |
|--|--|----|----|--|----|--|

CITIZENS UNION FOUNDATION, INC. OF THE C

Form 990-T (2018) OF NEW YORK

13-5549188

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) GOTHAM GAZETTE | 1,289. | 5,673. | -4,384. | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 1,289. | 5,673. | | | | 0. |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2018)

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/16 | 10,913. | 0. | 10,913. | 10,913. |
| 12/31/17 | 4,606. | 0. | 4,606. | 4,606. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 15,519. | 15,519. |

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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.

| | | |
|----------------------|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | Enter filer's identifying number Employer identification number (EIN) or 13-5549188 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 299 BROADWAY | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10007 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

CITIZENS UNION FOUNDATION

• The books are in the care of ▶ **299 BROADWAY - NEW YORK, NY 10007**
Telephone No. ▶ **(212) 227-0342** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2018 or

▶ tax year beginning _____, and ending _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

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 instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2019)

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



Department of Taxation and Finance
Request for Six-Month Extension to File
 (for franchise/business taxes, MTA surcharge, or both)
 Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **01-01-18** ending **12-31-18**

| | | | | |
|--|---------------------------|--|---|--|
| Employer identification number (EIN) 13-5549188 | File number MM8 | Business telephone number 2122270342 | | |
| Legal name of corporation CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | | Trade name / DBA | | |
| Mailing name (if different from legal name) and address c/o | | State or country of incorporation NY | Date received (for Tax Department use only) | |
| Number and street or PO box 299 BROADWAY | | Date of incorporation 07-22-48 | | |
| City State ZIP code NEW YORK, NY 10007 | | Foreign corporations: date began business in NYS | Audit use | |

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an X in both boxes in the appropriate article if you are requesting an extension for both the franchise tax and MTA surcharge returns. For example, mark an X in both the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file both returns.

| Article 9-A | | Article 13 | | Article 33 | | | |
|-------------------------------|---------------------------------|---|--|--------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| CT-3 <input type="checkbox"/> | CT-3-M <input type="checkbox"/> | CT-13 <input checked="" type="checkbox"/> | | CT-33 <input type="checkbox"/> | CT-33-C <input type="checkbox"/> | CT-33-M <input type="checkbox"/> | CT-33-NL <input type="checkbox"/> |

| | | |
|--|----|------------------|
| A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax | | Payment enclosed |
| Attach your payment here. Detach all check stubs. (See instructions for details.) | A. | 250. |

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. However, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a new combined group, or being added to an existing group, you must also file Form CT-5. Complete the business information section above and line B. Then, mark an X in this box on either line C or D (see instructions).

Do not complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**

Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the first tax year that your are being included in a new combined group filing a combined return, mark an X in the box **C**

D. If this extension request is for the first tax year that your are being added to an existing combined group filing a combined return, mark an X in the box **D**

Computation of estimated franchise tax

| | | |
|--|----------|-------------|
| 1 Franchise tax from the worksheet in Form CT-5-1 | 1 | 250. |
| 2 | | |
| 3 | | |
| 4 Prepayments of franchise tax (from line 16, column A) | 4 | |
| 5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero) | 5 | 250. |

Computation of estimated MTA surcharge

| | | |
|---|-----------|-------------|
| 6 MTA surcharge from the worksheet in Form CT-5-1 | 6 | |
| 7 | | |
| 8 | | |
| 9 Prepayments of MTA surcharge (from line 16, column B) | 9 | |
| 10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero) | 10 | |
| 11 Total balance due (see instructions) | 11 | 250. |



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11-06-18

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

| | Date paid | A. Franchise tax | B. MTA surcharge |
|---|------------|------------------|------------------|
| 12 Mandatory first installment from Form CT-300 ... | 12 | | |
| 13a Second installment from Form CT-400 | 13a | | |
| 13b Third installment from Form CT-400 | 13b | | |
| 13c Fourth installment from Form CT-400 | 13c | | |
| 14 Overpayment credited from prior years | 14 | | |
| 15 Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/> | 15 | | |
| 16 Total prepayments (total all entries in column A and column B) | 16 | | |

| | | | | |
|--|--|--|---|--|
| Paid preparer use only <small>(see instr.)</small> | Firm's name (or yours if self-employed) MAIER MARKEY & JUSTIC LLP | | Firm's EIN 13-3539062 | Preparer's PTIN or SSN P00747134 |
| | Signature of individual preparing this document KRIS KRINGAS | Address 222 BLOOMINGDALE ROA | City WHITE PLAINS | State ZIP code NY 10605 |
| | E-mail address of individual preparing this document KHK@MGROUPUSA.COM | | Preparer's NYTPRIN or Excl. code 03 | Date 10-29-19 |

See instructions for where to file

455002181019





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1 Legal name of corporation
 1. **CITIZENS UNION FOUNDATION, INC. OF TH
 OF NEW YORK**

Payment enclosed 2. **250.00**

- 3 Return type
- 4 Employer ID number (EIN)
- 5 File number (FCC)
- 6 Period beginning date (mm-dd-yy)
- 7 Period ending date (mm-dd-yy)
- 8 Amended (Y=1; N=0)
- 9 Address change (Y=1; N=0)
- 10 Final (Y=1; N=0)
- 11 NAICS code
- 12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)
- 13 Federal 1120-H filed (Y = 1, N = 0)
- 14 REIT/RIC indicator (Y = 1, N = 0)
- 15 Tax due/MTA surcharge
- 16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000
- 17a Return a Gift to Wildlife
- 17b Breast Cancer Research and Education Fund
- 17c Prostate and Testicular Cancer Research and Education Fund
- 17d 9/11 Memorial
- 17e Volunteer Firefighting & EMS Recruitment Fund
- 17f Veterans Remembrance
- 17g Women's Cancers Education and Prevention Fund
- 17h New York State Veterans' Homes
- 17i Love Your Library Fund
- 17j Lupus Education and Prevention Fund
- 17k Military Family Relief Fund

| | | | |
|------|--------|---------|----|
| 3. | CT13 | | |
| 4. | 13 | 5549188 | |
| | 5. | MM8 | |
| 6. | 01 | 01 | 18 |
| 7. | 12 | 31 | 18 |
| | 8. | 0 | |
| | 9. | 0 | |
| | 10. | | |
| 11. | | | |
| | 12. | | |
| | 13. | | |
| | 14. | | |
| 15. | 250.00 | | |
| 16. | | | |
| 17a. | | | |
| 17b. | | | |
| 17c. | | | |
| 17d. | | | |
| 17e. | | | |
| 17f. | | | |
| 17g. | | | |
| 17h. | | | |
| 17i. | | | |
| 17j. | | | |
| 17k. | | | |

- 18 Balance due
- 19 Amount of overpayment credited to next period - NYS
- 20 Refund of overpayment
- 21 Refund of unused tax credits
- 22 Tax credits to be credited as an overpayment to next year's return
- 23 Amount of overpayment credited to next period - MTA
- 24 Amount of MTA surcharge retaliatory tax credit to be refunded
- 25 Fixed dollar minimum
- 26 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN
- 27 New York receipts
- 28 Have you been convicted of an offence (NYS Penal Law, Art. 200 or 496, or section 195.20)?
- 29 Paid preparer's EIN
- 30 Preparer's NYTPRN
- 31 Excl. code

| | | | |
|-----|--------|---------|--|
| 18. | 250.00 | | |
| 19. | | | |
| 20. | | | |
| 21. | | | |
| 22. | | | |
| 23. | | | |
| 24. | | | |
| 25. | | | |
| 26. | | | |
| 27. | | | |
| | 28. | | |
| 29. | 13 | 3539062 | |
| | 30. | | |
| | 31. | 03 | |



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For office use only

Form CT-186-E filers only

| | | | | |
|----|--|-----|----------------------|--------------------------|
| 32 | Excise tax on telecommunication services - NYS | 32. | <input type="text"/> | <input type="checkbox"/> |
| 33 | Excise tax on mobile telecommunication services subject to the 2.9% rate | 33. | <input type="text"/> | <input type="checkbox"/> |
| 34 | Total excise tax on telecommunication services | 34. | <input type="text"/> | <input type="checkbox"/> |
| 35 | Tax on gross income - NYS | 35. | <input type="text"/> | <input type="checkbox"/> |
| 36 | MTA surcharge related to non-mobile telecommunication services | 36. | <input type="text"/> | <input type="checkbox"/> |
| 37 | MTA surcharge related to telecommunication service subject to the 0.721% tax rate | 37. | <input type="text"/> | <input type="checkbox"/> |
| 38 | Total MTA surcharge related to telecommunication services | 38. | <input type="text"/> | <input type="checkbox"/> |
| 39 | MTA surcharge on gross income | 39. | <input type="text"/> | <input type="checkbox"/> |
| 40 | | | | |
| 41 | | | | |
| 42 | | | | |
| 43 | | | | |
| 44 | | | | |
| 45 | | | | |
| 46 | Balance due - NYS | 46. | <input type="text"/> | <input type="checkbox"/> |
| 47 | Balance due - MTA | 47. | <input type="text"/> | <input type="checkbox"/> |
| 48 | Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3) | 48. | <input type="text"/> | <input type="checkbox"/> |
| 49 | Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3) | 49. | <input type="text"/> | <input type="checkbox"/> |
| 50 | Overpayment credited to next year's tax - NYS | 50. | <input type="text"/> | <input type="checkbox"/> |
| 51 | Overpayment credited to next year's tax - MTA | 51. | <input type="text"/> | <input type="checkbox"/> |
| 52 | Refund of overpayment - NYS | 52. | <input type="text"/> | <input type="checkbox"/> |
| 53 | Refund of overpayment - MTA | 53. | <input type="text"/> | <input type="checkbox"/> |
| 54 | Refund of unused tax credits - NYS | 54. | <input type="text"/> | <input type="checkbox"/> |
| 55 | Refund of unused tax credits - MTA | 55. | <input type="text"/> | <input type="checkbox"/> |
| 56 | Refundable tax credits to be credited to next year's tax - NYS | 56. | <input type="text"/> | <input type="checkbox"/> |
| 57 | Refundable tax credits to be credited to next year's tax - MTA | 57. | <input type="text"/> | <input type="checkbox"/> |

541002181019





New York State E-File Authorization for Tax Year 2018
For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

TR-579-CT

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: CITIZENS UNION FOUNDATION, INC. OF THE C

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 X CT-33
CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M
CT-186-E CT-300 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our website at www.tax.ny.gov to find this document.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, General Business Corporation Franchise Tax Return; CT-3-A, General Business Corporation Combined Franchise Tax Return; CT-3-M, General Business Corporation MTA Surcharge Return; CT-3-S, New York S Corporation Franchise Tax Return; CT-13, Unrelated Business Income Tax Return; CT-33, Life Insurance Corporation Franchise Tax Return; CT-33-A, Life Insurance Corporation Combined Franchise Tax Return; CT-33-C, Captive Insurance Company Franchise Tax Return; CT-33-M, Insurance Corporation MTA Surcharge Return; CT-33-NL, Non-Life Insurance Corporation Franchise Tax Return; CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Stock; CT-183-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-184, Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings; CT-184-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-186-E, Telecommunications Tax Return and Utility Services Tax Return; CT-300, Mandatory First Installment (MFI) of Estimated Tax for Corporations; or CT-400, Estimated Tax for Corporations.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both); CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both); CT-5.4, Request for Six-Month Extension to File New York S Corporation Franchise Tax Return; CT-5.6, Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both); CT-5.9, Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or CT-5.9-E, Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return). Instead use Form TR-579.1-CT, New York State Authorization for Electronic Funds Withdrawal For Tax Year 2018 Corporation Tax Extensions.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit 1. 250.
2 Financial institution routing number 2. 026013673
3 Financial institution account number 3. 7920894263

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2018 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2018 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2018 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation Betsy Gotbaum, EXECUTIVE DIRECTOR Date 11/5/19

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2018 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2018 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2018 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2018 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature MAIER MARKEY & JUSTIC LLP Print name MAIER MARKEY & JUSTIC LLP Date 10-29-19
Paid preparer's signature KRIS KRINGAS Print name KRIS KRINGAS Date 10-29-19



CT-13

Department of Taxation and Finance
Unrelated Business Income Tax Return

All filers enter tax period:
 beginning **01-01-18** ending **12-31-18**

Amended return

Tax Law - Article 13

| | | | |
|--|--|--|--|
| Employer identification number (EIN) 13-5549188 | File number MM8 | Business telephone number 2122270342 | If you claim an overpayment, mark an X in the box <input type="checkbox"/> |
| Legal name of corporation CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | | Trade name/DBA | |
| Mailing name (if different from legal name above) c/o | | State or country of incorporation NY | Date received (for Tax Department use only) |
| Number and street or PO box 299 BROADWAY | | Date of incorporation 07-22-48 | |
| City NEW YORK, NY 10007 | | State ZIP code | Foreign corporations: date began business in NYS |
| NAICS business code number (from federal return) | If address/phone above is new, mark an X in the box <input type="checkbox"/> | If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1. | |
| Principal unrelated business activity (see instructions) ADVERTISING INCOME | | Audit (for Tax Department use only) | |

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization - Have you filed this New York State application for exemption? (see instructions) Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

| | |
|--|------------------|
| A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax | Payment enclosed |
| ◀ Attach your payment here. Detach all check stubs. (See instructions for details.) | A 250. |

Computation of income and tax

| | | |
|--|----|---------|
| 1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction | 1 | -4,384. |
| 2 New York State Article 13 and Article 23 tax deducted on federal return | 2 | |
| 3 Additions required for shareholders of federal S corporations (see instructions) | 3 | |
| 4 Grossed-up taxes for shareholders of New York S corporations (see instructions) | 4 | |
| 5 Other additions (see instructions) | 5 | |
| 6 Add lines 1 through 5 | 6 | -4,384. |
| 7 Other income (see instructions) | 7 | |
| 8 Federal S corporation shareholder subtractions (see instructions) | 8 | |
| 9 Other subtractions (see instructions) | 9 | |
| 10 Total subtractions (add lines 7, 8, and 9) | 10 | |
| 11 Taxable income before net operating loss deduction (subtract line 10 from line 6) | 11 | -4,384. |
| 12 New York net operating loss deduction (attach federal and NYS computations; see instructions) | 12 | |
| 13 Taxable income (subtract line 12 from line 11) | 13 | -4,384. |
| 14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed) | 14 | -4,384. |
| 15 Tax based on income (multiply line 14 by 9% (.09)) | 15 | 0. |
| 16 Minimum tax | 16 | 250.00 |
| 17 Tax (line 15 or line 16, whichever is larger) | 17 | 250. |
| 18 Total prepayments from line 46 | 18 | |
| 19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) | 19 | 250. |
| 20 Interest on late payment (see instructions) | 20 | |
| 21 Late filing and late payment penalties (see instructions) | 21 | |
| 22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) | 22 | 250. |
| 23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18) | 23 | |
| 24 Amount of overpayment on line 23 to be credited to next year | 24 | |
| 25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23) | 25 | |

See page 3 for third-party designee, certification, and signature entry areas.

400001181019



Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

| | | A | B | | |
|--------------------------|---|----------------|------------|----|---|
| | | New York State | Everywhere | | |
| Average value of: | | | | | |
| 26 | Real estate owned (see instructions) | 26 | | | |
| 27 | Gross rents (attach list; see instructions) | 27 | | | |
| 28 | Inventories owned | 28 | | | |
| 29 | Other tangible personal property owned (see instructions) | 29 | | | |
| 30 | Total (add lines 26 through 29) | 30 | | | |
| 31 | Percentage in New York State (divide line 30, column A, by line 30, column B) | | | 31 | % |

Receipts in the regular course of business from:

| | | | | | |
|----|--|----|--|----|---|
| 32 | Sales of tangible personal property shipped to points within New York State | 32 | | | |
| 33 | All sales of tangible personal property | 33 | | | |
| 34 | Services performed | 34 | | | |
| 35 | Rentals of property | 35 | | | |
| 36 | Other business receipts | 36 | | | |
| 37 | Total (add lines 32 through 36) | 37 | | | |
| 38 | Percentage in New York State (divide line 37, column A, by line 37, column B) | | | 38 | % |
| 39 | Wages, salaries, and other compensation of employees (except general executive officers; see instructions) | 39 | | | |
| 40 | Percentage in New York State (divide line 39, column A, by line 39, column B) | | | 40 | % |
| 41 | Total of New York State percentages (add lines 31, 38, and 40) | | | 41 | % |
| 42 | Business allocation percentage (divide line 41 by three or by the number of percentages) | | | 42 | % |

Composition of prepayments claimed on line 18*

| | | Date paid | Amount |
|-----|---|-----------|--------|
| 43 | Payment with extension request, Form CT-5, line 5 | 43 | |
| 44a | Second installment from Form CT-400 | 44a | |
| 44b | Third installment from Form CT-400 | 44b | |
| 44c | Fourth installment from Form CT-400 | 44c | |
| 45 | Amount of overpayment credited from prior years | 45 | |
| 46 | Total prepayments (add lines 43 through 45; enter here and on line 18) | 46 | |

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Capital loss carryback Federal return filed Form 1139 •

Amended Form 990-T



| | | | | | |
|--|---|---|--|-------------------------|---|
| Third-party designee (see instructions) | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Designee's name (print) KRIS KRINGAS | | Designee's phone number | |
| | Designee's e-mail address | | | | PIN |
| Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete. | | | | | |
| Authorized person | Printed name of authorized person BETSY GOTBAUM | | Signature of authorized person <i>Betsy Gotbaum</i> | | Official title EXECUTIVE DIRECTOR |
| | E-mail address of authorized person <i>bgotbaum@CitizensUnionofVnclation.org</i> | | | Telephone number | Date 11/5/19 |
| Paid preparer use only (see instr.) | Firm's name (or yours if self-employed) MAIER MARKEY & JUSTIC LLP | | Firm's EIN 13-3539062 | | Preparer's PTIN or SSN P00747134 |
| | Signature of individual preparing this return KRIS KRINGAS | Address 2 LYON PLACE WHITE PLAINS, NY 10601 | | | |
| | E-mail address of individual preparing this return KHK@MGROUPUSA.COM | | Preparer's NYTPRN or Excl. code 03 | Date 10-29-19 | |

See instructions for where to file.

400003181019



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

2018
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Inspection**

1. General Information

| | | |
|---|--|--|
| For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2018 and Ending (mm/dd/yyyy) 12/31/2018 | | |
| Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: CITIZENS UNION FOUNDATION, INC. OF THE C | Employer Identification Number (EIN): 13-5549188 |
| | Mailing Address: 299 BROADWAY | NY Registration Number: 00-13-42 |
| | City / State / ZIP: NEW YORK, NY 10007 | Telephone: 212 227-0342 |
| | Website: WWW.CITIZENSUNION.ORG | Email: |
| | Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* | |

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: |  | BETSY GOTBAUM | EXECUTIVE DIRECTOR | 11/5/19 |
| | Signature | Print Name and Title | Date | |
| Chief Financial Officer or Treasurer: |  | Nancy Bowe | Treasurer | 11/5/19 |
| | Signature | Print Name and Title | Date | |

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL 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 and pay applicable fees.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing 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 filing. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 are submitting here: | 7A filing fee: | EPTL filing fee: | Total fee: | Make a single check or money order payable to: "Department of Law" |
| | \$ <u>25.</u> | \$ <u>100.</u> | \$ <u>125.</u> | |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

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

CITIZENS UNION FOUNDATION, INC. OF THE C 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:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the 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 Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- 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 is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, 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

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

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.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- 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)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500

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

2018

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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)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

| | |
|--|-------------------------|
| Name of Organization: | NY Registration Number: |
| CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | 00-13-42 |

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | | |
|--|---------------------------------|-------------------------|
| Fund Raising Professional type: | Name of FRP: | NY Registration Number: |
| <input checked="" type="checkbox"/> Professional Fund Raiser | MCEVOY CONSULTING | |
| <input type="checkbox"/> Fund Raising Counsel | Mailing Address: | Telephone: |
| <input type="checkbox"/> Commercial Co-Venturer | 32 UNION SQUARE EAST, SUITE 406 | 212-228-7446 |
| | City / State / ZIP: | |
| | NEW YORK, NY 10003 | |

3. Contract Information

| | |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
| 01/01/2018 | 12/31/2018 |

4. Description of Services

Services provided by FRP:
FUNDRAISING & EVENT COORDINATION FOR THE ANNUAL DINNER

5. Description of Compensation

| | |
|---|------------------------------------|
| Compensation arrangement with FRP: FOR ANNUAL DINNER | Amount Paid to FRP: 29,627. |
|---|------------------------------------|

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500

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

2018

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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)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

| | |
|--|-------------------------|
| Name of Organization: | NY Registration Number: |
| CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | 00-13-42 |

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | | |
|--|-------------------------|-------------------------|
| Fund Raising Professional type: | Name of FRP: | NY Registration Number: |
| <input checked="" type="checkbox"/> Professional Fund Raiser | INTERIM SOLUTIONS | |
| <input type="checkbox"/> Fund Raising Counsel | Mailing Address: | Telephone: |
| <input type="checkbox"/> Commercial Co-Venturer | 142 WEST END AVENUE #3R | 212-543-3836 |
| | City / State / ZIP: | |
| | NEW YORK, NY 10023 | |

3. Contract Information

| | |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
| 01/01/2018 | 06/30/2018 |

4. Description of Services

Services provided by FRP:
PROVIDING ONSITE FUNDRAISING CONSULTING SERVICES.

5. Description of Compensation

| | |
|--|------------------------------------|
| Compensation arrangement with FRP: MONTHLY RATE AS PROVIDED IN CONTRACT | Amount Paid to FRP: 72,600. |
|--|------------------------------------|

6. Commercial Co-Venturer (CCV) Report

Yes No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

CHAR500

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

2018

**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)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

1. Organization Information

| | |
|--|-------------------------|
| Name of Organization: | NY Registration Number: |
| CITIZENS UNION FOUNDATION, INC. OF THE C OF NEW YORK | 00-13-42 |

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

| | | |
|--|---------------------|-------------------------|
| Fund Raising Professional type: | Name of FRP: | NY Registration Number: |
| <input checked="" type="checkbox"/> Professional Fund Raiser | STEWART DESMOND | |
| <input type="checkbox"/> Fund Raising Counsel | Mailing Address: | Telephone: |
| <input type="checkbox"/> Commercial Co-Venturer | 72 CARMINE ST #3A | |
| | City / State / ZIP: | |
| | NEW YORK, NY 10014 | |

3. Contract Information

| | |
|----------------------|--------------------|
| Contract Start Date: | Contract End Date: |
| 07/18/2018 | 12/31/2018 |

4. Description of Services

Services provided by FRP:
PROVIDING ONSITE FUNDRAISING CONSULTING SERVICES.

5. Description of Compensation

| | |
|--------------------------------------|---------------------|
| Compensation arrangement with FRP: | Amount Paid to FRP: |
| MONTHLY RATE AS PROVIDED IN CONTRACT | 3,079. |

6. Commercial Co-Venturer (CCV) Report

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A? |
|--|--|