### Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or flacal year boginning

, 2016, and ending

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

Name of exempt organization

CITIZENS UNION OF THE CITY OF NEW YORK
--

13-4997570

Name and title of officer

1.0.1.0 u.l. 3. 3.1.00		
Part I Type of Return and Return Information (Whole Dollars Or	n <b>lv</b> ) .	
Check the box for the return for which you are using this Form 8879-EO and enter the on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being fill whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, the than 1 line in Part I.	applicable amount, if any, from the return. ed with this form was blank, then leave line	• 1b, 2b, 3b, 4b, or 5b,
3a Form 1120-POL check here 🕨 🔲 b Total tax (Form 1120-POL, line 22)	2b	
Part II Declaration and Signature Authorization of Officer		
further declare that the amount in Part I above is the amount shown on the copy of the intermediate service provider, transmitter, or electronic return originator (ERO) to send (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the the date of any refund. If applicable, I authorize the U.S. Treasury and its designated F debit) entry to the financial institution account indicated in the tax preparation software return, and the financial institution to debit the entry to this account. To revoke a payor 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I processing of the electronic payment of taxes to receive confidential information neces payment. I have selected a personal identification number (PIN) as my signature for the organization's consent to electronic funds withdrawal.  Officer's PIN: check one box only	the organization's return to the IRS and to reason for any delay in processing the return to the IRS and to reason for any delay in processing the return to the organization's federal efformation or the organization of the organization's federal enent, I must contact the U.S. Treasury Final also authorize the financial institutions invisary to answer inquiries and resolve issues.	o receive from the IRS um or refund, and (c) se withdrawal (direct taxes owed on this uncial Agent at olived in the se related to the
,		
L l authorize ERO firm name	to enter my	PIN Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2016 electronically filed return is being filed with a state agency(les) regulating charities as part of the IRS F enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the condition indicated within this return that a copy of the return is being filed with a state program, I will enter my PIN on the return's disclosure consent screen.  Officer's signature		
Part III Certification and Authentication		<del></del>
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	The second secon	
number (EFIN) followed by your five-digit self-selected PIN.	263579 do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2016 ele- confirm that I am submitting this return in accordance with the requirements of <b>Pub.</b> 4 e-file Providers for Business Returns.	ctronically filed return for the organization	
ERO's signature MAIER MARKEY & JUSTIC LLP	Date ▶ 11/07/17	······································

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8879-EO (2016)

023051 09-26-16

### EXTENDED TO NOVEMBER 15, 2017

## Form 990

**Return of Organization Exempt From Income Tax** 

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

OMS No. 1546-0047

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

ÁF	or the	2016 calendar year, or tax year beginning and end	ing		<u> </u>
Вс	hack if policable	C Name of organization		D Employer identific	cation number
	Addrai	CITIZENS UNION OF THE CITI OF MAN BOAR	<u></u>	: 13_/	997570
╘	ohang:				
	_ return   Finel  return/	299 BROADWAY SUITE 700	m/suit <del>e</del>	E Telephone numbe (212	) 227-0342
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipte \$	422,535.
	Ameno	NEW YORK, NY 10007		H(a) is this a group re	
	Application	F Name and address of principal officer:			? Yes 💹 No
	pendin	299 BROADWAY SUITE 700, NEW YORK, NY 100	07	H(b) Are all subordinates in	oluded? Yes No
		mpt status: 501(c)(3) X 501(c) ( 4 ) ◀ (Insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
J. V	Vebsit	e ► WWW.CITIZENSUNION.ORG	1	H(c) Group exemptio	
KF	orm of	organization; X Corporation Trust Association Other >	L Year o	of formation: 1897 N	A State of legal domicile; NY
Pŧ		Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDU	LE O	
Governance					
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more	than 25% of its net as:	ets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	,	.,	50
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	50
જ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**********	5	10
鼍	6	Total number of volunteers (estimate if necessary)		6	85
Activities	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.
_ <	ь	Net unrelated business taxable income from Form 990-T, Iline 34	<u></u>	7ь	0.
		<del></del>		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	L	341,156.	370,339.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,655.	2,296.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-30,197	-27,174.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		312,614.	345,461,
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
10	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		167,192.	213,484.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  82,124		43,180.	17,790.
憂	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>. in the same of </u>		
a)	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		104,705.	116,395.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		315,0 <u>77</u>	347,669
	19	Revenue less expenses. Subtract line 18 from line 12		-2,463.	-2,208.
58			Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	.,	244,091	245,995.
Š,		Total liabilities (Part X, line 26)	.,,	24,194,	24,898.
2	22	Net assets or fund balances. Subtract line 21 from line 20		219,897.	221,097.
	art II				<del></del>
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	knowledge and belief, it is
true	COTTEC	t, and complete Occlaration of propagar (other than officer) is based on all information of which r	preparer	1 (1) (2) (3)	<del></del>
		las lotation		11/8/1	1
Sig	n	Signature of officer	$\mathcal{I}_{\mathcal{L}}$	Date / Date	
Her	e	Alan Kothistein Interim Executive	1/11	rector _	
.,		Type or print name and title	10	Data Laur F	T DTIK
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN
Palo	۱ :	KAREN CONIGLIO KAREN CONIGLIO		1/07/17 Eatl omplo	
	arer	Firm's name MAIER MARKEY & JUSTIC LLP		Firm's EIN 🛌	13-3539062
Use	Only	Firm's address 222 BLOOMINGDALE ROAD SUITE 400			4 644 6550
		WHITE PLAINS, NY 10605		Phone по. <b>9 1</b>	4-644-9200
Mas	the II	S discuss this return with the preparer shown above? (see instructions)	4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No

Form	990 (2016) CITIZENS UNION OF THE CITY OF NEW YORK	13-4997570	Page 2
Par	Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		<u>   A  </u>
1	Briefly describe the organization's mission: SEE SCHEDULE O		<del></del> :
		<del></del>	
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	X No
	If "Yes," describe these new services on Schedule O.		<b>.</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?Yes	X No
	If "Yes," describe these changes on Schedule O.	se maggired by evnenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to other	ners, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$226 , 123 . including grants of \$) (Re	venue \$	
-	Process		
	SEE SCHEDULE O		
		<del>-</del>	<del></del>
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	and the second s		
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4b	(Code:) (Expenses \$ including grants of \$) (Re	Venue \$	<del></del> ,
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			<del></del>
		<del> </del>	
4c	(Code: ) (Expenses \$ Including grants of \$ ) (Re	evenue \$	
40	(Code:) (Expenses \$ / Finding grants of \$ / Finding g		
			220
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4d		·	
<u> </u>	(Expenses \$ Including grapts of \$ ) (Revenue \$	<u> </u>	
<u>4e</u>	Total program service expenses ▶ 226,123.	Form	990 (2016)
		. 0/1/	\·-/

Is the organization required to complete Schedule D, Schedule Of Contributions?  Did the organization required to complete Schedule D, Schedule Of Contributions?  Section 501(c)(3) organizations engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officior, if yes, "complete Schedule C, Part II  Is the organization acestion 501(c)(4) organization engage in lobbying activities, or have a section 501(h) election in offect during the tex year? If "yes," complete Schedule C, Part II  Is the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "yes," complete Schedule D, Part II  Did the organization required robid a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic attructures? If "yes," complete Schedule D, Part II  Did the organization expert on amount in Part X, line 21, for escrow or outstodial account liability, serve as a outstodian for amounts not itself in Part X, or provide credit courseling, dabt management, readit repair, or debt negotiation services? If "yes," complete Schedule D, Part V  If the organization is tested in Part X, in Part X, line 21, for escrow or outstodial account liability, serve as a outstodian for amounts not itself in Part X, in Part X, line 21, for escrow or outstodial account liability, serve as a outstodian for amounts not itself in Part X, in Part X, line 21, for escrow or outstodial account liability, serve as a outstodian for amounts not itself in Part X, in Part X, line 102 If "Yes," complete Schedule D, Part V  If the organization report an amount for investments or the part X, line 102 If "Yes," complete Schedule D, Part V  Did the organization report an amount for investments in other securities in Part X, line 102 If "Yes," complete Schedule D, Part V  Did the organization report an amount for othe				Yes	No
# "Yes," complete Schedule A  Is the organization required to complete Schedule of Contributors?  Did the organization engage in clinact or indirect political campaign activities on behalf of or in opposition to candidates for public office? # "Yes," complete Schedule C, Part I  Section 801(c)(3) organization. Did the organization engage in bobbying activities, or have a section 501(b) decision in effect during the tax year? # "Yes," complete Schedule C, Part I  Section 801(c)(3) organization. Both the organization engage in bobbying activities, or have a section 501(b) decision in effect during the tax year? # "Yes," complete Schedule C, Part II  Did the organization nearties any doiner advised into or any definite trades or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? # "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation assement, including assements to preserve open aspect, the environment, historic land areas, or historic attructures? # "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III  Did the organization amount in Part X, line 21, for escrow or custodial account liability, serve as a distodian for amounts not lieted in Part X, or provide credit counselling, dath management, credit repair, or debt negotiation assistance.  ## "Yes," complete Schedule D, Part IV  Did the organization expect or through a related organization, hold assets in temporatily restricted endowments, permanutation and provide active consolidated in the part X, line 12 that is 5% or more of its total asset reported in Part X, line 19 # "Yes," complete Schedule D, Part VIII  He organization is Part X is line 19 # "Yes," complete Schedule D, Part VIII  Did the organization in Part X, line 19 # "Yes, "complete Schedule D, Part VIII  Did the organization in Part X, line 19 # "Yes," compl	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,	
2 Is the organization required to complete Schedule S, Schedule of Contributors?  1 Did the organization expect in (index or indirect pollibical campaign activities on behalf of or in opposition to candidates for public official? If "Yes," complete Schedule C, Part II  2 Section 501(6)(8) organizations. Did the organization engage in lobbying activities, or have a section 501(ft) deletion in effect during the tax year? If "Yes," complete Schedule C, Part II  3 Section 501(6)(8) organization as socion 501(6)(8), 501(6)(8), or 501(6)(8) organization that receives membership dues, assessments, or similar amounts as defined in Reveruse Proceedings 48-91? If "Yes," complete Schedule C, Part III  5 Did the organization maintain any done 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? If "Yes," complete Schedule D, Part II  5 Did the organization maintain oeliections of works of art, historical treasures, or other elimitar associa? If "Yes," complete Schedule D, Part II  6 Did the organization report an amount in "Part X, line 21, for escrow or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide oredit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization report an amount for investments - organization, hold assocts in temporarily restricted endowments, permanent endowments, or quies-indowments? If "Yes," complete Schedule D, Part V  11 If the organization report an amount for investments - organization in the organization amount for investments - organization in the organization report an amount for investments or the tax year. If the organization report an amount for investments or the tax year. If the organization is a possible organization in a mount for other liabilities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 187 // "Yes," c			.1		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offices? If "Yes," complete Schedule C, Part I	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2.	Χ	
public office?    "Yes," complete Schedule C, Part    Section 501(6)   3 organizations. Did the organization engage in lobbying activities, or have a section 501(ft) election in effect during the tax year?    "Yes," complete Schedule C, Part    Is the organization a section 501(c)	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a soction 50 (c)(4), 50 (c)(5), or 50 (c)(6)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  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 courseling, diebt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V III It the organization, directly or through a rolated organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andowments? If "Yes," complete Schedule D, Part V III It the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III It 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? If "Yes," complete Schedule D, Part VIII It organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III III III III III III III III III		public office? If "Yes." complete Schedule C. Part I	3		<u>X</u>
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similar amounts as defined in Revenue Procedure 98-19" (**I**yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of **I**Proces** complete Schedule D, Part III of the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III of the organization report an amount in Part X, line 21, for escrew or oustodial account liability, sowe as a custodian for amounts not listed in Part X, or provide credit counseling, dabt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V or an applicable.  10 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V or an applicable.  10 Did the organization report an amount for investments - other securities in Part X, line 10" If "Yes," complete Schedule D, Part V or 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" If "Yes," complete Schedule D, Part V in 15 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part V in 15 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part V in 15 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part X in 15" If Yes," complete Schedule D, Part X in 15" In 15" In 15" If Yes, and If the organization report an amount for other isabilities in Part X, line 16" If "Yes," complete Schedule D, Part X in 15" If 15" If Yes, and If the organization report an amount for other isabilities in Part X, line 16" If Yes, complete Schedul		during the tax year? If "Yes." complete Schedule C. Part II	4		<u> </u>
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provide advice on the distribution or investment of amounts in such funds or accounts? "If "Yes," complete Schedule D, Part I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_Х	<u> </u>
Provide Advice or the distribution of investments or anothers in a feature of the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III.  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 certical counselling, debt management, oredit repair, ore oredit and ore organization report an amount for investments - other securities in Part X, line 19 that is 5% or more of its total assests reported in Part X, line 197 if "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 197 if "Yes," complete Schedule D, Part X and X is optional in Part X, line 197 if "Yes," complete Schedule D, Part X is a part X is organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 197 if "Yes," complete Schedule D, Part X is a part X is organization organization and pro	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.
the environment, historic land areas, or historic structures? If *Yes,* complete Schedule D, Part II 7  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 counselling, dabt management, credit repair, or debt negotiation services? If *Yes,* complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments! If *Yes,* complete Schedule D, Part V 11 If the organization's answer to any of the following questions is *Yes,* then complete Schedule D, Part V, VII, VIII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,* complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? If *Yes,* complete Schedule D, Part V II I			6_	<del></del>	X
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Schedule D, Parts XI and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  15 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? If "Yes," complete Schedule F, Parts I and IV.  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  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? If "Yes," complete Schedule G, Part I  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and I lille I line 9a? If "Yes," and I line 9a? If "Yes," and I line 9a?		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	] A.	<u> </u>
b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  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? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule F, Parts III and IV  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? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and III a	<b>12</b> a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١.,	T.	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 Is the organization maintain an office, employees, or agents outside of the United States?  14a 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? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  16 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? If "Yes," complete Schedule G, Part I  17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the Organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the Organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the Organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the Organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19a Did the Organizatio		Schedule D, Parts XI and XII	12a		+
Is the organization asserted "No" to line 12a, then completed Schedule B, Parts N and XIII's optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?  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? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV  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? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		x
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Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  1c and 8a? // "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"  18 X	17		17	X	
1c and 8a? /f "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? /f "Yes,"  19 19 19	40	Column (v), lines o and the right yes," complete screedile o, ran right and contributions on Part VIII. lines		Τ	$\top$
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	18	Dig the organization report more than \$15,000 total or idinarialising event gross moonly and continuous of the continuou	18	X	_
Constitution College Williams College	40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes"		Ī	
Form 990 (2	פו				X
		COMPRESE OF RECORD AS LANCER.	Forn	990	(2016

ALT:	(COMMUNICAL AND		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	124	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		x
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22		22		Х
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III			
23	and former officers, directors; trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	X	
	Schedule J			
24a			r	İ
	last day of the year, that was issued after December 31, 20027   f *Yes," answer lines 24b through 24d and complete	24a	l .	ж
	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24h		
b	Did the organization invest any proceeds or tax-exempt bonds beyond a temporary period exception to the vear to defease			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
	transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I	EUL	:	<del></del>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
	Schedule L, Part I		<u> </u>	<del></del>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		x
	complete Schedule L, Part II			<del>                                     </del>
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	27		x
	of any of these persons? If "Yes," complete Schedule L, Part III		E.T.	
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):	28a	1000 A 200	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		<del> </del>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	23	<del> </del>	<del> </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	İ	x
	contributions? If "Yes," complete Schedule M	<del>00</del>	,t	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	<u> </u>	1	<del> </del> -
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		X
	Schedule N, Part II	<u> 92</u>	-	<del> </del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	}	l x
	sections 301,7701-2 and 301,7701-37 If "Yes," complete Schedule R, Part I	- 20		<del> </del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
	Part V, line 1	35a		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	300	╁	<del> </del>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b	1	1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350	1	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	1	1
	If "Yes," complete Schedule R, Part V, line 2	20	+	+-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37	1	l x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	1	+
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	1
	Note, All Form 990 filers are required to complete Schedule O			(2016)

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

Form 990 (2016)

Form	990 (2016) CITIZENS UNION OF THE CITY OF NEW YORK 13-4997	570	P	age 6
Par	WI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No" re	spons	e
-11, 11, 11	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		4	X
Sect	ion A. Governing Body and Management			
		,	Yes	No
12	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 0.			
h	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		44	237
2	officer, director, trustee, or key employee?	2	1	_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		İ
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		_X_
6	Did the organization have members or stockholders?	6	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?	7a	X	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1
а	The governing body?	<u>8a</u>	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			1
-	organization's mailing address? If "Yes." provide the names and addresses in Schadule O	9		X
Sec	tion B. Policies This Section B requests information about policies not required by the Internal Revenue Code.)			
	MIS COMOLD Address and Market States 111		Yes	No
10a	Did the organization have local chapters, branches, or affillates?	10a		<u>X</u> _
b	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?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
19a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1 <u>2</u> a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<b> </b>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		[	'
_	in Schedule O how this was done	12c	X	<b>├</b> —
13	Did the organization have a written whistleblower policy?	13	Х	L
14	Did the organization have a written document retention and destruction policy?	14		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?			
a	The organization's CEO, Executive Director, or top management official	15a	X.	<u> </u>
	Other officers or key employees of the organization	15b	X	1
	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		£.1.0	
	tayable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Mary Just		100
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	<u></u>
Sec	tion 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availabl	e	
10	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request 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, an	d financ	cial	
ıø	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:			
20	CITIZENS UNION OF THE CITY OF NEW YORK - (212) 227-0342			
	299 BROADWAY, NEW YORK, NY 10007			
		F	<u>ດດ</u> ຕັ	MANAGE

632006 11-11-16

### 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 (A)  Name and Title	(B) Average hours per week	(C) Position (do not check tricre than one box, unless person is both ar officer and a director/trustee						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Kay employee	Highest og m gensated employer	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099·MISC)	compensation from the organization and related organizations	
(1) PETER J W SHERWIN	1.00										
CHAIRMAN OF THE BOARD	1.00	X		X				0,	0.	.0.	
(2) PENELOPE L CHRISTOPHOROU	0.50	1						_	0.	۸ ا	
DIRECTOR	0.00	<u>x</u>				:		0,	0.	<u></u> <u></u>	
3) GENA LOVETT	0.50	1		:		- !		1	, 1	0	
DIRECTOR	0.50	<u>  x</u>			<u> </u>			0.	0.		
(4) RICHARD BRIFFAULT	0.50	ĺ									
VICE CHAIRMAN	0.50	X		х		L	:	0.	0.	<u>_</u>	
(5) JOHN HORAN	0.50	1							_ ا	ر ا	
DIRECTOR	0.00	X	_	L	L			0.	0,	<u>U</u>	
(6) ALAN ROTHSTEIN	0.50		Ì	1		1		] _		، ا	
CHAIR STATE AFFAIRS COMMITT	0.00	X		X				0,	0.	<u> 0</u>	
(7) ROBERT ABRAMS	0.50							}	· .	۱ ,	
DIRECTOR		X	<u></u>	L			_	0.	0.	0	
(8) NANCY BOWE	0.50						ľ			١,	
TREASURER	0.50	X	<u> </u>	X				0.	0.	<u>c</u>	
(9) CHRISTINA R DAVIS	0.50	1						_		٫ ا	
SECRETARY	0.50	X		X		<u>_</u>		0,	0.		
(10) ALLAN H DOBRIN	0.50	1		'	ĺ	1	ľ	_		١ .	
DIRECTOR	0.00	X	ļ	L				0.	0.4		
(11) ROBERT M KAUFMAN	0.50		1		1	1			_	_	
DIRECTOR	0.50	X					<u>.</u>	0.	0.4		
(12) IAN L KELLEY ESQ	0.50			'	1	1	:		_	_ ا	
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(13) ERIC 9 LEE	0.50		1	Г	Γ		:	1			
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(14) MALCOLM MACKAY	0.50		Γ		-						
DIRECTOR	0.00	X	$\perp$		L		L.	0.	0.*		
(15) TOM OSTERMAN	0.50				Γ						
DIRECTOR	0.00	Īχ	1					0.	0.*	. (	
(16) GAIL ERICKSON	0.50	1	1		:						
CHAIR AUDIT COMMITTEE	0.50	x		X		1	l	0.	0.	<u>.</u> . <u> (</u>	
(17) TORRANCE ROBINSON	0.50		Τ	1	T	1	ľ				
DIRECTOR	0.00	x	1	1 .	1	1	1	0.	0 .	L	

Part VII Section A. Officers, Directors, Tr	ustees, Key Emp	oloy	ees,	and	Hi	ghes	t C	mpersated Employee	s (continued)	
(A)	(B)	ŀ		(0	C)			(D)	(E)	(F)
Name and title	Average	l (do	net o	Pos heck	itior more	l Ihan (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	as pe	rson l	ls boli	ı an	compensation	compensation	amount of
	week	⊢−	Cey Er	10 8 0	ruoic	or/trus T∵	186)	from	from related	other compensation
	(list any hours for	<u> </u>						the organization	organizations (W-2/1099-MISC)	from the
<b>y</b>	related	E E	eg eg	1		Safen	ĺ	(W-2/1099-MISC)	(11-2) 1000 (11100)	organization
	organizations	E SE	of frus		8	E E		(0, 1, 1000(00)		and related
	woled	ndividual trustee or director	Institutional trustee	=	븚	Highest compensated employes				organizations
	line)	Ę.	탈	Second	<u>Ř</u>	E E	Готты	<u> </u>		<u> </u>
(18) EDWARD C SWENSON	0.50		ľ	ļ		1				_ ا
DIRECTOR	0.00	X		_	_	<u> </u>	L	0	0,	0.
(19) LUIS GARDEN ACOSTA	0.50	ļ							^	۱ ،
VICE CHAIRMAN, CO CHAIR MAC	0.50	X	<u> </u>	X	ļ	╄	┢	0.	0.	0.
(20) RANDY MASTRO	1.00	4						ا م	0.	0.
CHAIRMAN OF THE BOARD	1.00	X	ļ	X	ļ	-	<del> </del>	0.	<u> </u>	0.
(21) KENNETH SEPLOW	0.50	۱.,	1	1				0	0.	ο,
DIRECTOR	0.00	x	┼	-		<del> </del> -	-	0,5		<del></del>
(22) ANTHONY R SMITH	0.50	x	.					0.	0.	0.
DIRECTOR	0.50	╀	╁	┼	├	╁┈	╀			
(23) HECTOR SOTO	0.50	$\mathbf{x}$		l.	ļ			0.	0.	0,.
DIRECTOR (24) MARK FOGGIN	0.50	1	╁	+	1-	╆	+	<u> </u>		
DIRECTOR	0.00	$ _{\mathbf{x}}$		ľ				0	0.	0.
(25) JUDI RAPPOPORT BLITZER	0.50	1	t	$\vdash$	✝	$\top$	$\top$		·	
DIRECTOR		$\mathbf{x}$		1				0.	_0,	0.
(26) GRACE LYU VOLCKHAUSEN	0.50	1	Τ			T				
DIRECTOR		1x				1		0	0.	0.
1b Sub-total							▶	0.	0.	0.
c Total from continuation sheets to Par	VII, Section A	Negation.					$\blacktriangleright$	51,873.	127,274.	
d. Total (add lines th and 1c)							-	51,873.	127,274.	22,044.
2 Total number of individuals (including but	ıt not limited to tl	1056	liste	ed a	bov	e) wl	no re	eceived more than \$100	,000 of reportable	'n
compensation from the organization	<u> </u>							<u></u>		() Yes No
									1	Yes No
3 Did the organization list any former office										a X
line 1a? If "Yes," complete Schedule J f	or such Individual	, ,,,	27124	*****	erever	55 (1)	444Q.		he ergostor	
4 For any individual listed on line 1a, is the	sum of reportab	ole c	omp	ensa	ation	п алч	d Otr	ter compensation from	ne organization	4 X
and related organizations greater than \$	150,0007 <i> f</i> "Yes	, " C	omp	iete	Sch	edui	le J i	tor such (nalviaua) nd pragnization or indivi	dual for services	
5 Did any person listed on line 1a receive										5 X
rendered to the organization? # "Yes." ( Section B. Independent Contractors	ampleta Scriedu	ie J	tor s	ucn	Der.	SON		***************************************		20222000
	compensated in	den	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compens	ation from
1 Complete this table for your live highest the organization. Report compensation	for the calendary	/aar:	endi	ina v	vith	or w	/lthir	the organization's tax	/ear.	
(A)	tor the editorious.		<b></b>	. 129				(B)	1	(C)
Name and busin	ess address	N	ON	E				Description of	services	Compensation
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									<del></del>	<del> </del>
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	<u>-</u>						-		<del></del>	
							:		<b>!</b> :	
2 Total number of Independent contracto	ro finaludina hat	no+ 1	imit		the	nen l	ieter	l above) who received n	ore than	WE TO SOUTH
2 Total number of Independent contracto \$100,000 of compensation from the org		iot I	(111111	.u ((	, 1116	0		. abore, mio 1000mou ii		
SEE PART VII, SECTI	ON A CON	ΤΤ	NU	AΤ	O		SHE	ZETS		Form 990 (2016
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								es (continued)	
(B)		7.					(D)	(E)	(F)
Average							Reportable	Reportable	Estimated
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per	_						·		other compensation
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	direct				d em			(** 2) 1000 (***100)	organization
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organizations	豆	al tru		oyre	эшь.		'		organizations
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	(B) Average hours per week (list any hours for related organizations below line)  0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.	Average hours per week (list any hours for related organizations below line)   0.50	(B) Average hours (check per week (list any hours for related organizations below line)  0.50 0.50 0.50 0.50 0.50 0.50 0.50 0.	CB	C   C   C   C   C   C   C   C   C   C	(B) (C)  Average hours per week (list any hours for related organizations below line)  0.50	(B) (C)  Average hours per week (list any hours for related organizations below line)  0.50 0.50 0.50 0.50 0.50 0.050 0.50	Column	Compensation   Comp

Part VIII December A Colleges Discording To	ustasa Mair En	مامد	waa		ad H	linhi	of (	Compensated Employ	ans (continued)	
Part VII Section A. Officers, Directors, Tr. (A)	(B)	,, <sub>1910</sub>	yau	<u>s, as</u> (C				(D)	(E)	(F)
Name and title	Average			۰۰ Posi				Reportable	Reportable	Estimated
Tydino and ano	hours	(cl				app!	y) <sup>'</sup>	compensation	compensation	amount of
	per	广	Ė					from	from related	other
	week	_				ayee		the	organizations	compensation from the
	(list any	Tecto				gual		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	hours for related	E P	ag Eg			rsated		(44-2/1033-141130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				organizations
	woled	를	t ig	يو	Key amployee	est c	191			
	line)	횰	Insti	Officer	Ş.	High	Former			
47) SHEKAR KRISHNAN	0.50	İ			Г					
DIRECTOR	0.50	x				. :		0	0.	Ü
(48) ANTONIO MAGLIOCCO JR.	0.50									
DIRECTOR	0.00	x						0		0
(49) CYNTHIA VANDENBOSCH	0.50	П			Г					_
DIRECTOR	0.00	X	<u></u>					0.	0.	C
50) ANTHONY MATTIA	0.50								<u> </u>	, .
DIRECTOR		X		ot	L.	<u></u>	_	0.	0.	
(51) RICHARD D DADEY	10.00									00 04
EXECUTIVE DIRECTOR	30.00	<u></u>		Х	L			51,873	127,274.	22,044
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Total to Part VII, Section A, line 1c

		_	Check if Schedule O conta	ins a response o	or note to any lin	e in this Part VIII		777	[X]
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
E M	1	a	Federated campaigns	1a			2.124.12		
ra H		ь	Membership dues	1ь	21,166.				that it is
ΩĦ		C	Fundraising events		291,298.				
STTS Farts			Related organizations	11			4.00		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
🗖		е	Government grants (contribution			******	A SECURIOR OF		5/8/24/46
5岁		f	All other contributions, gifts, grants	s, and		1777	1.5	33 63 64	KA CENT
異層			similar amounts not included above	e   11	57,875.	4742 HA	<b>COMMENT</b>		
Contributions and Other Sir			Noncash contributions included in lines 1						
Б즮		_	Total, Add lines 1a-16			370,339.	Sp. 200 (1987)		
۳,	_	••	1000		Business Code	3565 EX 1176	-7/44-27/4E	A STATE OF THE STA	\$15 C 10 C
ا ه	2	а					<u> </u>		
١٤		b							
Program Service Revenue		c							
E		ď							<u></u>
64		-							
돈		f	All other program service rever	nue					
			Total, Add lines 2a-2f	4 (4) (4) (4) (4)	<u> </u>		18 March 1 25 1 3 1 3	Charles Contra	3H277442.5
┪	3		Investment income (including of						:
			other similar amounts)			1,798.			1,798.
	4		Income from investment of tax			<u> </u>			
	5		Royalties	· ·	·				
	J		Troyanes	(i) Real	(ii) Personal				57.56
	_	_	Grace rante	Witeen	I III COLLONIA				3.44
			Gross rents				- 1 A		TABLE .
			Less: rental expenses		<u> </u>		1 2 4 3 3 3		
1								A STOREGUE STORE TO THE STORE THE	
				(i) Securities	(ii) Other	NOTAL OF THE REST		Activities Company	72.20
	7	а	Gross amount from sales of	20,201.	III) Quitai		<b>****</b> ********************************		<b>-</b>
			assets other than inventory	20,201.	<del></del>				
		þ	Less: cost or other basis	19,703.					and a state
:			and sales expenses	400			16/1/20(1/1/20)	A remarks	40.445.445
			Gain or (loss)		·	498.		Like K. B. J. Harry - A. S. Sandari & Lorden S. A.	498
		d	Net gain or (loss)		<u>,,</u>	13 3 11 7 11 7 11 7			
9	8	а	Gross income from fundraising			10 A 7 2 2 2 3		A SECURE	
盲			Including \$ 291,2			NOTE OF CLASS	4 4 4	received that	100000
Revenue			contributions reported on line	1c), See	30,197.	A CONTRACTOR	Versit Parks		100000
			Part IV, line 18	(3-1-1) (3-1) - 11-11-11	50,197	Ani. Com	12.7		
Othe			Less: direct expenses		37,311.	-27,174.			-27,174
			Net income or (loss) from fund		<u></u>				
İ	9	а	Gross income from gaming ac			三十 形 五 古		Para a succ	Francisco Section
			Part IV, line 19						
			Less: direct expenses				A NAME OF PARTY OF PA	DOM: Section 2	
:			Net income or (loss) from gam		<u>,</u>				
	10	а	Gross sales of inventory, less						
:			and allowances	a	ļ	A STATE OF THE STA		Later West	2.7. (1.3.)
:		b	Less: cost of goods sold	b	<u> </u>		The Table 1	1	
į		c	Net income or (loss) from sale:		<u> </u>		Business Cars - (V.)	The state of the s	
l			Miscellaneous Revenu	e	Business Code				the state of the s
:	11	а	<u> </u>			<del> </del>	<del> </del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		b		<u>.                                    </u>	ļ	<u> </u>	<u> </u>		<del> </del>
		c		·		<u> </u>	<del> </del>	<u></u>	<del> </del>
		d	All other revenue	इ.स.च्याप्रीपृत्यस्थान्त्रस्थानस्थानस्य		4	The state of Approximate the Control of the Control		
		e	Total. Add lines 11a-11d				4944		S. C. C. C. C. C. C. C. C. C. C. C. C. C.
			Total revenue. See instructions.			345,461.	0,	.[. <u>0</u> .	-24,878

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 41,765. 5,194 11,706. 58,665. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 24,260. 10,764. 121,582. 86,558 Other salaries and wages 7 Pension plan accruals and contributions (include 263. 117. 939. 1,319. section 401(k) and 403(b) employer contributions) 1,474. 3,32<u>2.</u> 16,649. 11,853. Other employee benefits 9 3,047. 1.352. 15,269. 10,870. 10 Payroll taxes Fees for services (non-employees): a Management b Legal 6,180 6,180. c Accounting Lobbying **ということでは、これのできることをある。** 17,790. 17,790. Professional fundralsing services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 717. 6,160. 6,877. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,250. 763. 11.843. 6,830. Office expenses 13 Information technology 14 15 Royalties ..... 3,483. 7.739. 27,668. 38,890. 16 Occupancy Additional Control of the 282. 66. 2,881. 2,533. Travel \_\_\_\_\_\_ 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ...... 19 20 Interest Payments to affiliates 21 6. 28 20 Depreciation, depletion, and amortization 22 295. <del>65</del>6. 3,280  $\overline{2}$ ,329 23 Insurance Other expenses, Itemize expenses not covered 24 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 0.) 2.973. 94. 11<u>,</u>479. 14,546. PRINTING & MAILING 264. 2,050. 8,303. WEBSITE/BRANDING 10,617. 3,324. 1.512. 44. 4,880. POSTAGE 2,872.1,125. 625. PROGRAM/ EVENT EXPENSES 4,622. 4,711. 1,1425,898. <u>11,751.</u> All other expenses 36,144. 82,124. 347,669. 229,401. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation.

632010 11-11-16

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	***	Balance Sheet	<u> </u>		
_		Check if Schedule O contains a response or note to any line in this Part X		······	(B)
			(A) Beginning of year		End of year
1		Cash - non-interest-bearing		1	<u></u> -
1	1 2	Savings and temporary cash investments	130,652	2	137,336
		Pledges and grants receivable, net		3	
ı	_		25,621.	4	12,904
	4	Accounts receivable, net  Loans and other receivables from current and former officers, directors,	WARRING MICHAEL		AND AND ASSESSED.
	5	trustees, key employees, and highest compensated employees. Complete	A CANADA A A A A A A A A A A A A A A A A A		
				5	
1	_	Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under	Design Comment of the		445 C C C C C C C C C C C C C C C C C C
1	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	AND AND ASSESSED.		
ĺ					4 A 6 A 18
		employers and sponsoring organizations of section 501(c)(9) voluntary	[2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	6	1 6 m, 25 m/s & 30,000 & 40,000 (15,000 at 10.00)
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	<del></del>	7	<del></del>
	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	, B	
	8	Inventories for sale or use	3,325.	9	3,397
	9	Prepaid expenses and deferred charges	Little Company of the William William	9	Aria Salahari Madalaria
	10a	Land, buildings, and equipment: cost or other	14 14 14 14 14 14 14 14 14 14 14 14 14 1		
			6 165		6,436
	b	Less: accumulated depreciation 10b 13,419.		10c	83,569
Į	11	Investments - publicly traded securities	78,028.	11	0.07.003
ı	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	i <del></del>	13	
	14	Intangible assets		14	2 25
	15	Other assets, See Part IV, line 11	0,	15	2,353 245,995
	16	Total assets, Add lines 1 through 15 (must equal line 34)	244,091.	16	
T	17	Accounts payable and accrued expenses	17,506.	17	24,898
۱	18	Grants payable		18	
۱	19	Deferred revenue		19	
İ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability, Complete Part IV of Schedule D		21	
М	22	Loans and other payables to current and former officers, directors, trustees,		6.3	(* 17 July 1997)
		key employees, highest compensated employees, and disqualified persons.		素理	
		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
ł	24	Unsecured notes and loans payable to unrelated third parties		24	
İ	25	Other liabilities (including federal income tax, payables to related third	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
-		parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D	6,688.	25	
	26	Total liabilities. Add lines 17 through 25	24,194.	26	24,89
┪		Organizations that follow SFAS 117 (ASC 958), check here X and	7114 17119 1713 171		7.0407 (19. <b>5)</b> (20.0
		complete lines 27 through 29, and lines 33 and 34.	the state of the s		
	27	Unrestricted net assets	219,897.	27	221,09
	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28.	
1	29	Permanently restricted net assets		29	
<u> </u>	20	Organizations that do not follow SFAS 117 (ASC 958), check here		OF L	2/- 1/- 1/2 NEW \$
<u>:</u>		and complete lines 30 through 34.	1445-15 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
, I	30	Capital stock or trust principal, or current funds	1 per culture and the second of the second o	30	
įΙ	30	Paid-In or capital surplus, or land, building, or equipment fund		31.	
!	31		-	32	. A Property of the second
spound plus to spect to the	32	•	219,897.		221,09
-	33	Total net assets or fund balances	244,091.		245,99
.	34	Total liabilities and net assets/fund balances		<del></del>	Form 990 (20

Form	990 (2016) CITIZENS UNION OF THE CITY OF NEW YORK	<u> 13-4997</u>	<u> 570</u>	Page 12
Par				<del></del>
	Check if Schedule O contains a response or note to any line in this Part XI.			
	<del></del>		245	1.61
1	Total revenue (must equal Part VIII, column (A), line 12)	1.		,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,669.
3	Revenue less expenses, Subtract line 2 from line 1	3		,208.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>,897.</u>
5	Net unrealized gains (losses) on investments	5.		<u>,408.</u>
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,		004	000
	column (B))	10	221	<u>,097.</u>
Pai	t XII Financial Statements and Reporting			ï—i
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<del></del>	والفيدانيا	e au eric i i i i i i i i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	* # "mailiai 190	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		(A)
	separate basis, consolidated basis, or both:			es Ma
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	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:			241 (43)
	X Separate basis Consolidated basis Both consolidated and separate basis			4 1 E
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audít,		4
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.		<b>35</b> 3 3 3
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audit		
	Act and OMB Circular A-1337		3 <u>a</u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	_	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (2016)
			-A-777	3.3U 17U 16

## SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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

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

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

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

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

• 3	Section 501(c)(4), (5),	or (6) organizat	ions: Complete Part III.			<del></del>	
	e of organization					Emplo	yer identification number
		CITIZEN	S UNION OF THE C	ITY OF NEW Y	ORK	<u> </u>	13-4997570
Pa	ft I-A Comple	te if the org	anization is exempt und	er section 501(c) (	or is a section 5	27 org	anization.
3	Political campaign a Volunteer hours for p	ctivity expendit political campal	ation's direct and indirect politic ures gn activities	reacces to securify in a configuration for the security of the		> \$	
			anization is exempt und	er section 501(c)(	<u>),                                    </u>		
1	Enter the amount of	any exclae tax	incurred by the organization und	der section 4955	gana jagarajiya ya iliya da agas ya safirin	, 🏲 🖇 .	
2	Enter the amount of	any excise tax	Incurred by organization manag	ers under section 4955	· \$ \$	🟲 \$	
3	If the organization in	curred a sectio	n 4955 tax, did it file Form 4720	for this year?	وجناونا إزاحا احجاه ومرزي والمحرب ترجمت	ayan kaji tada bi	Yes No
			*************************************				L Yes No
b	If "Yes," describe in	Part IV.				<del>2</del> 7475	731
	rtil-C Comple	te if the org	anization is exempt und	er section build),	except section	an i (c)	(9).
1	Enter the amount di	rectly expended	l by the filing organization for se	ction 527 exempt funct	ion activities	🕨 \$	
2	Enter the amount of	the filing organ	ization's funds contributed to o	ther organizations for se	ction 527	<b>.</b> .	
	exempt function act	ivities		anna i jarja rakana mengenya kenggiya m	<u></u>	🏲 🦠	
3	Total exempt function	on expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL,		<b>~</b> *	
	line 17b	,		والأواد والمحاورة والمتراوية والمتوافية والمتوافية والمتواوية والأواف		., •	Yes No
4	Did the filing organiz	zation file Form	1120-POL for this year?		 	a ubiah	
5	Enter the names, ad	idresses and en	nployer Identification number (E tion listed, enter the amount pa	IN) of all section 527 po	uticai organizacions i	onter the	amount of political
	made payments. Fo	r each organiza	tion listed, enter the amount pa omptly and directly delivered to	a soperate political orga	anization such as a	separate	segregated fund or a
	contributions receive	ed that were pr	additional space is needed, pro	vide information in Part	IV.	•	<b>.</b> .
<u></u>			<del></del>		(d) Amount paid	from	(e) Amount of political
	(a) Name	•	(b) Address	(c) EIN	filing organizat	ion's	contributions received and
					funds. If none, e		promptly and directly
							delivered to a separate political organization.
							If none, enter -0
	<u></u>	<del>`</del>	<u> </u>	<del></del>	<del></del>		<del>-</del>
			1				
_					- · · · ·	-	
	<u> </u>	··· <u> </u>	· · · · · · · · · · · · · · · · · · ·	··-			<u> </u>
			1		<b>.</b>		<u> </u>
<u></u>				<del>-  </del>			
<del></del>		· · · · · · · · · · · · · · · · · · ·					
<u></u>			<del> </del>				

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990 EZ) 2016   Part II-A   Complete if the org section 501(h)).	CITIZENS UNI anization is exem	ON OF THE Copt under section	SITY OF NEW 501(c)(3) and file	YORK 13-4 d Form 5768 (ele	997570 Page 2 otion under
A Check   if the filing organiza	tion belongs to an affili	ated group (and list in	Part IV each affiliated	group member's name	, address, EIN,
	e of excess lobbying e				
B Check > If the filling organiza	tion checked box A an	d "limited control" pro	visions apply.		<del></del>
	ts on Lobbying Expen litures" means amour			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	rence public opinion (a	rass roots lobbying)			
b Total lobbying expenditures to influ			internalistusphenshare francista.		
c Total lobbying expenditures (add li			***************************************		
d Other exempt purpose expenditure		*****************			
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ente	or the amount from the	following table in both	columns.		
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000		he amount on line 1e,			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.	STREET PROPERTY.	
Over \$1,000,000 but not over \$1,5		O plus 10% of the exce		Link in the state of the	
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.	Linn Aca	
Over \$17,000,000	\$1,000,0	000			
					The life is I will be the Table
g Grassroots nontaxable amount (en		***********			
h Subtract line 1g from line 1a. If zer		**************************************			<del></del>
<ul><li>i Subtract line 1f from line 1c. If zero</li><li>j If there is an amount other than ze</li></ul>	or less, enter or	ine 1i did the organiza	tion file Form 4720	<del></del>	
reporting section 4911 tax for this		me II, did the organize			Yes No
reporting section 4911 tax for this	4-Year Ave	raging Period Under	section 501(h)		
(Some organizations t	hat made a section 50 See the separa	D1(h) election do not la ate instructions for lin	nave to complete all dies 2a through 2f.)	of the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(ь) 2014	(c) 2015	(d) 2016	(e) Total
2a Lebbying nontexable amount	The second secon				
b Lobbying ceiling amount			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
(150% of line 2a, column(é))		Activities Postate Sandanies Sanda		Set 12 Sept 10 (Head of the second section of the	· · · · · · · · · · · · · · · · · · ·
c Total lobbying expenditures				!	
	:			Į	
d Grassroots nontaxable amount		and the second second	Control Transport Section 6 (Section 1)		4
e Grassroots ceiling amount		The second control of the		Programme Agency	
(150% of line 2d, column (e))			1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (1.7 (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>
f Grassroots lobbying expenditures		<u> </u>	<u> </u>	Schedule C (Forn	n 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-FZ) 2016 CITIZENS UNION OF THE CITY OF NEW YORK 13-4997570 Page 3

[Part | 13-4997570 | Page 3 | Page 3 | Part | 13-4997570 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Page 3 | Pa

	ach "Yes," response on lines 1a through 1I below, provide in Part IV a detailed description	(4	a)	(t	)
	lobbying activity.	Yes	No	Amo	unt
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
		<u> </u>			
	Media advertisements?  Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?		Ī	Ī	
-	Grants to other organizations for lobbying purposes?	<del></del>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	· ·	-		
	·		·		
_	Other activities?	7 1 1 1 TY	W. W. W.		
j	Total. Add lines 1c through 11		And a construction		THE RESERVE
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	Will The Brand of the Brand of	1000-000-00-00-00-00-00-00-00-00-00-00-0		A MARKE
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  [III-A   Complete if the organization is exempt under section 501(c)(4), section	on 501/c)(	5) or se	tion	and a control of the control
Par		ili ao i Joli	الوق الا الزوا	3,,011	
	501(c)(6).		-	Yes	No
				X	
1	Were substantially all (90% or more) dues received nondeductible by members?	,,,,,,i,,,i,,,,,			X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	<u> </u>	$\frac{x}{x}$
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	(7) 3		. <u>A</u>
<u> Par</u>	till!B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	(b) Part	III-A, lin	e 3, is 
1	Dues, assessments and similar amounts from members		1.		<u> </u>
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
2	expenses for which the section 527(f) tax was paid).				
			2a		
	Current year		2b		
b					
C	111011-11111111111111111111111111111111				
3	Aggregate amount reported in section busile) (1)/4) notices of noneductions decide 102(c) decide 102				
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	nolitical	2.5	ž.	
	does the organization agree to carryover to the reasonable estimate of nondeductible tobbying and	pontiout	4	2	
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u>(4.1.)</u>	<del></del>	
Prov	<b>LIV</b> Supplemental Information  ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground uctions); and Part II-B, line 1. Also, complete this part for any additional information.	p list); Part l	II-A, lines 1	and 2 (see	
		·			
_					
	the state of the s	·			
	and the second s		<u> </u>	·	
		<del></del>		000 : 11	
	en en en en en en en en en en en en en e	Sched	dule C (For	m 990 or 99	ツーピム) 201

#### **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. ► Information about Schedule D (Form 990) and its instructions is at www.lis.gov/lorm990.

OMB No. 1545-0047

Name of the organization

Employer identification number 13-4997570 CITIZENS INTON OF THE CITY OF NEW YORK

Par		Funds or Other Similar Funds	or Accounts. Complete if the
15-2-41-6	organization answered "Yes" on Form 990, Part IV, line		
·		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value at end of year		
4	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advise	d funds
5	are the organization's property, subject to the organization's ex	velusive legal control?	Yes No
	Did the organization Inform all grantees, donors, and donor ad	where in writing that grant funds can be u	ised only
6	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose C	onferring
		entigetir timen sentetig sekret entre transcription and sentetic services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are sentential services and sentential services are	
Dar	Gonservation Easements. Complete if the orga	inization answered "Yes" on Form 990, P	art IV, line 7.
	Purpose(s) of conservation easements held by the organization		
1	Preservation of land for public use (e.g., recreation or ed		orically important land area
		Preservation of a certi	
	Protection of natural habitat		
	Preservation of open space Complete lines 2a through 2d if the organization held a qualifie	d senson attan contribution in the form of	of a conservation easement on the last
2		ad Conservation Contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
b	Total acreage restricted by conservation easements	uinimma makadad in (a)	
С	Number of conservation easements on a certified historic struc	cure included in (a)	-(1)11
d	Number of conservation easements included in (c) acquired af		
	listed in the National Register	continuous services and an experimental by the	
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	organization during the tax
	year ▶	or a salah	
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, nanding of	Yes No
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing cons	ervation easements during the year
	<u> </u>	tulatations and automine concernate	ion assements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and emotoring conservat	ON GRACITION COLLING AND YOUR
	<b>▶</b> \$ <u> </u>	Note the commission of continuous 1706	NAVOVA
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Constitution
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	Statement, and balance shoot, and
	Include, if applicable, the text of the footnote to the organizati	on's financial statements that describes t	ne organization s accounting for
t	conservation easements.	Art Historiaal Transuras or Ot	hor Similar Assets
Pai	Organizations Maintaining Collections of	OOD Doubly line 9	Hot Citing Magazai
	Complete if the organization answered "Yes" on Form	990, Part IV, line 6.	- who and halange sheet works of art
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statem	tern and palance sheet works of air,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtheral	dee of briblic service, browner, lift, etc. viii.
	the text of the footnote to its financial statements that describ	es these Items.	and believe about works of out historical
b	If the organization elected, as permitted under SFAS 116 (AS)	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of put	olic service, provide the following amounts
	relating to these items:		<b>.</b>
	(i) Revenue Included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X	en en en en en en en en en en en en en e	
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	ł gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue Included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
LHA	For Panerwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2016

632051 00-29-16

	dule D (Form 990) 2016 CITIZEN	S UNION OF	THE	CITY	OF	NEW	YORK		<u>13-49</u>			ige 2
Par	till Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easu	res, or	Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	follov	ving that	are a si	gnificant u	ıse of its c	ollection	items	
	( <u>check all that apply):</u>											
a	Public exhibition	d		Loan or ex	_							
b	Scholarly research	e		Other								
C	Preservation for future generations											
	Provide a description of the organization's co								se in Part	XIII.		
	During the year, did the organization solicit of								_	<del>-</del> 1		-
	to be sold to raise funds rather than to be ma									Yes		Nο
Par		-	ete if the	organizat	ion an	swered "	Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par											
	Is the organization an agent, trustee, custodi									٦.,		1
	on Form 990, Part X?						;::		L	_ Yes		No
þ	If "Yes," explain the arrangement in Part XIII :	and complete the fol	lowing t	able:								
									<u> </u>	Amoun	<u>t                                     </u>	
¢	Beginning balance				,,,,,,,,,,							
d	Additions during the year			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
e	Distributions during the year								<u> </u>			
f	Ending balance	arang dan dan dan dinawan di katikat di	عاوط والجار والموجي	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			أحواؤ فكجو وجوج	. 1f	l	<del>- · - ·</del>	-,-	1
	Did the organization include an amount on Fe								<u>L</u>	Yes	- إ	∐ No
b	if "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	n has bee	n prov	<u>ided on F</u>	art XIII	£1113415-12-		. 4 (9) 'A ( ) 4 ( <u>64,44</u> )		
Par	t.V. Endowment Funds. Complete i									10.02		<del></del> .
	* .	(a) Current year	(b) F	rlor year	(c)	Two year	s back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance				<u> </u>				:			
b	Contributions		11.			-			<del></del>	-		
c	Net investment earnings, gains, and losses	<u></u>										
d	Grants or scholarships				<u></u>					ļ		
ө	Other expenditures for facilities											
	and programs		1		_					1		
f	Administrative expenses		i		4				<del></del>	<u> </u>		<u> </u>
g	End of year balance						<u> </u>					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column i	(a)) hel	ld as:						
а	Board designated or quasi-endowment		_%									
	Permanent endowment											
c	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	ıt are held	and ac	dminister	ed for ti	ne organiz	ation	1		
	by:									1	Yes	No
	(i) unrelated organizations		iara da de			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ووده فالمائة وإفكتم	i in in produce a siste.	3a(i)		<del></del> -
	(ii) related organizations							41-9012#F844#	raje nje njem krijja a k	3a(li)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	ıtlons listed as requir	ed on S	ichedule R	?			aniaidy a medical proces		. <u>[3b</u> ]		L
4	Describe in Part XIII the intended uses of the		wment	lunds.								
Par	t VI Land, Buildings, and Equipm					165.0						
	Complete if the organization answere	d "Yes" on Form 990	), Part I						<del></del>		<del></del>	
	Description of property	(a) Cost or o		(b) Co				Accumulat		(d) Boo	k valu	е
		basis (investr	nent)	bas	is (oth	. ,		preciation				
1a	Land & Address of the Land	) is a least the second		<b></b>			17.	161				<del></del> ;
	Buildings					4.5.5						_~_
	Leasehold improvements			<del> </del>		180.	·		80	<u> </u>		0.
	Equipment			ļ		239.		12,2	39.			0.
ė	Other	eria .		<u> </u>	_ •	436.			<del></del>		$\frac{6,4}{}$	
	Add lines 1a through 1a West has Ad south		V Salar	en /DL Head	1051				▶:	- 1	6,4	<b>∌</b> 0•

Schedule D (Form 990) 2016

2. Liability for uncertain tax positions. In Part XIII, provide the text of the foolnote 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) 2016

Total. (Column (b) must equal Form 990, Part X. col. (B) line 25.)

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2016.05000 CITIZENS UNION OF THE CIT 06224C\_1

Schedule D (Form 980) 2016 CITIZENS UNION OF THE CITY OF NEW YORK 13-4997570 Page 5 Part XIII Supplemental Information (continued)
TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR
DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF FINANCIAL POSITION DATE.
PART XI, LINE 2D OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT FUNDRAISING EXPENSES
PART XI LINE 2D & PART XII LINE 2D
DIRECT FUNDRAISING EXPENSES IN THE AMOUNT OF \$57,371 ARE INCLUDED IN THE
STATEMENT OF FUNCTIONAL EXPENSES ON THE AUDITED FINANCIAL STATEMENTS. IN
ACCORDANCE WITH THE INSTRUCTIONS FOR FORM 990, PART VIII, LINE 8B, THESE
EXPENSES ARE REPORTED AS A REDUCTION OF GROSS REVENUE FROM FUNDRAISING
EVENTS ON LINE 8B.
en en en en en en en en en en en en en e

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

➤ Attach to Form 990 or Form 990-EZ.

Intermation about Schedule G (Form 990 or 890-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Name of the organization

113-4007570

	S UNION OF THE CIT				13-4391	
required to complete this par				- <u> </u>	ne 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid Indicompensated at least \$5,000 by the	e X Solicita  f X Solicita  g X Special  or oral agreement with any individual  Part VII) or entity in connection with p  viduals or entities (fundraisers) pursu	tion of a tion of fundra (includ rofessio	non-go govern ising of onal fo	overnment grants nment grants avents ficers, directors, trus undraising services?	X Yes	
(i) Name and address of Individual or entity (fundralser)	(ii) Activity	(iii) fundr have ct or con contribu	JS10dV	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
MCEVOY & ASSOCIATES - 32		Yes	No			
union square east ste 406	CONSULTANT		X	321,495.	15,540.	305,955.
KIM GERSTMAN - 201 EAST 17TH STREET #14B, NEW YORK, NY	CONSULTANT		х	0,	2,250.	-2,250,
a de la companya del companya de la companya de la companya del companya de la co						
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A STATE OF THE STA	1					
				<u> </u>	<u> </u>	<del> </del>
			_	321,495,	17,790.	303,705.
Total  3 List all states in which the organizati	on is registered or licensed to solicit	contrib	utlons			
or licensing.	of to togistorou of theories a to sense.					
				<u> </u>	<u> </u>	<del>_</del>
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2016

632081 09-12-16

Sch Pa	edul Irtil		e organization answered	"Yes" on Form 990, Part	IV, line 18, or reported r				
		of fundraising event contributions and gro	ss income on Form 990-			s greater than \$5,000.			
		<del></del>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
		•	ANNUAL		NONE	(add col. (a) through			
			DINNER	SPRING EVENT		col. (c))			
4			(event type)	(event type)	(total number)				
Земение	1	Gross receipts	266,075.	55,420.		321,495.			
Œ÷	2	Less: Contributions	247,700.	43,598.		291,298.			
<u>.                                    </u>	3	Gross income (line 1 minus line 2)	18,375.	11,822.		30,197.			
	4	Cash prizes		:					
Š	5	Noncash prizes							
c pense	6	Rent/facility costs		:					
Direct Expenses	7	Food and beverages	19,575.	12,963.		32,538.			
Ц	8	Entertainment							
	9	Other direct expenses	20,431.	4,402.		24,833.			
	10		9 in column (d)			57,371.			
	11	Net income summary. Subtract line 10 from to	ne 3, column (d)			-27,174.			
Рε	rt l	Gaming, Complete If the organization	answered "Yes" on Form	i 990, Part IV, line 19, or r	eported more than				
_		\$15,000 on Form 990-EZ, line 6a.				T : =			
- 0)	ĺ		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))			
Revenue				bingo/progressive bingo		cor. (a) though cor. (c)			
Ě									
	1.	Gross revenue	<u> </u>						
S	2	Cash prizes							
Direct Expenses	3	Noncash prizes			<del> </del>				
irect E	4	Rent/facility costs			···	· · · · · · · · · · · · · · · · · · ·			
۵	_ ا	Other direct evenence	ļ						
	우	Other direct expenses	Yes %	Yes %	Yes %	The Control of the State of the Control of the Cont			
	6	Volunteer labor	No No	No No	No	<u></u>			
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	<del>diimmilminiim</del> mennin	entaneliumanana 🕨				
	,	Net gaming income summary. Subtract line 7	from line 1 column (d)	and the second of the War	· · · · · · · · · · · · · · · · · · ·				
<del></del>	8	Net gaming income summary. Subtract line /	HOIT IN T. COLUMN (U)	Interior extension to the second second					
9	En	ter the state(s) in which the organization condu	icts gaming activities:						
_		the organization licensed to conduct gaming a				Yes No			
	b If "No," explain:								
_	_					<u> </u>			
		ere any of the organization's gaming licenses re Yes," explain:				Yes No			
	·—		<u> </u>						
					Sobodulo G (Ea	rm 990 or 990-FZ) 2016			

Schedule G (Form 990 or 990-EZ) 2016 CITIZENS UNION OF THE CITY OF NEW YORK 13-4997	
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	Yes No
to auminister distribute delining ( ) and the control of the contr	162 110
13 Indicate the percentage of gaming activity conducted in:  2 The granization's facility.	%
a The organization's facility b An outside facility 13a	4
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
14 Little die name and accided of the person with property and a sum of s	
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 Garning manager information:	
Nаше ►	
Gaming manager compensation > \$	
Description of services provided	
Description of services provided	
Director/officer Imployee 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 (ii) and (v); and Part III, lines 9,	9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	<del></del>
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
SCHEDOLLE G, FART I, HIRE SD, HIST OF THE MICH.	
(I) NAME OF FUNDRAISER: MCEVOY & ASSOCIATES	<del></del>
(I) ADDRESS OF FUNDRAISER:	
(1) ADDIAGO OF TONDIKITUAN	<del></del> .
32 UNION SQUARE EAST STE 406, NEW YORK, NY 10003	
	<del></del> :
(I) NAME OF FUNDRAISER: KIM GERSTMAN	
(I) ADDRESS OF FUNDRAISER: 201 EAST 17TH STREET #14B, NEW YORK, NY	10003
	or 000-E7\ 2016
632083 08-12-16 Schedule G (Form 990	O 880-EZ) ZU 10

Schedule G	(Form 990 or 990 EZ)	CITIZENS 1	UNION	OF TH	E CITY	OF NEW YORK	13-4997570	Page 4
Part IV	(Form 990 or 990 EZ) Supplemental Info	rmation (continued	<del>)</del> )		•			
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#### **SCHEDULE J** (Form 990)

### **Compensation Information**

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

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

Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CITIZENS UNION OF THE CITY OF NEW YORK

13-4997570

Pá	ntil Questions Regarding Compensation	-		
		e manadad.	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,	4 10		7.5
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these Items.	3		
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
			3.	<b>卷</b>
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1988	24	
	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,	- (MA)		2000年
	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 filling 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 Ill,		V.	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study		-41	極.
	Form 990 of other organizations  X 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	<b>69</b>		- 16
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	<u>L</u>	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.		2	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	12	254	A A
	contingent on the revenues of:	4	7	
а	The organization?	5a		X
b	Any related organization?	5b	-	Х
	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	440		
	contingent on the net earnings of;	*23		1
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b	- 18: Y 24: 87	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, dld the organization provide any nonfixed payments	17.0		
	not described on lines 5 and 67 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	2.0	2	NEW Y
	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Taken 2.4.	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			78.63
	Regulations section 53.4958-6(c)?	9	<u> </u>	Щ.

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

Schedule J (Form 990) 2016

13-4997570

Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(孙何河 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.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	ble	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(r)-(i)(a)	In column (b) reported as deferred on prior Form 990
(1) RICHARD D DADEY RERECTIVE DIRECTOR	€ 6	51,873.	000	0.0	2,142.	4,649.	58,664.	0 0
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### **SCHEDULE O**

(Form 990 or 990-EZ) Department of the Treasury Internal Rovenuo Servico

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov//orm990.

OMB No. 1645-0047

Name of the organization

CITIZENS UNION OF THE CITY OF NEW YORK

Employer identification number 13-4997570

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INDEPENDENT, NONPARTISAN, CIVIC ORGANIZATION OF MEMBERS WHO PROMOTE
GOOD GOVERNMENT AND ADVANCE POLITICAL REFORM IN THE CITY AND STATE OF
NEW YORK.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CITIZENS UNION OF THE CITY OF NEW YORK IS AN INDEPENDENT, NONPARTISAN,
CIVIC ORGANIZATION OF MEMBERS WHO PROMOTE GOOD GOVERNMENT AND ADVANCE
POLITICAL REFORM IN THE CITY AND STATE OF NEW YORK. FOR MORE THAN A
CENTURY, CITIZENS UNION HAS SERVED AS A WATCHDOG FOR THE PUBLIC
INTEREST AND AN ADVOCATE FOR THE COMMON GOOD. IN PURSUIT OF ITS
MISSION, CITIZENS UNION: ACTS AS A WATCHDOG ON THE ACTIONS OF CITY AND
STATE GOVERNMENT TO ENSURE THAT IT VALUES ITS CITIZENS, ADDRESSES
CRITICAL ISSUES, AND OPERATES IN A FAIR, OPEN, AND FISCALLY SOUND
MANNER. IT COMMENTS ON IMPORTANT PUBLIC POLICY ISSUES AND HOLDS
ELECTED OFFICIALS ACCOUNTABLE FOR THEIR ACTIONS AS ELECTED
REPRESENTATIVES. SUPPORTS AND ADVANCES POLICIES AND LEGISLATION THAT
REFORMS THE ELECTION SYSTEM, SUPPORTS SOUND DEMOCRATIC PRACTICE,
IMPROVES THE FUNCTIONING OF GOVERNMENT, AND SERVES THE BROAD PUBLIC
INTEREST RATHER THAN NARROW SPECIAL INTERESTS. EVALUATES AND RECOMMENDS
CANDIDATES FOR ELECTED OFFICE. IT MAKES AVAILABLE THROUGH ITS WEBSITE
CANDIDATE RESPONSES TO A QUESTIONNAIRE. THE QUESTIONNAIRE CONSISTS OF
UNFILTERED INFORMATION PROVIDED BY CANDIDATES IN RESPONSE TO QUESTIONS
THAT ALSO ALLOWS THEM TO STATE REASONS AS TO WHAT THEY HOPE TO
ACCOMPLISH, IF BLECTED. THROUGH PUBLICATION OF ITS HIGHLY REGARDED
VOTERS' DIRECTORY, CU PROVIDES A BALANCED NONPARTISAN ANALYSIS OF EACH
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

SERVE EFFECTIVELY AND SUPPORT THE ORGANIZATION'S GOOD GOVERNMENT AND

POLITICAL REFORM GOALS RECEIVE FAVORABLE EVALUATIONS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: ACTS AS A WATCHDOG ON THE ACTIONS OF CITY AND STATE GOVERNMENTS TO ENSURE THAT IT VALUES ITS CITIZENS, ADDRESSES CRITICAL ISSUES, OPERATES IT COMMENTS ON IMPORTANT IN A FAIR, OPEN, AND FISCAL SOUND MANNER. PUBLIC POLICY ISSUES AND HOLDS ELECTED OFFICIAL ACCOUNTABLE FOR THEIR ACTIONS AS ELECTED REPRESENTATIVES. SUPPORTS AND ADVANCES POLICIES AND LEGISLATION THAT REFORMS THE ELECTION SYSTEM, SUPPORTS SOUND DEMOCRATIC PRACTICE, IMPROVES THE FUNCTIONING OF GOVERNMENT, AND SERVES THE BROAD PUBLIC INTEREST RATHER THAN NARROW SPECIAL INTERESTS. EVALUATES AND RECOMMENDS CANDIDATES FOR ELECTED OFFICE. IT MAKES AVAILABLE THROUGH ITS WEBSITE CANDIDATE RESPONSES TO A QUESTIONNAIRE. THE QUESTIONNAIRE CONSISTS OF UNFILTERED INFORMATION PROVIDED BY CANDIDATES IN RESPONSE TO QUESTIONS THAT ALSO ALLOWS THEM TO STATE REASONS AS TO WHAT THEY HOPE TO ACCOMPLISH, IF ELECTED, THROUGH PUBLICATION OF ITS HIGHLY RESPECTED VOTERS' DIRECTORY, CU PROVIDES A BALANCED NONPARTISAN ANALYSIS OF EACH OF THE CANDIDATES IT INTERVIEWS AND PROVIDES AN UNFILTERED SUMMARY OF THE CANDIDATES' RESPONSES TO THE QUESTIONNAIRE. CU ALSO INFORMS MEMBERS AND VOTERS AS TO WHICH CANDIDATES ARE THE QUALIFIED, CAPABLE AND SUPPORTIVE OF THE ORGANIZATION'S MISSION IN Schedule O (Form 990 or 990-EZ) (2016) 632212 08-25-16

CITIZENS UNION OF THE CITY OF NEW YORK

13-4997570

ORDER TO HAVE A GOVERNMENT THAT IS GOOD, EFFECTIVE AND EFFICIENT.

EVEN THOSE CANDIDATES WHO MAY NOT RECEIVE THE ORGANIZATION'S

RECOMMENDATION BUT DEMONSTRATE A CAPACITY TO SERVE EFFECTIVE SUPPORT

THE ORGANIZATION'S GOOD GOVERNMENT AND POLITICAL REFORM GOALS RECEIVE

FAVORABLE EVALUATIONS.

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 FINANCIALS 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 TO THE BOARD.

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. ALSO THE PUBLIC CAN REQUEST A COPY OF THE FINANCIALS

FROM THE NY CHARITIES BUREAU.

BEFORE THE DISCUSSION BEGINS.

FORM 990, PAGE 6, PART VI, 12C - COMPLIANCE WITH CONFLICT OF INTEREST POLIC EACH BOARD MEMBER RECEIVES A CONFLICT OF INTEREST POLICY AND COMPLETES AND 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

FORM 990, PAGE 6, PART VI, SECTION B, LINE 15B - DETERMINING COMPENSATION

THE ORGANIZATION'S EXECUTIVE COMMITTEE CONDUCTS A REVIEW AND SETS THE

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

632212 08-25-16

ANNUAL BUDGET FOR STAFF COMPENSATION.

CITIZENS UNION OF THE CITY OF NEW YORK

13-4997570

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

FORM 990 PAGE 6 PART VI, SECTION A #1A & 1B - MEMBERS OF THE GOVERNING BODY 27 BOARD MEMBERS ARE ELECTED INDEPENDENTLY. 12 BOARD MEMBERS ARE ALSO BOARD MEMBERS OF THE RELATED TAX-EXEMPT ORGANIZATION AND SERVE ON THE BOARD OF DIRECTORS OF BOTH ORGANIZATIONS. THESE 23 BOARD MEMBERS DO

NOT GET TO VOTE FOR THE CANDIDATE PREFERENCES BUT CAN VOTE ON OTHER ISSUES.

FORM 990, PAGE 9 PART VIII, LINE 1C AND SCHEDULE R, LINE 2 (2) CITIZENS UNION FOUNDATION INC. AND CITIZENS UNION OF THE CITY OF NEW YORK HELD A JOINT FUNDRAISING ANNUAL AWARDS DINNER IN OCTOBER 2016. 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 THROUGH ACCOUNT FOR THE SPLIT DINNER CONTRIBUTIONS. THE TOTAL AMOUNT OF MONEY THAT WAS DEPOSITED INTO THIS ACCOUNT IN THE CURRENT YEAR WAS \$174,700. AFTER THE DINNER, FUNDS TOTALING \$113,725 WERE TRANSFERRED TO CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK AND \$60,975 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.

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

632212 08-25-16

Name of the organ	1990 or 990-E nization C		ZENS UN	ION	ОГ ТН	E CIT	Y OF	NEW Y	ORK	Emplo 1		Pailication num	
THE TOTAL	AMOUNT	r Ri	ECEIVED	VIA	CRED	IT CA	RD I	THE	CURRENT	YEAR	WAS	<u>.</u>	
\$161,700.	OF TH	iis	AMOUNT	, EX	ACTLY	HALF	, TOT	ALING	\$80,850	WAS			
TRANSFERR	ED TO 1	PHE	ACCOUN	r of	CITI	ZENS	UNION	FOU <u>N</u>	DATION C	F THE	CITY	OF	
NEW YORK.					<u> </u>	<del></del>							_
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Employer identification number 13-4997570 Open to Public OMB No. 1545-0047 2016 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.cov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Attach to Form 990 CITIZENS UNION OF THE CITY OF NEW YORK Name of the organization SCHEDULE R (Form 990) Part

Schedule R (Form 990) 2016 2 (g) Section 512(b)(13) × entity? Direct controlling Yes entity 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. Direct controlling Ξ End-of-year assets status (if section 501(c)(3)) <u>©</u> Public charity **e** CINE 7 Total income Exempt Code section ন্ত 501(C)(3) ਉ Legal domicile (state or Legal domícile (state or foreign country) foreign country) NEW YORK Primary activity Primary activity e POLICY RESEARCH For Paperwork Reduction Act Notice, see the Instructions for Form 990. CITIZENS UNION FOUNDATION, INC. OF THE CITY OF NEW YORK - 13-5549188, 299 BROADWAY, NEW Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity YORK, NY 10007 Part

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Page 2

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Schedule R. Form 990) 2016 CITIZENS UNION OF THE CITY OF NEW YORK

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)	(p)	<u></u>	9	(e)	£	(B)	Ξ	6	6	<u> </u>
Name, address, and EIN of related organization	Primary activity	Lagal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disproportionale allocations?	Code V-UBI	General or managing	General or Percentage managing cwnership
		country		sections 512-514)		assets	Yes No	K-1 (Form 1065)	Yes No	
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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.	rganizations Taxable orporation or trust duri	as a Corpo	ration or Trust. C.	omplete if the organizal	tion answered "Ye	s" on Form 990, P	art IV, line 3⁄	t because it had o	ne or mo	ore related
(6)			(g)	(c)	(e)		(£)	(6)	(H)	(1)

		e 512(b)(13) controlled	Yes No			
,	E	Percentage ownership				 -
		Share of end-of-year	assers			
	£	ᅔ			. <u> </u>	
	(e)	Type of entity (C corp, S corp,	or trust)			
i	(a)	tegal domicile Direct controlling Type of entity (state or entity (C corp, S corp,				
	(0)	Legal domicile (state or	country)			
ing the tax year.	(q)	ctivity				
organizations treated as a corporation or trust during the	(a)	Name, address, and EIN of related organization				

Schedule R (Form 990) 2016		532152 09-06-16
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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.

The state of the s				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
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?	with one or more rela	ted organizations listed i	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		والموافق والموافق الأسماء الأشاماء وقولا أناه والالاستشاداة	جاف مساعد الكاملية مصفوا شباق هوائم والسويات التاميان ويسيبا الكاميا سيستنافك المائية وو وموجو وجووات والإدارات	1a   A
b Gift grant, or capital contribution to related organization(s)				β γ
Gift grant or capital contribution from related organization(s)	7			1c   X
the grant of organization to present organization (c)				X PI
d Loans of Joan guarantees to or for related organization (s)		The state of the s		
e Loans or loan guarantees by related organization(s)	والمتعاوم فيعمون والمتابعة المتالة والمالة وال		and the second of the second o	
				×
f Dividends from related organization(s)				
g Sale of assets to related organization(s)				4 10
h Purchase of assets from related organization(s)	***************************************	***************************************	and the first and the state of	۲ ۲
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the state of the s				<u>-</u>
Lease of facilities, equipment, of ourer assets to leated organization(s)				
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K Lease of facilities, equipment, of other assets if the lease of galization (s)				
Performance of services or membership or fundraising solicitations for related organization(s)	ization(s)	a de la companya de l	ter de la companya de la companya de la companya de la companya de la companya de la companya de la companya d	×
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	ization(s)	حامد وحياده والمقاد والأثاث الكائم المتالد المتارية الإواراء	كمفيعة بابت والمائسيون تبايم والمصاحفة مقائرها فشنفانه والقائر ويامان ويعد وودياها موجود ومنافعة	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uv		The state of the s	수
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				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Daimh, macmant paid to related organization(s) for expenses				To ∆
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Other transfer of cash of property from related organizations.	in stelements of	Line including covered	in the master on who must complete this line inclining covered relationships and transaction thresholds.	
2 If the answer to any of the above is yes, see the instructions for unformation on which	no piero repiero o			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
CITIZENS UNION FOUNDATION, INC. OF THE CITY	Д	151,964.	ACTUAL	
		:		:
(2)				
(6)				
4			::	
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(9)			- Troubou	Schodule B (Form 990) 2016
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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,

General or Percentage managing managing certner? Ownership	:			: :			Marine Different 0001 2018
General or Pigenaging of Darther?	<u> </u>		:	· .	- :	 <del> </del>	
(1) Code V-UBI Impurit in box 2 of Schedule K-1 (Form, 1065)							olibodo
(h) Dispropor- tionale altocatorisis Yes No		·		<del> </del>	· · · · · · ·		
(9) Share of end-of-year assets							
(f) Share of total income					: 		
(e) Areal Solutivity Solutivity Ider Yes No				·		 · · · · · · · · · · · · · · · · · · ·	
Legal domicile Predominant income (state or foreign excluded from fax under-country) sections 512-514)							
(c) Legal domicile (state or foreign country)				:			
(b) Primary activity							
(a) (b) Name, address, and EIN Primary activity of entity							

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Schedule R (Form 990) 2016	CITIZENS	UNION	OF TH	E CITY	OF	NEW	YORK	<u> 13-4997570</u>	Page 5
Schedule R (Form 990) 2016 Part VIII Supplemental Inf	ormation.								
Provide additional info	rmation for responses	to question	s on Sched	ule R. See l	nstruct	tions.			
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### TAX RETURN FILING INSTRUCTIONS

**NEW YORK FORM CHAR500** 

#### FOR THE YEAR ENDING DECEMBER 31, 2016

PREP	ARED	FOR:

CITIZENS UNION OF THE CITY OF NEW YORK 299 BROADWAY SUITE 700 NEW YORK, NY 10007

#### PREPARED BY:

MAIER MARKEY & JUSTIC LLP 222 BLOOMINGDALE ROAD SUITE 400 WHITE PLAINS, NY 10605

#### **AMOUNT OF TAX:**

**BALANCE DUE OF \$75** 

#### MAKE CHECK PAYABLE TO:

**DEPARTMENT OF LAW** 

#### MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271

#### RETURN MUST BE MAILED ON OR BEFORE:

PLEASE MAIL AS SOON AS POSSIBLE.

#### SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

ALSO BE SURE THAT THE ATTACHED COPY OF THE FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED.

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
120 Broadway
New York, NY 10271

2016

Open to Public Inspection

#### 1.General Information

For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/3	2016 and Ending (n	im/dd/yyyy) 12/31/2	2016			
Check if Applicable:	Name of Organization:	4020	<u> </u>	Employer Identification Number (EIN):			
Address Change	CITIZENS UNION	OF THE CITY O	F NEW YORK	13-4997570			
Name Change	Mailing Address:			NY Registration Number:			
Initial Filing	299 BROADWAY ST	JITE 700		01-60-90			
Final Filing	City / State / ZiP:			Telephone:			
Amended Filing	NEW YORK, NY	L0007		212 227-0342			
Reg ID Pending	Website:			Email:			
neg ib Felicing	WWW.CITIZENSUN:	ION.ORG					
Check your organization'							
registration category:	7A only EPTL	only X DUAL (7A &		Confirm your Registration Category In the Charitles Registry at www.CharitlesNYS.com			
2. Certification	10.00						
	fication requirements. Improper	contification is a violation of	of law that may be subject t	o penalties.			
See instructions for certif	ication requirements, improper	Certification is a violation c	t law that may be earliest.				
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.  And And And And And Roth HEIM							
President or Authorized Officer: War Totalin Interim Executive Dir 11/8/1							
	Signature Nancy & Source Date						
OLIVE LLOW-		BBOUR -	TOPAGE	11/9/17			
Chief Financial Officer of	Signature	J. CAMB	Print Name	and Title Date			
	Oldisaraite (	<b>,</b>					
3. Annual Reporting Exemption							
A WILLIAM LIGHT III							
Check the exemption(s)	that apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both			
Check the exemption(s)	that apply to your filing. If your o	omplete only parts 1, 2, an	d 3, and submit the certific	gory (7A or EPTL only filers) or both ad Char500, No fee, schedules, or			
Check the exemption(s)	that apply to your filing. If your o	omplete only parts 1, 2, an	d 3, and submit the certific	ed Char500, No fee, schedules, or			
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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 filling exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filling exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3,
- Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:  X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Ralsers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500:    X   IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable   X   All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cor   Our organization was eligible for and filed an IRS 990-N e-postcard. We have in	stributors). cluded an IRS Form 990-EZ for state purposes only.
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	ort is less than \$250,000
Calculate Your Fee	Is my Registration Category 7A. EPTL DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a  X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to sollcit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$60,000	DUAL filers are registered under both 7A and EPTL.
X \$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	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.  Confirm your Registration Category and learn more about NY
	law at www.CharitiesNYS.com
Send Your Elling. Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271	<ul> <li>IRS Form 990 Part I, line 22</li> <li>IRS Form 990 EZ Part I, line 21</li> <li>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)).</li> </ul>

2016

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

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.

1. Organization Information	<u> </u>	<del></del>
Name of Organization:	NY Registration Number:	
CITIZENS UNION O	F THE CITY OF NEW YORK	01-60-90
2 Professional Fund Rais	er, Fund Raising Counsel, Commercial Co-Venturer.li	iformation
Fund Raising Professional type:	Name of FRP:	NY Registration Number:
X Professional Fund Raiser	MCEVOY CONSUTLING	
	Mailing Address:	Telephone:
Fund Raising Counsel	32 UNION SQUARE EAST SUITE 406	(212) 228-7446
Commercial Co-Venturer	City / State / ZIP:	
	NEW YORK, NY 10003	
3. Contract Information		
Contract Start Date.	Contract End Date:	
01/01/2016	12/31/2016	
4. Description of Services	<u></u>	
Services provided by FRP:	de la constante de la constant	
FUNDRAISING AND EVENT CO	OORDINATION FOR ANNUAL DINNER	
CARTING CONTRACTOR OF THE CONT	W.T. 111 12P ()	
5 Description of Compensation		Amount Paid to FRP:
Compensation arrangement with FRP; FOR ANNUAL DINNER		
		15,540.
		į į
<u> </u>		
6. Commercial Co-Ventu	rer (CCV) Report	
		tion with the interim or closing report(s)
Yes No If services	s were provided by a CCV, did the CCV provide the charitable organiza by Section 173(a) part 3 of the Executive Law Article 7A?	HOLL WITH THE ILLEGAM OF CLOSING TOPOLOGY
required i	Sy dedicit 170(a) party of the Excessive Edity where	
VIII. 1880.04.00 (1980.00)		
Definitions	in addition to other activities, conducts sollcitation of contributions and	t/or handles the donations (ArtIcle 7A, 171-a.4).
A Professional Fund Raiser (PFR),  A Fund Raising Counsel (FRC)	in addition to other activities, conducts solicitation of contributions dark 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 (CC	CVI is an individual or for-profit company that is regularly and primarily	engaged in trade or commerce other than
raising funds for a charitable org	anization and who advertises that the purchase or use of goods, service	es, entertainment or any other thing of value

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1019 CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated December 2016) Page 1

will benefit a charitable organization (Article 7A, 171-a.6).

2016

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

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.

1. Organization Informat	lon.		
Name of Organization:		NY Registration Number:	
CITIZENS UNION C	F THE CITY OF NEW YORK	01-60-90	
	ser, Fund Raising Counsel, Commercial Co-Venture	er lotormation	
	Name of FRP:	NY Registration Number:	
Fund Raising Professional type:	Hallie of Fnc.		
X Professional Fund Raiser	KIM GERSTMAN		
	Mailing Address:	Telephone:	
Fund Raising Counsel	COA TRACT AMPLIANT AMPLIANT #14D		
	201 EAST 17TH STREET #14B	<del></del>	
Commercial Co-Venturer	City / State / ZIP:		
	NEW YORK, NY 10003		
3. Contract Information			
Contract Start Date:	Contract End Date: 01/31/2016		
01/01/2016	01/31/2010		
4. Description of Service	s		
Services provided by FRP:			
PROVIDING ON-SIT	E FUNDRAISING CONSULTING SVCS		
111011281110 01, 011	·— · - · - · - · · · · · · · · · · · · ·		
San San San San San San San San San San	<b>网络种种种种</b>		
6. Description of Compensation  Compensation arrangement with FRP:		Amount Pald to FRP:	
	ROVIDED IN CONTRACT		
		2,250.	
6. Commercial Co-Ventu	war (OCM Banaer		
o' Colilinatoral Co-Actiff			
Yes No If service	s were provided by a CCV, did the CCV provide the charitable orga	nization with the interim or closing report(s)	
	by Section 173(a) part 3 of the Executive Law Article 7A?		
<u> </u>	<u> </u>		
The state of the s			
<u>Definitions</u>	0 H-43	and/or handles the deputions (Article 7A 171-a	
A Professional Fund Raiser (PFR),	In addition to other activities, conducts solicitation of contributions does not solicit or handle contributions but limits activities to advis	s and/or mandles the donations (Article 77, 1717a. eing or assisting a charitable organization to	
		any or assisting a orientable organization to	
perform such functions for itself	(Article 7A, 171-a.s).  CV) is an individual or for-profit company that is regularly and prime	arily engaged in trade or commerce other than	
raising funds for a charitable or	ganization and who advertises that the purchase or use of goods, so	ervices, entertainment or any other thing of value	
TRIPING TURING FOR IN ORIGINADID OF	here and the core and an expense and a set become a comment of a control of	· · · · · · · · · · · · · · · · · · ·	

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1019 CHAR500 Schedule 4a: Professional Fund Ralsers, Fund Raising Counsels, Commercial Co-Venturers (Updated December 2016) Page 1

will benefit a charitable organization (Article 7A, 171-a.6).