	•	Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
For	m <b>9</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		2014
Depa	artment	<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Information about Form 990-EZ and its instructions is at www.irs.gov/form990.</li> </ul>		Open to Public Inspection
-		he 2014 calendar year, or tax year beginning $7/01$ , 2014, and ending $6/30$		, 2015
В	Check	if applicable: C		identification number
		change NEW YORK STATE CITIZENS COALITION FOR	51-01	194916
	Initial		elephone	
		134 MAIN ST. Al	546-6	588-4321
		NEW PALIZ, NY 12561		
	Applic			Exemption
G	Acco	unting Method: Cash X Accrual Other (specify) ► H Check ►	if the	e organization is <b>not</b>
I	Web	site: • www.nysccc .org required to		Schedule B
J	Tax-ex	xempt status (check only one) — 🛛 501(c)(3) 🗌 501(c) ( ) ◄(insert no.) 🗌 4947(a)(1) or 🗌 527 (Form 990,	990-E	Z, or 990-PF).
Κ	Form	of organization: X Corporation Trust Association Other		
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	I	
	asse	ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	127,358.
Pa	nrt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct		
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received	1	103,579.
	2	Program service revenue including government fees and contracts	2	19,975.
	3	Membership dues and assessments.	3	
	4	Investment income.	4	28.
		Gross amount from sale of assets other than inventory	-	
		Gin or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6	Gaming and fundraising events	50	
P	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ě	b	Gross income from fundraising events (not including \$ of contributions		
R E V E N U		from fundraising events reported on line 1) (attach Schedule G if the sum		
Ĕ		of such gross income and contributions exceeds \$15,000)	-	
	c	Less: direct expenses from gaming and fundraising events	_	
	d	I Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	1 470
	7 a	Gross sales of inventory, less returns and allowances	0 u	1,479.
		Less: cost of goods sold	-	
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	125,061.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
E X	12	Salaries, other compensation, and employee benefits	12	78,852.
P E	13	Professional fees and other payments to independent contractors.	13	4,949.
EXPENSES	14	Occupancy, rent, utilities, and maintenance.	14	950.
E S	15	Printing, publications, postage, and shipping	15	699.
	16 17		16 17	43,395.
	17	Total expenses. Add lines 10 through 16► Excess or (deficit) for the year (Subtract line 17 from line 9)	17	128,845.
A				-3,784.
NSEE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	76,497.
A NSE T S	20	Other changes in net assets or fund balances (explain in Schedule O).	20	10,407.
5	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	72,713.
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2014)

	990-EZ (2014) NEW YORK STATE		FOR	51-	-019	4916 Page <b>2</b>
Par	<b><u>t II</u></b> Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) edule O to respond to any qu	estion in this Part II			X
	•	· · · · ·		(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			67,218		73,575.
23	Land and buildings Other assets (describe in Schedule O)				23	•
24	Other assets (describe in Schedule O)	See Schedule	e 0	9,279	. 24	
25	Total assets			76,497		73,575.
26	Total liabilities (describe in Schedule O)	See Schedule	e 0	0	. 26	862.
27	Net assets or fund balances (line 27 of	column (B) <b>must</b> agree with	line 21)	76,497	. 27	72,713.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)			Expenses
	Check if the organization used Sc	hedule O to respond to any c	question in this Part II	ιΧ	(Reau	ired for section 501
What	s the organization's primary exempt purpose? See	e Schedule O			(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of i	its three largest progr	am services, as	organ for oth	izations; optional
bene	ribe the organization's program service a sured by expenses. In a clear and conciss fited, and other relevant information for e	e mainer, describe the servic	ces provided, the num	iber of persons		1015.)
28	See Schedule 0	1 5				
	(Grants \$) If th	is amount includes foreign gi	rants, check here		28 a	104,083.
29						101/000.
	(Grants \$) If th	is amount includes foreign g	rants, check here	╶───►┍┤	29 a	
30	(c					
	(Grants § ] If th	is amount includes foreign g	rants check here	⊾∟	30 a	
31	Other program services (describe in Sch				<b>JU</b> 4	
31		is amount includes foreign g			31 a	
32	Total program service expenses (add lin				32	104,083.
	t IV List of Officers, Directors,	<u> </u>				
I ai	Check if the organization used Sc					
	check in the organization used of			(d) Health bonofite	1	· · · · · · · · · · · · · · · · · · ·
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC)	contributions to employ benefit plans, and defe	oyee	(e) Estimated amount of other compensation
		position	(If not paid, enter -0-)	compensation	Sirou	
<u>Pat</u>	<u>0'Brien</u>					
	esident	0	0	•	0.	0.
Sar	ah_Gertenzang					
Tre	asurer	0	0	•	0.	0.
Fra	ink Ligtvoet					
Dir	rector	0	0		0.	0.
Jul	ie-Ann Tathem					
Dir	rector	0	0		0.	0.
010	ja Sanders					
	rector	0	0		0.	0.
	hard <u>Heyl De Ortiz</u>					
Exe	ecutive Dir.	35	34,726		0.	0.
	an_Collins		i			
	g Director	35	40,000		0.	0.
			,			
				-		

Forr	n 990-EZ (2014) NEW YORK STATE CITIZENS COALITION FOR 51-019491	6	P	Page 3
Pa	<b>rt V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule	0	. Χ
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
		33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37 a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		Х
	<b>a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
l	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
I	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L.	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed <b>None</b>			
42	a The organization's books are in care of ► <u>Richard Heyl de Ortiz</u>	88-4	<u>321</u>	
I			Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:►			

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	
If 'Yes,' enter the name of the foreign country:►	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		▶ 🗌	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
of Form 990-EZ	44a		Х
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
instead of Form 990-EZ	44b		Х
c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
If 'No,' provide an explanation in Schedule O	<b>44 d</b>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Ye	es,'		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Ye Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		Х
TEEA0812L 05/28/14	Form <b>99</b>	0-F7 (	(2014)

Х

42 c

None       (Forms W-2/1099 MISC)       Benefit plans, and deferred compensation         None	40 Did t	he organization engage, directly or indirec idates for public office? If 'Yes.' complete	tiy, in political campa Schedule C. Part I	aign activities on behalf o	of or in opposition to	46
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the for lines 50 and 51.         47       Did the organization used Schedule O to respond to any question in this Part VI.         48       Did the organization and edition is described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E.         49       Did the organization as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E.         49       Did the organization as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E.         49       Did the organization as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E.         49       Did the organization as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E.         49       Did the organization as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E.         49       Did the organization from the inpact compensated employees (ther than officers, directors, trustees and key employees (was the related organization from the organization from th						40
Check if the organization used Schedule O to respond to any question in this Part VI.  47 Did the organization and pain lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,'  48 Is the organization as accorribed in section 170(b)(1)(A)(b)? If 'Yes,' complete Schedule E.  49 Did the organization as accorribed in section 170(b)(1)(A)(b)? If 'Yes,' complete Schedule E.  49 Did the organization as accorribed in section 170(b)(1)(A)(b)? If 'Yes,' complete Schedule E.  49 Did the organization as accorribed in section 170(b)(1)(A)(b)? If 'Yes,' complete Schedule E.  49 Did the organization as accorribed in section 170(b)(1)(A)(b)? If 'Yes,' complete Schedule E.  49 Did the organization as described in section 170(b)(1)(A)(b)? If 'Yes,' complete Schedule E.  49 Did the organization as the related organization?  50 Complete this table for the organization from the ingenization. If there is none, enter 'None.'  51 Complete this table for the organization is uppeared to enter the organization accompensation on the organization. If there is none, enter 'None.'  51 Complete this table for the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organization for the independent contractors who each received more than \$100 Compensation from the organiz		All section 501(c)(3) organization	ns must answer o	uestions 47-49b an	d 52, and complete	e the tables
47       Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule E			0.1			
complete Schedule C, Part II.         49 Is the organization aschool as described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E.         49 Did the organization make any transfers to an exempt non-charitable related organization?         b If Yes,' was the related organization a section 527 organization?         c) Complete this table for the organization's the highest compensation from the organization. If there is none, enter None.         (a) Name and site of each employee       (b) Reportable corporation to the organization is the highest compensation from the organization. If there is none, enter None.         None       (c) Attama and site of each employee       (c) Attama from the organization is a formation to employee is position.         in Total number of other employees paid over \$100,000       (c) Total number of other independent contractors who each received more than \$100 compensation from the organization. If there is none, enter None.         (c) Name and baless address of each independent contractors who each received more than \$100 compensation from the organization. If there is none, enter None.         f1 Total number of other independent contractor       (b) Type of service         (c) Name and baless address of each independent contractor       (b) Type of service         d) Total number of other independent contractors each receiving over \$100,000.       (c) Type of service         22       Did the organization. There is none, enter None.       (c) Total number of other independent contractors each receiving over \$100,000.         co		Check if the organization used Schedule	3 O to respond to any	question in this Part VI.		
Bethe organization a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E	47 Did t	te organization engage in lobbying activities of	or have a section 501(h	n) election in effect during	the tax year? If 'Yes,'	,
49a Did the organization make any transfers to an exempt non-chartable related organization?	48 Is the	nete Schedule C, Part II	tion 170(b)(1)(A)(i)	lf 'Vac ' acmulate Saha	dula E	47
b If Yes, was the related organization is exciten 52 organization? 50 Complete this table for the organization is the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, erter 'None.' (a) Name and title of each employee (b) Name and title of each employee (c) Name and title of each employees paid over \$100,000 > (c) Name and title of each employees paid over \$100,000 > (c) Name and business address of each independent contractors who each received more than \$100 (c) Name and business address of each independent contractors who each received more than \$100 (c) Name and business address of each independent contractors who each received more than \$100 (c) Name and business address of each independent contractor (c) Type of service None (c) Name and business address of each independent contractors each received more than \$100 (c) Name and business address of each independent contractor (c) Type of service None (c) Name and business address of each independent contractor (c) Type of service None (c) Name and business address of each independent contractors each receiving over \$100,000 > (c) Difference is none, enter 'None.' (c) Name and business address of each independent contractor the organization is the true of the present of the organization of t						
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'  (a) Name and tile of each employee (b) Average hours period by a service (c) (c) Health benefits, and other end (c) Health benefits, and and and (c) Health benefits, and other end (c) Health benefits, and and and (c) Health benefits, and (c) Health bend (c) Health benefits, and (	b If 'Ye	es,' was the related organization a section	527 organization?			49b
(a) Name and title of each employee       (b) Average hours per weak denoted by peaking       (c) Peoptuble comparisation (c) Comparisation (c) Comparisation (c) Comparisation (c) Peoptuble comparisation (	50 Comp empl	lete this table for the organization's five high	est compensated emplo	oyees (other than officers,	directors, trustees and k	.ey
None       (*orms W.27099-MISC)       benefit plans, and deferred compensation         None       (*orms W.27099-MISC)       benefit plans, and deferred compensation         Image: State of the stable of the organization structure is none, enter None.       (*orms W.27099-MISC)       benefit plans, and deferred compensation         Image: State of the organization structure is none, enter None.       (*ormpensation from the organization. If there is none, enter None.       (*ormpensation from the organization. If there is none, enter None.         Image: State of the organization complete states of each independent contractors each receiving over \$100,000						
f Total number of other employees paid over \$100,000		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	(e) Estimated other comp
51       Complete this table for the organization. If there is none, enter 'None.'         (a) Name and business address of each independent contractor       (b) Type of service         None       (c) Type of service         None       (c) Type of service         Image: Service of the organization from the organization. If there is none, enter 'None.'       (c) Type of service         Image: Service of the organization from the organization. If there is none, enter 'None.'       (c) Type of service         Image: Service of the organization from the organization contractors each receiving over \$100,000.       (c) Type of service         Image: Service of the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a complete Schedule A? Note. All section 501(c)(3) organizations must attach a? Note. Al	None					
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 compensation from the organization. If there is none, enter 'None.'         (a) Name and business address of each independent contractor       (b) Type of service         None       (c) Type of service         Image: the service       (c) Type of service         Image: the service of the service       (c) Type of service         Image: the service of the service						
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 compensation from the organization. If there is none, enter 'None.'         (a) Name and business address of each independent contractor       (b) Type of service         None       (c) Type of service         Image: the service       (c) Type of service         Image: the service of the service       (c) Type of service         Image: the service of the service						
51       Complete this table for the organization's five highest compensated independent contractors who each received more than \$100 compensation from the organization. If there is none, enter 'None.'         (a) Name and business address of each independent contractor       (b) Type of service         None       (b) Type of service         Image: Service independent contractor       (c) Type of service         Image: Service independent contractor       (c) Type of service         Image: Service independent contractors       (c) Type of service         Image: Service independent contractors each receiving over \$100,000       (c) Type of service         Image: Service independent contractors each receiving over \$100,000       (c) Type of print and the print inducing accompanying schedules and statements, and to the best of my knowledge and belief, true, correct, and complete Schedule A?         Image: Sign       Signature of officer       Date         Signature of officer       Date       Check I from same         Type or print name and title       Print Type preparer's name       Date         Terence N Bogush       Terence N Bogush       Terence N Bogush       Steff-employed         Firm's address > 48 West Market Street       Firm's address > 48 West Market Street       Firm's 300         Firm's address + A8 West Market Street       Firm's 84587         May the IRS discuss this return with the preparer shown above? See instructions       <						
51       Complete this table for the organization. If there is none, enter 'None.'         (a) Name and business address of each independent contractor       (b) Type of service         None       (c) Type of service         None       (c) Type of service         Image: Service in the property of the independent contractor       (c) Type of service         Image: Service independent contractor       (c) Type of service         Image: Service independent contractor       (c) Type of service         Image: Service independent contractors each receiving over \$100,000       (c) Type of service         Image: Service independent contractors each receiving over \$100,000       (c) Type of service independent contractors each receiving over \$100,000         52       Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A?       (c) Type organization in the property of the type of type						
compensation from the organization. If there is none, enter 'None.'         (a) Name and business address of each independent contractor       (b) Type of service         None	51 Com	lete this table for the organization's five high	est compensated inden	pendent contractors who es	ach received more than <sup>Q</sup>	100 000 of
None       Image: State of the	comp	ensation from the organization. If there is	none, enter 'None.'	condent contractors who ca		100,000 01
d Total number of other independent contractors each receiving over \$100,000.		(a) Name and business address of each independent cor	ntractor	(b) Type (	of service	(c) Compe
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other frandfriger) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature       Date         Terence N Bogush       Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's EIN ► 300         Firm's address ►       48 West Market Street       Firm's EIN ► 300         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 84587	None			-		
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete beclaration of preparer (other rhandfricer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature         Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP         Firm's address ►       48 West Market Street         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions						
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete beclaration of preparer (other rhandfricer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature         Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP         Firm's address ►       48 West Market Street         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions				-		
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other frandfriger) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature       Date         Terence N Bogush       Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's EIN ► 300         Firm's address ►       48 West Market Street       Firm's EIN ► 300         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 84587				-		
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete beclaration of preparer (other rhandfricer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature         Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP         Firm's address ►       48 West Market Street         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions						
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete beclaration of preparer (other rhandfricer) is based on all information of which preparer has any knowledge.         Sign       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature         Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP         Firm's address ►       48 West Market Street         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions				-		
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I deelare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete beclaration of preparer (other than difficer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature       Date         Terence N Bogush       Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's EIN ► 300         Firm's address ►       48 West Market Street       Firm's EIN ► 300         Rhinebeck, NY 12572-1403       Phone no. 84587						
52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.       Image: Complete Schedule A.         Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other frandfriger) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type preparer's name       Preparer's signature       Date         Terence N Bogush       Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's EIN ► 300         Firm's address ►       48 West Market Street       Firm's EIN ► 300         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 84587						
completed Schedule A         Under penalties of perjury, I deefare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, if true, correct, and complete Declaration of prepare (other mandringer) is based on all information of which preparer has any knowledge.         Sign Here       Signature of officer       Date         Signature of officer       Date         Print/Type or print name and title       Preparer's signature       Date         Print/Type preparer's name       Preparer's signature       Date         Terence N Bogush       Terence N Bogush       Print' Phone no.         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's EIN ► 300         Firm's address ►       A8 West Market Street       Firm's EIN ► 300         May the IRS discuss this return with the preparer shown above? See instructions       Phone no.						
Sign Here       Date         Signature of officer       Date         Richard Heyl De Ortiz       Executive Dir.         Type or print name and title       Print/Type preparer's name         Preparer       Print/Type preparer's name         Image: Determine and title       Print/Type preparer's name         Preparer       Print/Type preparer's name         Image: Determine and title       Print/Type preparer's name         Preparer       Date         Use Only       Executive Dir.         Firm's name ►       Bogush & Grady, CPA's LLP         Firm's address ►       48 West Market Street         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions	comp	leted Schedule A.	<u></u>			► X Yes
Sign Here       Date         Signature of officer       Date         Richard Heyl De Ortiz       Executive Dir.         Type or print name and title       Print/Type preparer's name         Print/Type preparer's name       Preparer's signature         Terence N Bogush       Terence N Bogush         Firm's name ►       Bogush & Grady, CPA's LLP         Firm's address ►       48 West Market Street         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions	Under penaltie true, correct, a	s of perjury, I declare that I have examined this return, in and complete, Declaration of preparer (other than officer)	ncluding accompanying sche	edules and statements, and to the of which preparer has any knowl	e best of my knowledge and be edge.	lief, it is
Sign Here       Richard Heyl De Ortiz       Executive Dir.         Print/Type or print name and title       Preparer's signature       Date       Check X if self-employed       PTIN         Prind Preparer       Print/Type preparer's name       Preparer's signature       Date       Check X if self-employed       PTIN         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's address ►       48 West Market Street       Firm's EIN ► 300         Firm's address ►       48 West Market Street       Firm's EIN ► 300       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 84587		Migrarstellauce				
Print/Type or print name and title       Preparer's signature       Date       Check X if self-employed       PTIN         Preparer       Terence N Bogush       Terence N Bogush       Terence N Bogush       Print/Type preparer's signature       Date       Check X if self-employed       P00         Firm's name ►       Bogush & Grady, CPA's LLP       Firm's EIN ► 30         Firm's address ►       48 West Market Street       Firm's EIN ► 30         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 84587			$\backslash$			
Paid Preparer Use Only       Terence N Bogush       Terence N Bogush       Check X if self-employed       P00         Firm's name ► Firm's address ►       Bogush & Grady, CPA's LLP       P00         48 West Market Street Rhinebeck, NY 12572-1403       Firm's EIN ► 30         May the IRS discuss this return with the preparer shown above? See instructions       Phone no.	nere				Executive Dir.	
Paid Preparer Use Only       Terence N Bogush       Terence N Bogush       self-employed       P00         Firm's name ► Firm's address ►       Bogush & Grady, CPA's LLP       48 West Market Street       Firm's EIN ► 30         Rhinebeck, NY 12572-1403       Phone no. 84587         May the IRS discuss this return with the preparer shown above? See instructions       Phone no. 84587		Print/Type preparer's name	Preparer's signature	Date		TIN
Preparer Use Only       Firm's name ► Firm's address ►       Bogush & Grady, CPA's LLP       Firm's EIN       SOURCE         48 West Market Street       Firm's EIN       ASOURCE       Firm's EIN       ASOURCE         May the IRS discuss this return with the preparer shown above? See instructions       Phone no.       84587	Paid	Terence N Bogush	Terence N Bog	ush	self-employed P	00642634
Rhinebeck, NY 12572-1403     Phone no.     84587       May the IRS discuss this return with the preparer shown above? See instructions     •	Preparer	and the second se				
May the IRS discuss this return with the preparer shown above? See instructions	Use Only	And and a second s				30-01219
	Mov the ID					8764911
	May the IR	S discuss this return with the preparer sho	own above? See instr	ructions		
						Form 990
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		Public Chari	ty Status and P	ublic	Supp	oort	OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	Con	plete if the organiza 4947(a ► Atta	2014				
Department of the Treasury Internal Revenue Service	► Inf	formation about Sche	edule A (Form 990 or 99 at www.irs.gov/form99	90-EZ) a		structions is	Open to Public Inspection
Name of the organization N			COALITION FOR	•••		Employer identifica	
	HILDREN				1 a 1 a i a	51-019491	
			rganizations must o For lines 1 through 11,				lons.
Ě	•		hurches described in sect		2	,	
		n 170(b)(1)(A)(ii). (At				.,	
3 A hospital or	a cooperative h	ospital service organ	ization described in <b>sec</b>	ction 170	)(b)(1)(A	A)(iii).	
4 A medical res	-	tion operated in conj	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
170(b)(1)(A)(i	v). (Complete I	Part II.)	or university owned or op	-	÷		section
7 y An organizatio	n that normally r	-	ental unit described in <b>s</b> part of its support from a				lic described
			(A)(vi). (Complete Part I	l.)			
from activities investment in	related to its exe come and unre	empt functions – subje	a 33-1/3% of its support fr ct to certain exceptions, a e income (less section Part III.)	and (2) n	io more	than 33-1/3% of its suppo	ort from gross
			ely to test for public safe	ety. See	sectior	n 509(a)(4).	
or more publi	cly supported o	rganizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> o supporting organization	or <b>sectio</b>	n 509(a	)(2). See section 509(a)	It the purposes of one (3). Check the box in
organization(s	orting organizati ) the power to re <b>t IV, Sections /</b>	gularly appoint or elec-	d, or controlled by its sup t a majority of the director	oported o rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on. <b>You must</b>
<b>b Type II.</b> A sup	oporting organiz	ation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by I the supported organizati	naving control or on(s). <b>You</b>
	,		tion operated in connection plete Part IV, Sections A	n with, ar <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its s	supported
d Type III non-fu functionally ir instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting orgonganization generally plete Part IV, Section	ganization operated in cor y must satisfy a distribu <b>is A and D, and Part V.</b>	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see
e Check this bo integrated, or	ox if the organiz Type III non-fu	ation received a writt inctionally integrated	en determination from t supporting organizatior	the IRS <sup>·</sup> ì.	that is a	a Type I, Type II, Type I	
f Enter the number	er of supported	organizations					
	wing informatio	(ii) EIN	d organization(s).			(v) Amount of monetary	(vi) Amount of other
organ	nization		(described on lines 1-9 above or IRC section (see instructions))	(iv) I organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							
BAA For Paperwork R	eduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	1 990 or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 NEW YORK STATE CITIZENS COALITION FOR 51-0194916

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	56,621.	46,193.	10,956.	78,101.	67,529.	259,400.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,	,		0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	56,621.	46,193.	10,956.	78,101.	67,529.	259,400.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.	
6	Public support. Subtract line 5 from line 4						259,400.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total	
7	Amounts from line 4	56,621.	46,193.	10,956.	78,101.	67,529.	259,400.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74.	24.	19.	25.	28.	170.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						259,570.	
12	Gross receipts from related activ	vities, etc (see inst	tructions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	► 🗍	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20						99.93%	
15	Public support percentage from					L	99.95 %	
16 a	<b>16 a 33-1/3% support test</b> – <b>2014.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization►							
ł	<b>b 33-1/3% support test</b> – <b>2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
17 a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	est – 2014. If the or meets the 'facts-a s-and-circumstanc	organization did no and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	h line 13, 16a, or box and <b>stop her</b> as a publicly sup	16b, and line 14 is e. Explain in Part ported organization	10% VI how 1▶	
	o <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	nd-circumstances test. The organiza	s' test, check this ition qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization.	VI how the ►	
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions ►	

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	<b>(e)</b> 2014	<b>(f)</b> Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶
	tion C. Computation of Pul			. 10 1 (***		I	0
	Public support percentage for 20	-	•••				0/0
	Public support percentage from a					16	0\0
	tion D. Computation of Inv						~
17	Investment income percentage f	-		-			010
18	Investment income percentage f						0\0
	<b>33-1/3% support tests</b> – <b>2014.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organizatior	n 🕨 📘
	<b>33-1/3% support tests</b> – <b>2013.</b> If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	alifies as a public	ly supported orga	nization 🕨 📃
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	►

Schedule A (Form 990 or 990-EZ) 2014	NEW YORK	STATE CITIZENS	COALITION FOR
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 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
•	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
_				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	-		
	and (c) below.	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
•	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization			
	made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
	if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
	and (c) below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's added, substituted, or removed, (ii) the reasons for each such action, (iii) the additionty under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
	The star True Banks Western added as a dethind some shad some indian word of a star structure de instantia in the			
1	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	6		
		5		
7				
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990</i> )	7		
	יבעמיט נט מ שטשגמוונומו נטוונווטענטו: וו דבש, נטוווטופע דמונדטו שנופעעופ ב (דטוווו ששט)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
	complete Part I of Schedule L (Form 990)	8		
9:	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
50	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in <b>Part VI</b>	9a		
ł	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,			
C	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer (b) below.	10a		
ł	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		
		.00		

Schedule A (Form 990 of 990-E2) 2014 NEW YORK STATE UITIZENS COALITION FOR	Form 990 or 990-EZ) 2014 NEW YORK STATE CITIZENS CO.	ALITION FOR
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Yes No

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	1a		
<b>b</b> A family member of a person described in (a) above?	1b		
C A 250 controlled entity of a nerven deperihed in (a) as (b) should be a few a nervide detail in <b>Peri V</b>	1c		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI 1	IC.		[

# Section B. Type I Supporting Organizations

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

### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

### Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	v the Integral Part Test during	a the vear	(see instructions
•	Check the box next to the method that the	organization asea to satisf		y inc your	

a The organization satisfied the Activities Test. Complete line 2 below.

	The organization is	the narent of	aach of ite	sunnortad organizati	one <i>Com</i> nlata <b>li</b> i	no ? holow
			cacii ui its .			IC J DEIOW.

**c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).* 

2	Activities	Test.	Answer	(a	) and	(b	) below.
---	------------	-------	--------	----	-------	----	----------

			 -
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the		
	organization's involvement	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a	
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its		
	supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b	

b

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instruction

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

ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	• Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
C	<b>1 Total</b> (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2014	NEW YORK	STATE CITIZENS	COALITION FOR	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organizatior	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount.			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount.			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
С				
d	Excess from 2013.			
e	Excess from 2014			

BAA

## Schedule of Contributors

OMB No. 1545-0047

2014

Attach to Form 990, Form 990-EZ, or Form 990-PF

Department of the Treasury Internal Revenue Service	<ul> <li>reasury rvice</li> <li>Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.</li> </ul>			
Name of the organization NEW	YORK STATE CITIZENS COALITION FOR	Employer iden	tification number	
CHI	LDREN	51-0194	916	
Organization type (check	k one):			
Filers of:	Section:			
Form 990 or 990-EZ	$\overline{\mathrm{X}}$ 501(c)( 3 ) (enter number) organization	ท		
	4947(a)(1) nonexempt charitable trust not	treated as a private foun	dation	
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation	on	
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1	of	1	of Part 1
Name of organization	Employer	identifi	cation nun	nber	
NEW YORK STATE CITIZENS COALITION FOR	51-0194916				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1_</u> _	Frank Ligtvoet 176 State Street Brooklyn, NY 11201	\$ <u>5,000.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2_</u> _	Sarah Gerstenzang 107 Prospect Park West Brooklyn, NY 11215	\$ <u>5,000.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>	<u>Pat O'Brien</u> 2855 W 20th Street Brooklyn, NY 11224	\$ <u>5,000.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Redlich Horwitz Foundation 120 West 45th Street Ste 2801 New York, NY 10036	\$29,000.	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Suny Research Foundation 1300 Elmwood Avenue CLAS A-203 Buffalo, NY 14222	\$ <u>36,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person        Payroll        Noncash        (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	1	to 1	of Part II	
Name of organization		Emplog	yer identification	number
NEW YORK STATE CITIZENS COALITION FOR		51-0	0194916	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
AA		Schedule <b>B</b> (Form 990, 990-EZ,	

	<b>3</b> (Form 990, 990-EZ, or 990-PF) (2014)			Page	1 to	1	of <b>Part III</b>
Name of organ		FOD			Employer ide		n number
Part III	RK STATE CITIZENS COALITION			ا م م براله م م	51-0194		-)(7) (0)
	<b>Exclusively</b> religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	<b>he year from any one contrib</b> ompleting Part III, enter the tota (Enter this information once. Se	utor. Comple	te columns <b>(a</b> e/v religious	a) through (e) a , charitable, e	nd etc	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	itionship of	transferor to	transf	eree
				  I			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Dese	(d) cription of ho	w gift i	s held
						·	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of	transferor to	transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Dese	(d) cription of ho	w gift i	s held
				  		·	
	Transferee's name, addres	Rela	l Itionship of	transferor to	transf	eree	
	· · · · · · · · · · · · · · · · · · ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Dese	(d) cription of ho	w gift i	s held
	Transferee's name, addres	t Relationship of transferor to transferee					
						·	
BAA	I		Scheo	lule <b>B</b> (Form	990, 990-EZ,	or 990-l	PF) (2014)

SCHEDULE C	
(Form 990 or 990-EZ	)

# **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 it instructions

OMB No. 1545-0047 2014

Open to Public

Depar Intern	tment of the Treasury al Revenue Service	F	is at www.irs.gov	/form990.	Instructions	Inspection
If the	e organization answe	ered 'Yes,' to	Form 990, Part IV, line 3, or Form 990	-EZ, Part V, line 46 (I	Political Campaign Activ	vities), then
• 5		than section	Complete Parts I-A and B. Do not comp n 501(c)(3)) organizations: Complete Pa lete Part I-A only		Do not complete Part I-	B.
	-	•	o Form 990, Part IV, line 4, or Form 990	-EZ. Part VI. line 47 (	Lobbving Activities). th	en
			have filed Form 5768 (election under sec			
		nizations that	have NOT filed Form 5768 (election unde	r section 501(h)): Com	plete Part II-B. Do not cor	nplete
If the	Part II-A. e organization answe xy Tax) (see instruct	ered 'Yes,' to tions), then	o Form 990, Part IV, line 5 (Proxy Tax) (	(see instructions) or	Form 990-EZ, Part V, lin	ie 35c
-		), or (6) orga	nizations: Complete Part III.			
	of organization				Employer identifica	
			COALITION FOR		51-019491	
	· · · · · · · · · · · · · · · · · · ·	•	anization is exempt under secti			zation.
1	•	0	anization's direct and indirect political	1 0		
2					•	
	· · · · · · · · · · · · · · · · · · ·	•	anization is exempt under secti		<b>•</b>	
1		-	tax incurred by the organization under			
2			tax incurred by organization managers			
	-		ection 4955 tax, did it file Form 4720 fo	-		
						····· Yes No
	If 'Yes,' describe in					
Par		•	anization is exempt under secti	• • •		
1	Enter the amount d	lirectly exper	nded by the filing organization for section	on 527 exempt function	on activities 🏲 \$	
2	Enter the amount of function activities.	the filing orga	anization's funds contributed to other organ	nizations for section 52	7 exempt ►\$	
3	Total exempt function	ion expenditu	ures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organi	ization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made amount of political co	payments. F ontributions re	d employer identification number (EIN) or each organization listed, enter the a eceived that were promptly and directly de ction committee (PAC). If additional sp	mount paid from the livered to a separate p	filing organization's fund olitical organization, such	ds. Also enter the as a separate
	<b>(a)</b> Name		(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				-		
BAA	For Paperwork Redu	uction Act No	tice, see the Instructions for Form 990 or	990-EZ.	Schedule <b>C</b> (For	rm 990 or 990-EZ) 2014

Schedule <b>C</b> (Form 990 or 990-EZ) 2014 $\mathrm{NEW}$	YORK	STATE	CITIZENS	COALITION	FOR
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Schedule C (Form 990 or 990-EZ) 2014 NEW YORK S	TATE CITIZENS COALITION FOR	51-01949	916 Page <b>2</b>
	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► if the filing organization belor	ngs to an affiliated group (and list in Part IV each affilia	ed group member's name,	
address, EIN, expenses, ar	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add I	ines 1c and 1d)		
f Lobbying nontaxable amount. Enter the arboth columns.	nount from the following table in		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	o of line 1f)		
h Subtract line 1g from line 1a. If zero or les	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les	s, enter -0		
	r line 1h or line 1i, did the organization file Form 4720		Yes No
	4-Year Averaging Period Under Section 501(h) at made a section 501(h) election do not have to co ns below. See the instructions for lines 2a through		

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total	
2 a Lobbying non-taxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
<b>c</b> Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

BAA

#### 51-0194916 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a	(a)		(b)		
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes No			ount		
<ul> <li>See Part IV</li> <li>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:</li> </ul>						
a Volunteers?	Х					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х				
c Media advertisements?		Х				
<b>d</b> Mailings to members, legislators, or the public?	Х					
e Publications, or published or broadcast statements?	Х					
f Grants to other organizations for lobbying purposes?		Х				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i Other activities?		Х				
j Total. Add lines 1c through 1i					0.	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		_				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5)	, or				
				Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?			1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b)	c)(5) Part I	, or se II-A, I	ection 5 ine 3, is	01(c)		

	answered 'Yes.'		
1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
i	a Current year	2 a	
I	b Carryover from last year	2 b	
(	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
	Taxable amount of lobbying and political expenditures (see instructions)	-	
5		5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

#### Part II-B - Description of Lobbying Activity

The Organization publishes a bi-monthly electronic newsletter which is distributed

to foster parents, adoptive parents and professionals throughout the state.

Periodically, the newsletter will include information about legislation or

legislative initiatives that are of interest to foster and adoptive families.

Page 3

#### Part II-B - Description of Lobbying Activity (continued)

In addition, from time to time, the Organization does respond to requests for information from legislators or legislative staff regarding the foster and/or adoptive parent perspective on upcoming legislation.

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2014 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service at www.irs.gov/form990.	Inspection
Name of the organization NEW YORK STATE CITIZENS COALITION FOR	cation number
CHILDREN 51-019493	16

#### Form 990-EZ, Part I, Line 16 Other Expenses

Bank Fees	\$ 649.
Conferences, Conventions, and Meetings	37,276.
Dues and subscriptions	790.
Information Technology	498.
Insurance	1,065.
Office Expenses	2,499.
Training and outreach	
Travel	 357.
Total	\$ 43,395.

#### Form 990-EZ, Part II, Line 24 Other Assets

	Be	Beginning		Ending
PLEDGE AND GRANT RECEIVABLE	\$	9,279.	\$	0.
Total	\$	9,279.	\$	0.

#### Form 990-EZ, Part II, Line 26 Total Liabilities

	Beginning		 Ending
Accounts Payable and Accrued Expenses	\$	0.	\$ 862.
Total	\$	0.	\$ 862.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The New York Citizen's Coalition for Children (NYSCCC) was organized in 1975 to address problems in New York State's child welfare system which had resulted in protracted foster care stays in what was intended to be a temporary system, but had, in fact become a way of life for thousands of NYS children caught in the foster care system. NYSCCC activities to address these problems over its 40 year history have been focused on administrative and legislative advocacy, community education, parent group development and support services, and recruitment of families for waiting children.

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Foster care and adoption support providing administrative and legislative advocacy, community education, parent group development and supportive services, recruitment of families for waiting children, information and referral services

TEEA4901L 08/18/14

Schedule <b>0</b> (Form 990 or 990-EZ) 2014	Page 2
Name of the organization NEW YORK STATE CITIZENS COALITION FOR	Employer identification number
CHILDREN	51-0194916

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

for families and advocates, annual statewide foster care and adoption conference, and "News from NYSCCC" advocacy and information email updates.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

	~	Change of Accounting Period Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150
Foi	m y			
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)		2015
		Do not enter social security numbers on this form as it may be made public.		
Dep Inter	nal Re	t of the Treasury venue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form990	).	Open to Public Inspection
A B	For 1	the 2015 calendar year, or tax year beginning 7/01 , 2015, and ending 12/31 if applicable:		, 2015
Ē	Addre	ss change	Employer	dentification number
	Name	change NEW YORK STATE CITIZENS COALITION FOR CHILDREN		.94916
	Initial	134 MATN ST A1	Telephone	
		INTERVIEW PALTZ, NY 12561	646-6	88-4321
		ded return F	Group E	xemption
G	Acco			organization is <b>not</b>
1	Web	site: www.nysccc.org required	to attach	Schedule B
ſ	Tax-e	xempt status (check only one) — X 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527 (Form 99	0, 990-E	Z, or 990-PF).
к	Form	of organization: X Corporation Trust Association Other		
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	tal	
	asse	ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	62,237.
R	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru-	ctions 1	
	-	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		54,389.
	2	Program service revenue including government fees and contracts.		2,650.
	4	Investment income		
		Gross amount from sale of assets other than inventory	4	11.
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
_	6	Gaming and fundraising events		
REVENU		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
Ě	b	Gross income from fundraising events (not including \$ of contributions		
Ü		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	c	Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and		
	-	6b and subtract line 6c)	<u>6 d</u>	
		Gross sales of inventory, less returns and allowances		
		Less: cost of goods sold       7 b         Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)       7a	_	
	8	Other revenue (describe in Schedule O).	7c	F 107
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.		<u>5,187.</u> 62,237.
	10	Grants and similar amounts paid (list in Schedule O).		02,237.
	11	Benefits paid to or for members		
E	12	Salaries, other compensation, and employee benefits		67,896.
<b>HXPHZSHS</b>	13	Professional fees and other payments to independent contractors.		710.
NS	14	Occupancy, rent, utilities, and maintenance		2,712.
E S	15	Printing, publications, postage, and shipping		368.
	16 17	Other expenses (describe in Schedule O).	16	7,474.
	17 18	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9)	► 17	79,160.
Ą	-		18	-16,923.
A NSET T	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	ar <b>19</b>	73 713
T T S	20	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O		<u>72,713.</u> -33.
Ĩ	21		▶ 21	55,757.
BA	A Fo	Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2015)

Forn	990-EZ (2015) NEW YORK STATE	CITIZENS COALITION	FOR	51	-01949	16 Page <b>2</b>
Pai	<b>Balance Sheets</b> (see the inst Check if the organization used Sche	tructions for Part II)	estion in this Part II			X
			6	A) Beginning of yea	ar (	B) End of year
22	Cash, savings, and investments		· · · · · · · · · · · · · · · · · · ·	73,575		49,588.
23	Land and buildings Other assets (describe in Schedule O)				23	
24	Other assets (describe in Schedule O)	See Schedule	e 0		24	6,669.
25	Total accete			73,575	. 25	56,257.
26	Total liabilities (describe in Schedule O)	) See Schedule	e 0	862		500.
	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	72,713	. 27	55,757.
Par	t III Statement of Program Service Ac	complishments (see the inst	tructions for Part III)		I	Expenses
14.0 1	Check if the organization used Sc	hedule O to respond to any o	question in this Part III	<u>X</u>	(Required	for section 501
What	is the organization's primary exempt purpose? See	<u>e Schedule O</u>	:		(c)(3) and	d 501(c)(4) tions; optional
mea	ribe the organization's program service a survey of the service a survey by expenses. In a clear and concise	e manner, describe the servi	ces provided, the numb	per of persons	for others	
bene	fited, and other relevant information for e	each program title.				-
28	See Schedule 0					
	(Grants <b>\$</b> ) If th	is amount includes foreign g			<b>m</b> -	60 0FF
29					28 a	63,355.
29	<b>_</b>		<b></b> -			
	(Grants \$) If th	is amount includes foreign g	rants check here		29 a	
30					234	
50	<b></b>					
	(Grants \$) If th	is amount includes foreign g	rants, check here		30 a	
31	Other program services (describe in Sch					······
		is amount includes foreign g			31 a	
32	Total program service expenses (add lin				32	63,355.
Par	t IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one eve	n if not compensated — s	ee the instruc	
	Check if the organization used Sc	hedule O to respond to any o	question in this Part IV			<u> </u>
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	Continuations to emplo	ovee   (e)	Estimated amount of
		position	(if not paid, enter -0-)	benefit plans, and def compensation	erred	other compensation
	<u>O'Brien</u>					
	esident	0	0.		0.	0.
	ah_Gertenzang	_				_
	asurer	0	0.		0.	0.
	nk_Ligtvoet					
	ector	0	0.		0.	0.
	ie-Ann_Tathem					0
	ector Ja Sanders	0	0.		0.	0.
	ector	0	0.		0.	0.
	chard Heyl De Ortiz		<u>0</u> .	1		<u>.</u>
	cutive Dir.	35	40,625.		0.	0.
	an Collins		_,			
	og Director	35	17,705.		0.	0.
				l		
	<b></b>					
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	n 990-EZ (2015) NEW YORK STATE CITIZENS COALITION FOR	51-01949			age 3
Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement returns the instructions for Part V) Check if the organization used Schedule O to respond to an	equirements inSee Sche y question in this Part V	dule	0	. X
33	Did the organization engage in any significant activity not previously reported to the IRS?			Yes	No
~ 4			. 33		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)				
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from		. 34	<u> </u>	X
55	(such as those reported on lines 2, 6a, and 7a, among others)?		. 35 a		x
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an	explanation in Schedule O			<u> </u>
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to sec reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part	tion 6033(e) notice	35 c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N.		. 36		x
37 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b> 0			
	b Did the organization file Form 1120-POL for this year?	· · · · · · · · · · · · · · · · · · ·	. 37 b	aller i taler i taler i	X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key any such loans made in a prior year and still outstanding at the end of the tax year covered	employee <b>or</b> were by this return?	. 38a		X
I	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/	A		
39	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on line 9	39a N/	A		
I	b Gross receipts, included on line 9, for public use of club facilities	39b N/	A	1	
40 :	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	e year under:			
	section 4911 ► 0.; section 4912 ►0, ; section 495				
I	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pri	or year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		40 b		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958	►0	÷		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization	►0			
(	e All organizations. At any time during the tax year, was the organization a party to a prohibit shelter transaction? If 'Yes,' complete Form 8886-T	ed tax	. 40 e		X
41	List the states with which a copy of this return is filed  None		<u> </u>		

#### 42 a The organization's

_	books are in care of F Richard Heyl de Ortiz	Telephone no. 🕨	646-68	8-43	321	
	Located at 🕨 134 MAIN ST. NEW PALTZ NY	ZIP + 4 🟲	12561			
	<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other ar	uthority over a		[	Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other an financial account in a foreign country (such as a bank account, securities account, or other financial account).	incial account)?		42 b		Х
	If 'Yes,' enter the name of the foreign country:►					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	ints (FBAR).				
	c At any time during the calendar year, did the organization maintain an office outside the U.S.?.			42 c		Х
	If 'Yes,' enter the name of the foreign country:►		-			
	• •					

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	· · · · · · · · <sup> </sup>	▶ 🗍	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 b	NS& A	x
c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	ch shaked	x
		AET /	OO1EN

Form 990-	EZ (2015) NEW YORK STATE CIT	IZENS COALITION	FOR	51-01	94916	P	age 4
46 Did t	the organization engage, directly or indire lidates for public office? If 'Yes,' complete	ectly, in political campa e Schedule C, Part I	ign activities on behalf	of or in opposition to	46	Yes	No X
	All section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51. Check if the organization used Schedu	<b>s only</b> ons must answer q	uestions 47-49b ar	nd 52, and complete	e the table		
47 Did t	he organization engage in lobbying activities					Yes	No
com	plete Schedule C, Part II				47	Х	
	e organization a school as described in s he organization make any transfers to ar						X
b If 'Ye	es,' was the related organization a section	n 527 organization?	e relateu organization:.		49 a		X
50 Com	plete this table for the organization's five hig oyees) who each received more than \$100,0	hest compensated emplo	vees (other than officers	directors trustees and k	(ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits. contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
None		-					
		-					
		-					
51 Comp	I number of other employees paid over \$ olete this table for the organization's five hig pensation from the organization. If there	hest compensated indepe	endent contractors who e	ach received more than \$	\$100,000 of		
	(a) Name and business address of each independent c		(b) Туре	of service	(c) Comp	ensatior	n
None							
					ļ <u> </u>		
d Total	number of other independent contractor	s each receiving over \$	100.000	Þ	L		
52 Did ti	he organization complete Schedule A? N					Г	
	bleted Schedule A		fules and statements, and to the		• X Yes	L	No
true, correct, a	as of periory. I declare that I have examined this Pourn, and complete. Deplaration of preparer (other than office	r) is based on all information of	f which preparer has any know	viedge.			
Sign Here	Signature of officer Richard Heyl De Ortiz			Date Executive Dir.	<u> </u>		
-	Type or print name and title Print/Type preparer's name	Bunner			Ŧ		
	Terence N Bogush	Preparer's signature	Date	Check A if	N	٨	
Paid Preparer	Firm's name Bogush & Grady,	Terence N Boqu CPA's LLP	1511	self-employed	20064263	4	
Use Only	Firm's address - 48 West Market	Street		Firm's EIN	30-0121	906	
Mary New ID	Rhinebeck, NY 1				8764911		
way the IR	S discuss this return with the preparer sl	nown above? See instru	uctions		Yes		No 2015)

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SCHEDULE A (Form 990 or 990-EZ)		Public Chari plete if the organizat 4947(a ► Atta formation about Sche	OMB No. 1545-0047 2015 Open to Public inspection				
Name of the organization NEW YORK STATE CITIZENS COALITION FOR							tion number
	CHILDREN					51-019491	6
			ganizations must o				tions.
The organization is no	t a private found	lation because it is: (l	For lines 1 through 11,	check o	nly one	box.)	
1 A church, con	vention of church	es, or association of ch	nurches described in <b>sect</b>	ion 170(	b)(1)(A)(i	i).	
2 A school desc	ribed in section 1	1 <b>70(b)(1)(A)(ii).</b> (Attach:	Schedule E (Form 990 or	990-EZ)	.)		
3 A hospital or	a cooperative h	iospital service organi	ization described in <b>sec</b>	tion 17(	)(b)(1)(A	Xiii).	
4 A medical re name, city, a	-	tion operated in conju	inction with a hospital o	describe	d in <b>sec</b>	tion 1 <b>70(b)(1)(A)(</b> iii). E	nter the hospital's
5 🗌 An organizatio		he benefit of a college of Part II.)	or university owned or ope	erated by	a gover	nmental unit described in	n section
7 🔽 An organizatio	on that normally r		ntal unit described in <b>s</b> art of its support from a				lic described
			A)(vi). (Complete Part I	1.)			
from activities	s related to its exe acome and unre	empt functions — subied	33-1/3% of its support fr t to certain exceptions, a e income (less section Part III.)	and (2) n	o more t	han 33-1/3% of its suppo	ort from gross
10 🗌 An organizat	ion organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).	
└─ or more publ	icly supported o	roanizations describe	ly for the benefit of, to d in <b>section 509(a)(1)</b> o upporting organization	or sectio	n 509(a)	(2). See section 509(a)	ut the purposes of one <b>)(3).</b> Check the box in
a <b>Type I.</b> A support	porting organizati	on operated, supervised	d, or controlled by its sup a majority of the director	ported o	roanizati	on(s), typically by giving	the supported on. <b>You must</b>
- management	pporting organiz of the supporting ete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), by the supported organization	having control or on(s). <b>You</b>
organization	(s) (see instructi	ons). <b>You must comp</b>	ion operated in connection plete Part IV, Sections A	A, D, an	d E.		
d <b>Type III non-f</b> functionally i instructions).	unctionally integ ntegrated. The c . You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion requ	with its s uirement	upported organization(s) t and an attentiveness	) that is not requirement (see
🖵 integrated, o	r Type III non-fu	inctionally integrated	en determination from t supporting organization	the IRS I	that it is	a Type I, Type II, Type	e III functionally
		organizations					
(i) Name	owing informatio	n about the supported (ii) EIN	(iii) Type of organization	(iv) organizal	s the ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(described on lines 1-9 above (see instructions))	in your g docur	overning		
<u></u> ,				Yes	No		
(A)							
(B)							
(C)							
(D)							
<u>(E)</u>							
Total							
					and the second	Cabadula A / Cara	000 or 000 EZ) 2015

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

#### Schedule A (Form 990 or 990-EZ) 2015 NEW YORK STATE CITIZENS COALITION FOR 51-0194916

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	46,193.	10,956.	78,101.	67,529.	54,389.	257,168.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				:		0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	46,193.	10,956.	78,101.	67,529.	54,389.	257,168.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						58,416.	
6	Public support. Subtract line 5 from line 4						198,752.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	<b>(f)</b> Total	
7	Amounts from line 4	46,193.	10,956.	78,101.	67,529.	54,389.	257,168.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24.	19.	25.	28.	11.	107.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.	
11	Total support. Add lines 7 through 10						257,275.	
12	Gross receipts from related activ	vities, etc. (see ins	structions)	· · · · · · · · · · · · · · · · · · ·		12	0.	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	►	
Sec	tion C. Computation of Pu	blic Support P	ercentage				-	
14	Public support percentage for 20	015 (line 6, colum	n (f) divided by lir	ie 11, column (f)).		14	77.25%	
	5 Public support percentage from 2014 Schedule A, Part II, line 14 15 99.93 %							
16 a	<b>16 a 33-1/3% support test</b> − <b>2015.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
ł	<b>b 33-1/3% support test – 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts.;	and-circumstance	s'test check this	hox and stop he	re. Explain in Par	tVihow	
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-a id-circumstances'	and-circumstance: test. The organiza	s' test, check this ation qualifies as .	box and <b>stop he</b> a publicly support	r <b>e.</b> Explain in Par ted organization .	t VI how the	
18	Private foundation. If the organ	ization did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions 🟲 📘	

Page 2

# Schedule A (Form 990 or 990-EZ) 2015 NEW YORK STATE CITIZENS COALITION FOR

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calenc	lar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
2	any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·			
8	Public support. (Subtract line						
	7c from line 6.)						
	tion B. Total Support		(1) 0010	4 1 0010	(d) 2014	(e) 2015	(f) Total
					1 <b>(a)</b> 2014	I (A) 2005 I	
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(0) 2014	(6)2010	(i) rotai
	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2011	(b) 2012	(0) 2013	(4) 2014	(1)2010	
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	(a) 2011	(6) 2012	(0) 2013			
9 10 a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2011	(6) 2012				
9 10 a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2011	(6) 2012				
9 10 a t	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2011	(6) 2012				
9 10 a t 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in		(6) 2012				
9 10 a t 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
9 10a t 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 organization, check this box and	is for the organiz stop here	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(	3)
9 10a t 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b>	is for the organiz stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3)
9 10a t 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	is for the organiz stop here	ation's first, seco	nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3) *
9 10a t 11 12 13 14 <u>Sec</u> 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b>	is for the organiz stop here	ation's first, seco Percentage n (f) divided by li	nd, third, fourth, o	or fifth tax year as	s a section 501(c)(	3)
9 10a t 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b> Public support percentage from	is for the organiz stop here blic Support F D15 (line 8, colum 2014 Schedule A,	ation's first, seco Percentage n (f) divided by li , Part III, line 15	nd, third, fourth, o	or fifth tax year as	s a section 501(c)(	3) 
9 10a 11 12 13 14 <u>Sec</u> 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b> Public support percentage from <b>tion D. Computation of Inve</b>	is for the organiz stop here	ation's first, seco Percentage n (f) divided by li , Part III, line 15 me Percentag	nd, third, fourth, o	or fifth tax year as	a section 501(c)(	3) *
9 10a t 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b> Public support percentage from <b>tion D. Computation of Inv</b> Investment income percentage from	is for the organiz stop here. blic Support F 015 (line 8, colum 2014 Schedule A restment Incor for 2015 (line 10c,	ation's first, seco Percentage n (f) divided by li , Part III, line 15 me Percentag , column (f) divided	nd, third, fourth, o ne 13, column (f) e ed by line 13, colu	or fifth tax year as	s a section 501(c)( 15 16 17	3) 
9 10 <i>a</i> 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b> Public support percentage for 20 Public support percentage for <b>tion D. Computation of Inv</b> Investment income percentage f	is for the organiz stop here. blic Support F 015 (line 8, colum 2014 Schedule A restment Incon for 2015 (line 10c, from 2014 Schedu f the organization	ation's first, seco Percentage n (f) divided by li , Part III, line 15 me Percentag , column (f) dividu ule A, Part III, line did not check th	nd, third, fourth, o ne 13, column (f) e ed by line 13, colu e tox on line 14,	or fifth tax year as	s a section 501(c)( 15 16 17 18 re than 33-1/3%, a	3) 3) 8 8 8 8 9 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9
9 10a 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) <b>First five years.</b> If the Form 990 organization, check this box and <b>tion C. Computation of Pu</b> Public support percentage from <b>tion D. Computation of Iny</b> Investment income percentage f	is for the organiz stop here. blic Support F D15 (line 8, colum 2014 Schedule A, restment Incol or 2015 (line 10c, from 2014 Schedule f the organization f the organization f the organization	ation's first, seco Percentage n (f) divided by li , Part III, line 15 me Percentag , column (f) dividu ile A, Part III, line did not check th p here. The orga did not check a	nd, third, fourth, o ne 13, column (f) e ed by line 13, colu e box on line 14, nization qualifies box on line 14 or	or fifth tax year as	a section 501(c)( 15 16 17 18 re than 33-1/3%, a ported organization 16 is more than 3	3) 3) 3) 3) 3) 3) 3) 3) 3) 3)

51-0194916

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete	e Part V.)
Sec	tion A. All Supporting Organizations	
		Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c
5 a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a
ł	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b
(	: Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> .	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i>	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8
94	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a
I	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	9c
10	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.	10a
	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b

Schedule A (Form 990 or 990-EZ) 2015

51-0194916

### Schedule A (Form 990 or 990-EZ) 2015 NEW YORK STATE CITIZENS COALITION FOR

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Part IV Supporting Organizations (continued)			
	Yes	S NO	<u>)</u>
<ul> <li>Has the organization accepted a gift or contribution from any of the following persons?</li> <li>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</li> </ul>	a		
b A family member of a person described in (a) above?	b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI 11	6		

NEW YORK STATE CITIZENS COALITION FOR

# Section B. Type I Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2015

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

### Section C. Type II Supporting Organizations

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

### Section D. All Type III Supporting Organizations

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

# Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions):
  - a The organization satisfied the Activities Test. Complete line 2 below.
  - **b** The organization is the parent of each of its supported organizations. *Complete line 3 below*.
  - c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

#### 2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*.....
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard......

Page 5

Yes

Yes

Yes

No

No

1

2

1

No

51-0194916

Schedule A (Form 990 or 990-EZ) 2015	NEW	YORK	STATE	CITIZENS	COALITION FOR
Part V Type III Non-Functiona	ally In	tegrat	ed 509(a	a)(3) Suppo	rting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instruction other Type III non-functionally integrated supporting organizations must complete Sections A through E.	L	I
---	---	---

Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3		3		
4		4		
5		5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	a the second states in Su	

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

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	edule A (Form 990 or 990-EZ) 2015 NEW YORK STATE CITIZ			94916 Page 7		
	t V Type III Non-Functionally Integrated 509(a)(3) Sution D – Distributions	Ipporting Organiza	tions (continuea)	Current Year		
_		rnoses				
	<ol> <li>Amounts paid to supported organizations to accomplish exempt purposes.</li> <li>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations,</li> </ol>					
	in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations.				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6			·		
8	Distributions to attentive supported organizations to which the organizati in <b>Part VI</b> ). See instructions					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions).					
	Excess distributions carryover, if any, to 2015:					
ä			202222222			
1						
	From 2013					
	e From 2014					
	f Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
	i Carryover from 2010 not applied (see instructions)					
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section D, line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2015 distributable amount					
	c Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2016. Add lines 3j and 4c					
8	Breakdown of line 7:		**********			
	a b					
	CExcess from 2013					
_	d Excess from 2014		1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			
	e Excess from 2015		0000000000			

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(See instructions.)

Schedule B (Form 990, 990-EZ,

#### Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2015

#### Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization NEW YORK STATE CITIZENS COALITION FOR CHILDREN 51-0194916 Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... 🏲

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Page 1 of 1 of Part I
Name of organization	Employer identification number
NEW YORK STATE CITIZENS COALITION FOR	51-0194916

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	Frank Ligtvoet	\$ <u>5,000</u> .	Person X Payroll Noncash
	Brooklyn, NY 11201		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Sarah_Gerstenzang 107 Prospect Park West	\$5,000.	Person X Payroll Noncash (Complete Part II for
	Brooklyn, NY 11215		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Pat O'Brien	\$5,000.	Person X Payroll Noncash (Complete Part II for
	Brooklyn, NY 11224		noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Redlich Horwitz Foundation 120 West 45th Street Ste 2801 New York, NY 10036	\$20,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
<u>5</u>	Foster and Adoptive 2 Lowell Drive New Hartford, CT 13413	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)	Page	1 to	1 of Part II
Name of organization		Employer iden	tification number
NEW YORK STATE CITIZENS COALITION FOR		51-0194	916

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	-	
		\$	<b></b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<b>_</b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			<b>_</b>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			7. or 990-PE) (2)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

BAA

	3 (Form 990, 990-EZ, or 990-PF) (2015)		Page	1 to 1 of Part III
Name of organ NEW YOB	nization RK STATE CITIZENS COALITION F	OR		Employer identification number 51-0194916
	<b>Exclusively religious, charitable, et</b> or (10) that total more than \$1,000 for the the following line entry. For organizations co contributions of \$1,000 or less for the year. ( Use duplicate copies of Part III if additional s	c., contributions to organiza the year from any one contributo impleting Part III, enter the total of (Enter this information once. See in	r. Complete columns (a exclusively religious	n) through <b>(e) and</b> , charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Dese	(d) cription of how gift is held
	N/A		<b>_</b>	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of	transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) cription of how gift is held
			<b></b>	·
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of	i transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	  Des	(d) cription of how gift is held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship o	f transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) cription of how gift is held
<b>-</b>				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship o	f transferor to transferee
BAA				m 990, 990-EZ, or 990-PF) (2015)

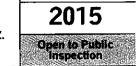
SCHE	EDU	ILE	: C	
(Form	990	or 9	<b>390-</b>	EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury Internal Revenue Service

٠	Complete if the organization is described below. > Attach to Form 990 or Form 9	90-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 (Political Campaign Activities), then

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

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

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

#### Part II-A. If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization			Employer identifica	tion number	
NEW	VORK STATE CITIZE	NS COALITION FOR		51-019491	6	
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	ection 527 organiz	ation.	
1	Provide a description of the o	organization's direct and indirect political c	ampaign activities in	Part IV.		_
2	Political expenditures	- 		►\$		
		· · · · · · · · · · · · · · · · · · ·				
Par	t I-B Complete if the or	ganization is exempt under section	on 501(c)(3).			
1	Enter the amount of any exci	se tax incurred by the organization under	section 4955	▶\$		0.
2	Enter the amount of any exci	ise tax incurred by organization managers	under section 4955	····· ►\$		0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes	No
	-	· · · · · · · · · · · · · · · · · · ·				No
Ł	If 'Yes,' describe in Part IV.					
25	tI-C Complete if the or	ganization is exempt under section	on 501(c) , except	section 501(c)(3).		
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities 🏲 \$		
2	Enter the amount of the filing o function activities	rganization's funds contributed to other organ	izations for section 527	' exempt ► \$		
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	►\$		
4		e Form 1120-POL for this year?			Yes	No
5	Enter the names, addresses	and employer identification number (EIN) S. For each organization listed, enter the ai s received that were promptly and directly del I action committee (PAC). If additional spa	of all section 527 pol	itical organizations to w	hich the filing	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of politic; contributions received promptly and directl delivered to a separa political organization. none, enter -0	and y te
(1)						
(2)						
(3)						
(4)			-			
(5)						
(6)	· · · · · · · · · · · · · · · · · · ·		-			

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

Schedule C (Form 990 or 990-EZ) 2015 $_{ m N}$	IEW YORK	STATE CITIZENS	COALITION FOR
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Schedule C (Form 990 or 990-EZ) 2015 NEW YORK ST	TATE CITIZENS COALITION FOR	51-0194	916 Page 2
section 501(h)).	n is exempt under section 501(c)(3) and		
address, EIN, expenses, ar	igs to an affiliated group (and list in Part IV each affiliand share of excess lobbying expenditures).	ated group member's name	9,
🛛 B Check 🕨 🗌 if the filing organization che	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	ublic opinion (grass roots lobbying)		
	legislative body (direct lobbying)		
	and 1b)		<u> </u>
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add l	ines 1c and 1d)		
f Lobbying nontaxable amount. Enter the ar both columns	nount from the following table in		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.	800808080	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
	of line 1f)		
h Subtract line 1g from line 1a. If zero or les	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les	s, enter -0		
j If there is an amount other than zero on either section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 4720	reporting	Yes No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	<b>(e)</b> Total
2 a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount		_			
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

BAA

Schedule C (Form 990 or 990-EZ) 2015

Page 2

#### Schedule C (Form 990 or 990-EZ) 2015 NEW YORK STATE CITIZENS COALITION FOR

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

For each Weel represented lines to through the holey provide in Part IV a detailed description	(a	<u>)</u>		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No		Amoun	t
See Part IV 1 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:					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	200		
c Media advertisements?		Х			
d Mailings to members, legislators, or the public?	Х				
e Publications, or published or broadcast statements?	X				
f Grants to other organizations for lobbying purposes?		Х	<u> </u>		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
i Total. Add lines 1c through 1i					0.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	L DE SAL CONTRADO ANDRA	X			ð 10
b If 'Yes,' enter the amount of any tax incurred under section 4912		Sec.	and a second second	Restored Contract, or o	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	STRAF AND ANY CONTRA	420-180-820-889-520-83	2. e.e.		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or			
300000 St (0,0).				Ye	s No
1 Were substantially all (90% or more) dues received nondeductible by members?					
<ul> <li>2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> </ul>				2	
<ul><li>3 Did the organization agree to carry over lobbying and political expenditures from the prior year?</li></ul>				3	
				-	<u></u>
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	, or s III-A,	line 3,	is	<b>(</b> )
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			I		
a Current year		2 a			
<b>b</b> Carryover from last year	<i>.</i>	2 b			-
<b>c</b> Total		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<i>.</i> .	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

5 Taxable amount of lobbying and political expenditures (see instructions).....

#### Part II-B - Description of Lobbying Activity

Part IV Supplemental Information

The Organization publishes a bi-monthly electronic newsletter which is distributed

to foster parents, adoptive parents and professionals throughout the state.

Periodically, the newsletter will include information about legislation or

legislative initiatives that are of interest to foster and adoptive families.

5

Page 3

51-0194916

Page 4

## Part II-B - Description of Lobbying Activity (continued)

In addition, from time to time, the Organization does respond to requests for information from legislators or legislative staff regarding the foster and/or adoptive parent perspective on upcoming legislation.

artment of the Treasury	Supplemental Information to Form 990 Complete to provide information for responses to speci Form 990 or 990-EZ or to provide any additional in	fic questions on formation.		2015 pen to Public
rnal Revenue Service	at www.irs.gov/form990.		r identification m	spection and a
NEW	VYORK STATE CITIZENS COALITION FOR		194916	1111261
Form 990-EZ, P	Part I, Line 8			
Other Revenue				
Prior year r	efund	Tot	al <u>\$</u>	5,187. 5,187.
Form 990-EZ, P Other Expense:				
Dues and sub Fundraising. Insurance	scriptions		· · · · · · ·	70. 485. 2,384. 1,585. 677.
Office Expen	ses	, . ,		1,865.
Training and	outreach		 tal \$	408. 7,474.
Other Changes	Part I, Line 20 In Net Assets Or Fund Balances loss on investments		<u>\$</u> tal \$	<u>-33.</u> -33.
Other Changes	In Net Assets Or Fund Balances	Tot	tal <u>\$</u>	<u>-33.</u> <u>-33.</u>
Other Changes Unrealized 1 Form 990-EZ, P Other Assets	In Net Assets Or Fund Balances oss on investments Part II, Line 24 as receivable		tal <u>\$</u>	
Other Changes Unrealized 1 Form 990-EZ, P Other Assets	In Net Assets Or Fund Balances oss on investments Part II, Line 24 Part II, Line 26	Tot _ <u>Beginn</u> \$	ing	6,669
Other Changes Unrealized 1 Form 990-EZ, P Other Assets Contribution Form 990-EZ, P	In Net Assets Or Fund Balances oss on investments Part II, Line 24 Part II, Line 26	Tot <u>Beginn</u> Sotal <u>\$</u> Beginn	ing 0.	6,669 6,669 Ending
Other Changes Unrealized 1 Form 990-EZ, P Other Assets Contribution Form 990-EZ, P Total Liabilities	In Net Assets Or Fund Balances oss on investments Part II, Line 24 Sart II, Line 26 Part II, Line 26	Tot <u>Beginn</u> Sotal <u>\$</u> Beginn	ing	6,669 6,669 Ending
Other Changes Unrealized 1 Form 990-EZ, P Other Assets Contribution Form 990-EZ, P Total Liabilities Accounts Pay	In Net Assets Or Fund Balances oss on investments Part II, Line 24 Sart II, Line 26 Part II, Line 26	Tot <u>Beginn</u> S Total <u>\$</u> <u>Beginn</u> \$	ing 0.	6,66 6,66 Ending 500
Other Changes Unrealized 1 Form 990-EZ, P Other Assets Contribution Form 990-EZ, P Total Liabilities Accounts Pay Form 990-EZ, P	In Net Assets Or Fund Balances oss on investments Part II, Line 24 as receivable Part II, Line 26 able and Accrued Expenses	Tot <u>Beginn</u> Fotal <u>Beginn</u> S Fotal S S S S S S S S S	ing	6,669 6,669 Ending 500 500
Other Changes Unrealized 1 Form 990-EZ, P Other Assets Contribution Form 990-EZ, P Total Liabilities Accounts Pay Form 990-EZ, P The New York address prob	In Net Assets Or Fund Balances oss on investments Part II, Line 24 as receivable Part II, Line 26 able and Accrued Expenses Part III - Organization's Primary Exempt Purpose citizen's Coalition for Children (NYSCCC) olems in New York State's child welfare sys	Tot <u>Beginn</u> Fotal <u>Beginn</u> S Total S was organized tem which had	<u>ing</u> <u>0.</u> <u>5</u> <u>0.</u> <u>5</u> <u>862.</u> <u>862.</u> <u>5</u> d in 197! resulted	6,669 6,669 Ending 500 500
Other Changes Unrealized 1 Form 990-EZ, P Other Assets Contribution Form 990-EZ, P Total Liabilities Accounts Pay Form 990-EZ, P The New York address prob protracted f	In Net Assets Or Fund Balances oss on investments Part II, Line 24 as receivable Part II, Line 26 able and Accrued Expenses Part III - Organization's Primary Exempt Purpose Citizen's Coalition for Children (NYSCCC)	Beginn         \$         Total         Beginn         \$         Total         \$         Total         \$         Total         \$         Total         \$         Total         \$         was organized         tem which had         e a temporary	<u>ing</u> <u>0. ş</u> <u>0. ş</u> <u>0. ş</u> <u>862. ş</u> <u>862. ş</u> d in 1979 resulted system,	6,669 6,669 Ending 500 500

history have been focused on administrative and legislative advocacy, community

Schedule <b>O</b> (Form 990 or 990-EZ) 2015	Page 2	<u> </u>
Name of the organization NEW YORK STATE CITIZENS COALITION	Employer identification number	
CHILDREN	51-0194916	

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)

education, parent group development and support services, and recruitment of families for waiting children.

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Foster care and adoption support providing administrative and legislative advocacy, community education, parent group development and supportive services, recruitment of families for waiting children, information and referral services for families and advocates, annual statewide foster care and adoption conference, and "News from NYSCCC" advocacy and information email updates.

## Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No

# 2014 TAX RETURN Government Copy Client: NYSCCC Prepared for: NEW YORK STATE CITIZENS COALITION FOR CHILDREN 134 MAIN ST. Suite A1 NEW PALTZ, NY 12561 646-688-4321 Prepared by: Terence N Bogush Bogush & Grady, CPA's LLP 48 West Market Street Rhinebeck, NY 12572-1403 8458764911 Date: February 16, 2016 Comments:

Route to: \_\_\_\_\_

#### CLIENT NYSCCC

### BOGUSH & GRADY, CPA'S LLP 48 WEST MARKET STREET RHINEBECK, NY 12572-1403 8458764911

February 16, 2016

#### NEW YORK STATE CITIZENS COALITION FOR CHILDREN 134 MAIN ST. Suite A1 NEW PALTZ, NY 12561

Dear Client:

Your 2014 Federal Return of Organization Exempt from Income Tax has been electronically filed with the Internal Revenue Service. There was no tax is payable with the filing of this return.

Enclosed is your New York Annual Financial Report for Charitable Organizations. The original should be signed on page one. Two distinct officials of the organization must sign. There is a balance due of \$75 payable by as soon as possible. Make your check payable to the "Department of Law" and mail the report as soon as possible to:

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

Please be sure to call us if you have any questions.

Sincerely,

Terence N Bogush

#### NEW YORK STATE CITIZENS COALITION FOR CHILDREN 134 MAIN ST. A1 NEW PALTZ, NY 12561 646-688-4321

#### NEW YORK FORMS

Form CHAR500

Annual Financial Report for Charitable Organ.

FEE SUMMARY	
Preparation Fee	\$ 500.00
Amount Due	\$ 500.00

2 C						
CHAR500			NYS Office of	and attachments to: the Attorney General	2014	
NYS Annual Filing for Cha www.CharitiesNYS.com	aritable Organ	izations	120	au Registration Section Broadway ork, NY 10271	Open to Public Inspection	
1. General Information						
For Fiscal Year Beginning (mm/	dd/yyyy)	07/01 /2014 and F	Ending (mm/dd/yyyy)	06/30/2015		
Check if Applicable:	Name of Organiz	ation:		the second statement of the	yer Identification Number (EIN):	
Address Change NEW YORK STATE CITIZENS COALITION FOR 51-0194916 Name Change CHILDREN						
Initial Filing	Mailing Address:		termine the second s	NY Pa	vislastics Number	
Final Filing	134 MAIN	N ST. A1		INT Re	gistration Number:	
	City/State/Zip:			Teleph	one:	
Amended Filing	NEW PALT Website:	Z, NY 12561			-688-4321	
Reg ID Pending				Email:		
Check your organization's	www.nysc				hard@nysccc.org	
registration category: 7	A only EPTL	only X DUAL (7A & Ef		Find your registration ca Charities Registry at <b>ww</b>	tegory in the w.CharitiesNYS.com	
See instructions for certification	requirements. Im	nproper certification is a	a violation of law that r	nay be subject to penalt	ies.	
We certify under penalties of they are true, corr President or Authorized Officer:	Contracto	COC	cluding all attachments e laws of the State of i cd Heyl De O B	vew fork applicable to t	knowledge and belief, this report.	
in the second of	Signature	Printed Nam	e T	itle	Date	
Chief Financial Officer or Treasurer:	Signature	Printed Nam	arah Gersten	have Treasu	Date 2.29.16	
3. Annual Reporting Exen	ption	, 0		0		
Check the exemption(s) that apply both categories (DUAL filers) that schedules, or additional attachm you must file applicable schedule	ents are required es and attachmer	d. If you cannot claim annts and pay applicable	n exemption or are a D fees.	DUAL filer that claims on	Char500. No fee, ily one exemption,	
<b>3a. 7A filing exemption</b> : Tot \$25,000 <b>and</b> the organization the fiscal year. Or the organ	al contributions f did not engage a p ization qualifies f	rom NY State including professional fund raiser (F for another 7A exemptio	residents, foundations PFR) or fund raising cour on (see instructions).	s, government agencies, nsel (FRC) to solicit contri	etc did not exceed butions during	
<b>3b. EPTL filing exemption</b> : Gro during the fiscal year.				did not exceed \$25,000 a	t any time	
4. Schedules and Attachm	ients					
See the following page for a checklist of schedules and attachments to complete your filing.	-		ing activity in NY State	aiser, fund raising coun ? If yes, complete Sche ts? If yes, complete Sch	edule 4a.	
5. Fee						
				1		
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	A filing fee:	EPTL filing fee:	Total fee:	paya	eck or money order ble to: ent of Law'	
			T			

CHAR500 Annual Filing for Charitable Organizations (Updated November 2014)

7

Address Change Address Change Initial Filing Final Filing Amended Filing Reg ID Pending Check your organization's		New Yo	DR 51	Open to Public Inspection
<b>1. General Information</b> For Fiscal Year Beginning (mm/dd/y         Check if Applicable:         Address Change         Name Change         Initial Filing         Final Filing         Amended Filing         Reg ID Pending	Name of Organization: NEW YORK STATE CITIZENS CHILDREN Mailing Address: 134 MAIN ST. A1 City/State/Zip: NEW PALTZ, NY 12561		DR 51	ployer Identification Number (EIN): -0194916
Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	Name of Organization: NEW YORK STATE CITIZENS CHILDREN Mailing Address: 134 MAIN ST. A1 City/State/Zip: NEW PALTZ, NY 12561		DR 51	-0194916
Check if Applicable: Address Change Name Change Initial Filing Final Filing Amended Filing Reg ID Pending	Name of Organization: NEW YORK STATE CITIZENS CHILDREN Mailing Address: 134 MAIN ST. A1 City/State/Zip: NEW PALTZ, NY 12561		DR 51	-0194916
Name Change Initial Filing Final Filing Amended Filing Reg ID Pending Check your organization's	CHILDREN Mailing Address: 134 MAIN ST. A1 City/State/Zip: NEW PALTZ, NY 12561	COALITION FO	NY	
Initial Filing Final Filing Amended Filing Reg ID Pending Check your organization's	Mailing Address: 134 MAIN ST. A1 City/State/Zip: NEW PALTZ, NY 12561			Registration Number:
Final Filing     Amended Filing     Reg ID Pending	134 MAIN ST. A1 City/State/Zip: NEW PALTZ, NY 12561			Registration Number:
Final Filing Amended Filing Reg ID Pending Check your organization's	City/State/Zip: NEW PALTZ, NY 12561		Tele	
Amended Filing     Reg ID Pending	NEW PALTZ, NY 12561		Tele	
Reg ID Pending				ephone:
Check your organization's			64	<u>6-688-4321</u>
Check your organization's	www.nysccc .org			.chard@nysccc.org
			Find your registration	
registration category: 7A or	nly EPTL only X DUAL (7A & EPTL)	EXEMPT	Charities Registry at <b>v</b>	www.CharitiesNYS.com
2. Certification				
See instructions for certification requ	uirements. Improper certification is a vic	lation of law that r	may be subject to pen	alties.
President or Authorized Officer:	Signature Printed Name		<b>Executive Dir.</b>	Date
Chief Financial Officer or Treasurer: -	Signature Printed Name	Т	ītle	Date
3. Annual Reporting Exemption	ion			
both categories (DUAL filers) that ap schedules, or additional attachments you must file applicable schedules a <b>3a. 7A filing exemption</b> : Total c \$25,000 <b>and</b> the organization did r	our filing. If your organization is claiming a oply to your registration, complete only p s are required. If you cannot claim an ex- and attachments and pay applicable fees ontributions from NY State including res not engage a professional fund raiser (PFR) ion qualifies for another 7A exemption (	parts 1, 2, and 3, a comption or are a I didents, foundation or fund raising cou	IND SUDMIT the certified DUAL filer that claims s, government agencie	d Char500. No fee, only one exemption, es, etc did not exceed
<b>3b. EPTL filing exemption</b> : Gross r during the fiscal year.	eceipts did not exceed \$25,000 and the ma	arket value of assets	did not exceed \$25,00	J at any time
4. Schedules and Attachmen	ts			
schedules and attachments to	No4a. Did your organization use a co-venturer for fund raisingNo4b. Did the organization receiv	activity in NY Stat	e? If yes, complete So	chedule 4a.
5. Fee				
	ing fee: EPTL filing fee:	Total fee:	-	check or money order ayable to:

CHAR500 Annual Filing for Charitable Organizations (Updated November 2014)

#### NEW YORK STATE CITIZENS COALITION FOR

NEW IORK SIAIE CIII.	ZENS CORDITION FOR						
CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schere - Your organization is registered as 7A only and you may - Your organization is registered as EPTL only and you - Your organization is registered as DUAL and you marked I	arked the 7A filing exemption in Part 3. marked the EPTL filing exemption in Part 3.					
Checklist of Schedules ar							
	mit with your CHAR500 as described in Part 4:						
☐ If you answered 'yes' in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial							
Co-Venturers (CCV)							
If you answered 'yes' in Part 4b, submit Schedule 4b: Government Grants							
Check the financial attachments yo	ou must submit with your CHAR500:						
X IRS Form 990, 990-EZ, or 9	990-PF, and 990-T if applicable						
X All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).							
IRS Form 990-T if applicabl	e						
If you are a 7A only or DUAL filer,	submit the applicable independent Certified Public Accountant's	Review or Audit Report:					
Review Report if you received	t total revenue and support greater than \$250,000 and up to \$5	00,000.					
Audit Report if you received	d total revenue and support greater than \$500,000						
X No Review Report or Audit Re	eport is required because total revenue and support is less than	\$250,000					
Note: The Audit and Review requir For more details, visit <b>www.Charit</b>	ements are set to change in 2017 and 2021 in accordance with iesNYS.com	the Non Profit Revitalization Act of 2013.					
Calculate Your Fee							
For 7A and DUAL filers, calculat	e the 7A fee:	Is my organization a 7A, EPTL or DUAL filer?					
\$0, if you marked the 7A ex	kemption in Part 3a	<ul> <li>7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ('7A')</li> <li>EPTL filers are registered under the Estates, Powers &amp; Trusts</li> </ul>					
X \$25, if you did not mark the	e 7A exemption in Part 3a	Law ('EPTL') because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL.					
For EPTL and DUAL filers, calculate	te the EPTL fee:	Check your registration category and learn more about NY					
\$0, if you marked the EPTL e	xemption in Part 3b	law at www.CharitiesNYS.com					
\$25, if the NET WORTH is I	ess than \$50,000	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22					
x \$50, if the NET WORTH is les	s than \$50,000 or more but less than \$250,000	<ul> <li>IRS Form 990 EZ Part I line 21</li> <li>IRS Form 990 PF, calculate the difference between</li> </ul>					
\$100, if the NET WORTH is le	DRTH is less than \$250,000 or more but less than \$1,000,000 Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).						
\$250, if the NET WORTH is le	ess than \$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 i	s less \$50,000,000 or more						

NYVA9812L 12/12/14

## Send Your Filing

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

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

CHAR500 Annual Filing for Charitable Organizations (Updated November 2014)

Page 2

	•	Short Form Return of Organization Exempt From Income Tax		OMB No. 1545-1150	
For	m <b>9</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2014		
Depa	artment	<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Information about Form 990-EZ and its instructions is at www.irs.gov/form990.</li> </ul>		Open to Public Inspection	
-		he 2014 calendar year, or tax year beginning $7/01$ , 2014, and ending $6/30$		, 2015	
В	Check	if applicable: C		identification number	
		change NEW YORK STATE CITIZENS COALITION FOR	51-01	194916	
	Initial		elephone		
		134 MAIN ST. Al	546-6	588-4321	
		NEW PALIZ, NY 12561			
	Applic			Exemption	
G	Acco	unting Method: Cash X Accrual Other (specify) ► H Check ►	if the	e organization is <b>not</b>	
I	Web	site: • www.nysccc .org required to		Schedule B	
J	Tax-ex	xempt status (check only one) — 🛛 501(c)(3) 🗌 501(c) ( ) ◄(insert no.) 🗌 4947(a)(1) or 🗌 527 (Form 990,	990-E	Z, or 990-PF).	
Κ	Form	of organization: X Corporation Trust Association Other			
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota	I		
	asse	ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	►\$	127,358.	
Pa	nrt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct			
		Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1	103,579.	
	2	Program service revenue including government fees and contracts	2	19,975.	
	3	Membership dues and assessments.	3		
	4	Investment income.	4	28.	
		Gross amount from sale of assets other than inventory	-		
		Gin or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
	6	Gaming and fundraising events	50		
P	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
Ě	b	Gross income from fundraising events (not including \$ of contributions			
R E V E N U		from fundraising events reported on line 1) (attach Schedule G if the sum			
Ĕ		of such gross income and contributions exceeds \$15,000)	-		
	c	Less: direct expenses from gaming and fundraising events	_		
	d	I Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	1 470	
	7 a	Gross sales of inventory, less returns and allowances	0 u	1,479.	
		Less: cost of goods sold	-		
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		
	8	Other revenue (describe in Schedule O)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	125,061.	
	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
E X	12	Salaries, other compensation, and employee benefits	12	78,852.	
P E	13	Professional fees and other payments to independent contractors.	13	4,949.	
EXPENSES	14	Occupancy, rent, utilities, and maintenance.	14	950.	
E S	15	Printing, publications, postage, and shipping	15	699.	
	16 17		16 17	43,395.	
	17	Total expenses. Add lines 10 through 16► Excess or (deficit) for the year (Subtract line 17 from line 9)	17	128,845.	
A				-3,784.	
NSEE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19	76,497.	
A NSE T S	20	Other changes in net assets or fund balances (explain in Schedule O).	20	10,407.	
5	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	72,713.	
BA	A Fo	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2014)	

	990-EZ (2014) NEW YORK STATE		FOR	51-	-019	4916 Page <b>2</b>
Par	<b><u>t II</u></b> Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II) edule O to respond to any qu	estion in this Part II			X
	•	· · · · ·		(A) Beginning of yea		(B) End of year
22	Cash, savings, and investments			67,218		73,575.
23	Land and buildings Other assets (describe in Schedule O)				23	•
24	Other assets (describe in Schedule O)	See Schedule	e 0	9,279	. 24	
25	Total assets			76,497		73,575.
26	Total liabilities (describe in Schedule O)	See Schedule	e 0	0	. 26	862.
27	Net assets or fund balances (line 27 of	column (B) <b>must</b> agree with	line 21)	76,497	. 27	72,713.
Par	t III Statement of Program Service Ac	complishments (see the inst	ructions for Part III)			Expenses
	Check if the organization used Sc	hedule O to respond to any c	question in this Part II	ιΧ	(Reau	ired for section 501
What	s the organization's primary exempt purpose? See	e Schedule O			(c)(3)	and 501(c)(4)
Desc	ribe the organization's program service a	ccomplishments for each of i	its three largest progr	am services, as	organ for oth	izations; optional
bene	ribe the organization's program service a sured by expenses. In a clear and conciss fited, and other relevant information for e	e mainer, describe the servic	ces provided, the num	iber of persons		1015.)
28	See Schedule 0	1 5				
	(Grants \$) If th	is amount includes foreign gi	rants, check here		28 a	104,083.
29						101/000.
	(Grants \$) If th	is amount includes foreign g	rants, check here	╶───►┍┤	29 a	
30	(					
	(Grants § ] If th	is amount includes foreign g	rants check here	⊾∟	30 a	
31	Other program services (describe in Sch				<b>JU</b> 4	
31		is amount includes foreign g			31 a	
32	Total program service expenses (add lin				32	104,083.
	t IV List of Officers, Directors,	<u> </u>				
I ai	Check if the organization used Sc					
	check in the organization used of			(d) Health bonofite	1	· · · · · · · · · · · · · · · · · · ·
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensatio (Forms W-2/1099-MISC)	contributions to employ benefit plans, and defe	oyee	(e) Estimated amount of other compensation
		position	(If not paid, enter -0-)	compensation	Sirou	
<u>Pat</u>	<u>0'Brien</u>					
	esident	0	0	•	0.	0.
Sar	ah_Gertenzang					
Tre	asurer	0	0	•	0.	0.
Fra	ink Ligtvoet					
Dir	rector	0	0		0.	0.
Jul	ie-Ann Tathem					
Dir	rector	0	0		0.	0.
010	ja Sanders					
	rector	0	0		0.	0.
	hard Heyl De Ortiz					
Exe	ecutive Dir.	35	34,726		0.	0.
	an_Collins		i			
	g Director	35	40,000		0.	0.
			,			
				-		

Forr	n 990-EZ (2014) NEW YORK STATE CITIZENS COALITION FOR 51-019491	6	P	Page 3
Pa	<b>rt V</b> Other Information (Note the Schedule A and personal benefit contract statement requirements in See Sched the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule	0	. Χ
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		Yes	No
		33		Х
34	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 :	a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37 a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		Х
	<b>a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
l	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
l	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955 ► 0.			
I	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	401		
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part L.	40 b		Х
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
41	List the states with which a copy of this return is filed <b>None</b>			
42	a The organization's books are in care of ► <u>Richard Heyl de Ortiz</u>	88-4	<u>321</u>	
I			Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
	If 'Yes,' enter the name of the foreign country:►			

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	
If 'Yes,' enter the name of the foreign country:►	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		▶ 🗌	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
		Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead			
of Form 990-EZ	44a		Х
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			
instead of Form 990-EZ	44b		Х
c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
If 'No,' provide an explanation in Schedule O	<b>44 d</b>		
<b>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Ye	es,'		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Ye Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		Х
TEEA0812L 05/28/14	Form <b>99</b>	0-F7 (	(2014)

Х

42 c

Form <b>990-I</b>	EZ (2014) NEW YORK STATE CITI	ZENS COALITION	I FOR	51-019	94916	Ρ	age 4
						Yes	No
46 Did t	he organization engage, directly or indire idates for public office? If 'Yes,' complete	ctly, in political campa	ign activities on behalf o	of or in opposition to	40		V
Part VI					46		Х
Fartvi	All section 501(c)(3) organizations		uestions 47.49h an	d 52 and complete	the table	)c	
	for lines 50 and 51.					,5	
	Check if the organization used Schedu	e O to respond to any	question in this Part VI				
						Yes	No
47 Did th	ne organization engage in lobbying activities	or have a section 501(h)	) election in effect during	the tax year? If 'Yes,'	47		
	blete Schedule C, Part II					Х	37
	he organization a scribol as described in se		•				X
	es,' was the related organization a section						Х
	blete this table for the organization a section	-					
	byees) who each received more than \$100,0				cy		
				(d) Health benefits,			
	(a) Name and title of each employee	(b) Average hours per week devoted	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	(e) Estimate other com		
		to position		compensation			
None							
f Total	number of other employees paid over \$1						
	blete this table for the organization's five high		endent contractors who e	_ ach received more than \$	100 000 of		
comp	pensation from the organization. If there i	s none, enter 'None.'			100,000 01		
	(a) Name and business address of each independent c	ontractor	<b>(b)</b> Туре	of service	<b>(c)</b> Com	ensatio	n
None							
		-					
	number of other independent contractors	-					
	he organization complete Schedule A? <b>N</b> bleted Schedule A				► X Yes	. Г	No
	es of perjury, I declare that I have examined this return,					) <u> </u>	
true, correct, a	and complete. Declaration of preparer (other than office	r) is based on all information	of which preparer has any know	ledge.			
	Signature of officer			Date			
Sign							
Here	Richard Heyl De Ortiz Type or print name and title			Executive Dir.			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
				Check A if		٨	
Paid	Terence N Bogush	Terence N Bogu	150	self-employed	0064263	4	
Preparer	Firm's name ► <u>Bogush &amp; Grady</u> , Firm's address ► <u>48 West Market</u>			Firm's EIN	20-0121	000	
Use Only	Firm's address ► <u>48 West Market</u> Rhinebeck, NY 1				<u>30-0121</u> 8764911	000	
Mov the ID	•		uctions		_		No
iviay the IR	S discuss this return with the preparer sl	iowii above? See instr	uctions		► X Yes		No
					Form <b>99</b>	U-EZ (	(2014)

Public Charity Status and Public Support					oort	OMB No. 1545-0047		
SCHEDULE A (Form 990 or 990-EZ)	Con	4947(a	tion is a section 501(c)( a)(1) nonexempt charita ich to Form 990 or Form	ble trus	t.	or a section	2014	
Department of the Treasury Internal Revenue Service	► Inf	formation about Sche	edule A (Form 990 or 99 at www.irs.gov/form99	90-EZ) a		structions is	Open to Public Inspection	
Name of the organization N			COALITION FOR	•••		Employer identifica		
	HILDREN				1 a 1 a i a	51-019491		
			rganizations must o For lines 1 through 11,				lons.	
Ě	•		hurches described in sect		2	,		
		n 170(b)(1)(A)(ii). (At				.,		
3 A hospital or	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4 A medical res	-	tion operated in conj	unction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's	
170(b)(1)(A)(i	v). (Complete I	Part II.)	or university owned or op	-	÷		section	
7 y An organizatio	n that normally r	-	ental unit described in <b>s</b> part of its support from a				lic described	
			(A)(vi). (Complete Part I	l.)				
from activities investment in	related to its exe come and unre	empt functions – subje	a 33-1/3% of its support fr ct to certain exceptions, a e income (less section Part III.)	and (2) n	io more	than 33-1/3% of its suppo	ort from gross	
			ely to test for public safe	ety. See	sectior	n 509(a)(4).		
or more publi	cly supported o	rganizations describe	ely for the benefit of, to ed in <b>section 509(a)(1)</b> o supporting organization	or <b>sectio</b>	n 509(a	)(2). See section 509(a)	It the purposes of one (3). Check the box in	
organization(s	orting organizati ) the power to re <b>t IV, Sections /</b>	gularly appoint or elec-	d, or controlled by its sup t a majority of the director	oported o rs or trus	rganizat tees of t	ion(s), typically by giving the supporting organization	the supported on. <b>You must</b>	
<b>b Type II.</b> A sup	oporting organiz	ation supervised or c organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by I the supported organizati	naving control or on(s). <b>You</b>	
	,		tion operated in connection plete Part IV, Sections A	n with, ar <b>A, D, an</b>	nd functio <b>d E.</b>	onally integrated with, its s	supported	
d Type III non-fu functionally ir instructions).	unctionally integ ntegrated. The o You must com	rated. A supporting orgonganization generally plete Part IV, Section	ganization operated in cor y must satisfy a distribu <b>is A and D, and Part V.</b>	nnection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see	
e Check this bo integrated, or	ox if the organiz Type III non-fu	ation received a writt inctionally integrated	en determination from t supporting organizatior	the IRS <sup>·</sup> ì.	that is a	a Type I, Type II, Type I		
f Enter the number	er of supported	organizations						
	wing informatio	(ii) EIN	d organization(s).			(v) Amount of monetary	(vi) Amount of other	
organ	nization		(described on lines 1-9 above or IRC section (see instructions))	(iv) I organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								
BAA For Paperwork R	eduction Act N	otice, see the Instruc	tions for Form 990 or 9	90-EZ.		Schedule A (Form	1 990 or 990-EZ) 2014	

# Schedule A (Form 990 or 990-EZ) 2014 NEW YORK STATE CITIZENS COALITION FOR 51-0194916

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	56,621.	46,193.	10,956.	78,101.	67,529.	259,400.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,	,		0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	56,621.	46,193.	10,956.	78,101.	67,529.	259,400.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.			
6	Public support. Subtract line 5 from line 4						259,400.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total			
7	Amounts from line 4	56,621.	46,193.	10,956.	78,101.	67,529.	259,400.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74.	24.	19.	25.	28.	170.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						259,570.			
12	Gross receipts from related activ	vities, etc (see inst	tructions)			12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	► 🗍			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
	Public support percentage for 20						99.93%			
15	Public support percentage from					L	99.95 %			
16 a	a 33-1/3% support test – 2014. If and stop here. The organization	the organization of qualifies as a put	did not check the plicly supported or	box on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, c	heck this box ►X			
ł	<b>b 33-1/3% support test</b> – <b>2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization									
17 a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	est – 2014. If the or meets the 'facts-a s-and-circumstanc	organization did no and-circumstances es' test. The orga	ot check a box or s' test, check this nization qualifies	h line 13, 16a, or box and <b>stop her</b> as a publicly sup	16b, and line 14 is e. Explain in Part ported organization	10% VI how 1▶			
	o <b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances' f	nd-circumstances test. The organiza	s' test, check this ition qualifies as a	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization.	VI how the ►			
18	Private foundation. If the organized	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see inst	ructions ►			

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	<b>(f)</b> Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	<b>(f)</b> Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(	3) ▶
	tion C. Computation of Pul			. 10 1 (***		I	0
	Public support percentage for 20	-	•••				0/0
	Public support percentage from a					16	0\0
	tion D. Computation of Inv						~
17	Investment income percentage f	-	••	-			010
18	Investment income percentage f						0\0
	<b>33-1/3% support tests</b> – <b>2014.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organizatior	n ►
	<b>33-1/3% support tests</b> – <b>2013.</b> If line 18 is not more than 33-1/3%	, check this box a	and <b>stop here.</b> The	e organization qu	alifies as a public	ly supported orga	nization 🕨 📃
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions.	►

Schedule <b>A</b> (Form 990 or 990-EZ) 2014	NEW YORK	STATE CITIZENS	COALITION FOR
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 Part IV
 Supporting Organizations

 (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
•	If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
_				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	-		
	and (c) below.	3a		
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
•	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization			
	made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4 a	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
	if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)			
	and (c) below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's added, substituted, or removed, (ii) the reasons for each such action, (iii) the additionty under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		
	The star True Banks Western added as a dethind some shad some indian word of a star structure de instantia in the			
1	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in <b>Part VI</b></i>	6		
		5		
7				
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990</i> )	7		
	יבעמיט נט מ שטשגמוונומו נטוונווטענטו: וו דבש, נטוווטופע דמונדטו שנופעעופ ב (דטוווו ששט)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			
	complete Part I of Schedule L (Form 990)	8		
9:	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
50	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?			
	If 'Yes,' provide detail in <b>Part VI</b>	9a		
ł	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the			
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,			
C	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9c		
10 a	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'			
	answer (b) below.	10a		
ł	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		
		.00		

Schedule A (Form 990 of 990-E2) 2014 NEW YORK STATE UITIZENS COALITION FOR	Form 990 or 990-EZ) 2014 NEW YORK STATE CITIZENS CO.	ALITION FOR
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Yes No

Part IV Supporting Organizations (continued)			
		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
<b>b</b> A family member of a person described in (a) above?	1b		
C A 250 controlled entity of a nerven deperihed in (a) as (b) should be a few a nervide detail in <b>Peri V</b>	1c		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI 1	IC.		[

## Section B. Type I Supporting Organizations

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

## Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

## Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the	organization used to satisf	v the Integral Part Test during	a the vear	(see instructions
•	Check the box next to the method that the	organization asea to satisf		y inc your	

a The organization satisfied the Activities Test. Complete line 2 below.

	The organization is	the narent of	aach of ite	sunnortad organizati	one <i>Com</i> nlata <b>li</b> i	no ? holow
			cacii ui its .	supported organizati		IC J DEIOW.

**c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).* 

2	Activities	Test.	Answer	(a	) and	(b	) below.
---	------------	-------	--------	----	-------	----	----------

				-		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted						
	substantially all of its activities	2a				
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the</i>					
	organization's involvement					
3	Parent of Supported Organizations. Answer (a) and (b) below.					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a				
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its					
	supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b				

b

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on November 20, 1970. See instruction

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

ec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
ec	tion B – Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
k	• Average monthly cash balances	1b		
C	: Fair market value of other non-exempt-use assets	1c		
C	<b>1 Total</b> (add lines 1a, 1b, and 1c)	1d		
e	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2014	NEW YORK	STATE CITIZENS	COALITION FOR	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)			
Sec	tion D – Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt pur	poses				
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	f supported organizatior	ns,			
3	Administrative expenses paid to accomplish exempt purposes of su					
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)					
3	Excess distributions carryover, if any, to 2014:					
а						
b						
С						
d						
е	From 2013					
1	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2014 distributable amount.					
i	Carryover from 2009 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D,					
	line 7: \$					
-	Applied to underdistributions of prior years					
	Applied to 2014 distributable amount.					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)					
7	Excess distributions carryover to 2015. Add lines 3j and 4c					
8	Breakdown of line 7:					
а						
b						
С						
d	Excess from 2013.					
e	Excess from 2014					

BAA

## Schedule of Contributors

OMB No. 1545-0047

2014

Attach to Form 990, Form 990-EZ, or Form 990-PF

Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990, Form 990-EZ, or Form 99</li> <li>Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is a</li> </ul>					
Name of the organization NEW	YORK STATE CITIZENS COALITION FOR	Employer iden	tification number			
CHI	LDREN	51-0194	916			
Organization type (check	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{\mathrm{X}}$ 501(c)( 3 ) (enter number) organization	$\overline{X}$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not	treated as a private foun	dation			
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust trea	ated as a private foundation	on			
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

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

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year.....

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2014) or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1	of	1	of Part 1
Name of organization	Employer	identifi	cation nun	nber	
NEW YORK STATE CITIZENS COALITION FOR	51-01	9493	16		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1_</u> _	Frank Ligtvoet 176 State Street Brooklyn, NY 11201	\$ <u>5,000.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2_</u> _	Sarah Gerstenzang 107 Prospect Park West Brooklyn, NY 11215	\$ <u>5,000.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3_</u>	<u>Pat O'Brien</u> 2855 W 20th Street Brooklyn, NY 11224	\$ <u>5,000.</u>	Person     X       Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Redlich Horwitz Foundation 120 West 45th Street Ste 2801 New York, NY 10036	\$29,000.	Person     X       Payroll        Noncash        (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Suny Research Foundation 1300 Elmwood Avenue CLAS A-203 Buffalo, NY 14222	\$ <u>36,050.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person        Payroll        Noncash        (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page			to 1	of Part II
Name of organization		Emplog	yer identification	number
NEW YORK STATE CITIZENS COALITION FOR		51-0	0194916	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N/A			
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$\$	
AA		Schedule <b>B</b> (Form 990, 990-EZ,	

	<b>3</b> (Form 990, 990-EZ, or 990-PF) (2014)			Page	1 to	1	of <b>Part III</b>
Name of organ		FOD			Employer ide		n number
Part III	RK STATE CITIZENS COALITION			ا م م براله م م	51-0194		-)(7) (0)
	<b>Exclusively</b> religious, charitable, et or (10) that total more than \$1,000 for the the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	<b>he year from any one contrib</b> ompleting Part III, enter the tota (Enter this information once. Se	utor. Comple	te columns <b>(a</b> e/v religious	a) through (e) a , charitable, e	nd etc	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Des	(d) cription of ho	w gift i	s held
	N/A						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 R			itionship of	transferor to	transf	eree
				  I			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Dese	(d) cription of ho	w gift i	s held
						·	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of	transferor to	transf	eree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Dese	(d) cription of ho	w gift i	s held
				  		·	 
	(e) Transferee's name, address, and ZIP + 4			l Itionship of	transferor to	transf	eree
	· · · · · · · · · · · · · · · · · · ·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Dese	(d) cription of ho	w gift i	s held
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of	transferor to	transf	
						·	
BAA	I		Scheo	lule <b>B</b> (Form	990, 990-EZ,	or 990-l	PF) (2014)

SCHEDULE C	
(Form 990 or 990-EZ	)

# **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 it instructions

OMB No. 1545-0047 2014

Open to Public

Depar Intern	Department of the Treasury Internal Revenue Service is at www.irs.gov/form990.					
If the	e organization answe	ered 'Yes,' to	Form 990, Part IV, line 3, or Form 990	-EZ, Part V, line 46 (I	Political Campaign Activ	vities), then
• 5		than section	Complete Parts I-A and B. Do not comp n 501(c)(3)) organizations: Complete Pa lete Part I-A only		Do not complete Part I-	B.
	-	•	o Form 990, Part IV, line 4, or Form 990	-EZ. Part VI. line 47 (	Lobbving Activities). th	en
			have filed Form 5768 (election under sec			
		nizations that	have NOT filed Form 5768 (election unde	r section 501(h)): Com	plete Part II-B. Do not cor	nplete
If the	Part II-A. e organization answe xy Tax) (see instruct	ered 'Yes,' to tions), then	o Form 990, Part IV, line 5 (Proxy Tax) (	(see instructions) or	Form 990-EZ, Part V, lin	ie 35c
-		), or (6) orga	nizations: Complete Part III.			
	of organization				Employer identifica	
			COALITION FOR		51-019491	
	· · · · ·	•	anization is exempt under secti			zation.
1	•	0	anization's direct and indirect political	1 0		
2					•	
	· · · · · · · · · · · · · · · · · · ·	•	anization is exempt under secti		<b>•</b>	
1		-	tax incurred by the organization under			
2			tax incurred by organization managers			
	-		ection 4955 tax, did it file Form 4720 fo	-		
						····· Yes No
	If 'Yes,' describe in					
Par		•	anization is exempt under secti	• • •		
1	Enter the amount d	lirectly exper	nded by the filing organization for section	on 527 exempt function	on activities 🏲 \$	
2	Enter the amount of function activities.	the filing orga	anization's funds contributed to other organ	nizations for section 52	7 exempt►\$	
3	Total exempt function	ion expenditu	ures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organi	ization file <b>F</b>	orm 1120-POL for this year?			Yes No
5	organization made amount of political co	payments. F ontributions re	d employer identification number (EIN) or each organization listed, enter the a eceived that were promptly and directly de ction committee (PAC). If additional sp	mount paid from the livered to a separate p	filing organization's fund olitical organization, such	ds. Also enter the as a separate
	<b>(a)</b> Name		(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)				-		
BAA	For Paperwork Redu	uction Act No	tice, see the Instructions for Form 990 or	990-EZ.	Schedule <b>C</b> (For	rm 990 or 990-EZ) 2014

Schedule <b>C</b> (Form 990 or 990-EZ) 2014 $\mathrm{NEW}$	YORK	STATE	CITIZENS	COALITION	FOR
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Schedule C (Form 990 or 990-EZ) 2014 NEW YORK S	TATE CITIZENS COALITION FOR	51-01949	916 Page <b>2</b>
	on is exempt under section 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► if the filing organization belor	ngs to an affiliated group (and list in Part IV each affilia	ed group member's name,	
address, EIN, expenses, ar	nd share of excess lobbying expenditures).		
B Check ► if the filing organization ch	ecked box A and 'limited control' provisions apply.		
Limits on Lobb (The term 'expenditures' me	ying Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence p	ublic opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence a	legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add I	ines 1c and 1d)		
f Lobbying nontaxable amount. Enter the arboth columns.	nount from the following table in		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%	o of line 1f)		
h Subtract line 1g from line 1a. If zero or les	ss, enter -0		
i Subtract line 1f from line 1c. If zero or les	s, enter -0		
	r line 1h or line 1i, did the organization file Form 4720		Yes No
	4-Year Averaging Period Under Section 501(h) at made a section 501(h) election do not have to co ns below. See the instructions for lines 2a through		

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total	
2 a Lobbying non-taxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))						
<b>c</b> Total lobbying expenditures						
<b>d</b> Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

BAA

#### 51-0194916 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.			(	(b)	
			Am	ount	
<ul> <li>See Part IV</li> <li>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:</li> </ul>					
a Volunteers?	Х				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х			
c Media advertisements?		Х			
<b>d</b> Mailings to members, legislators, or the public?	Х				
e Publications, or published or broadcast statements?	Х				
f Grants to other organizations for lobbying purposes?		Х			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i Other activities?		Х			
j Total. Add lines 1c through 1i					0.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912		_			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	(c)(5)	, or			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b)	c)(5) Part I	, or se II-A, I	ection 5 ine 3, is	01(c)	

	answered 'Yes.'		
1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
i	a Current year	2 a	
I	b Carryover from last year	2 b	
(	c Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
	Taxable amount of lobbying and political expenditures (see instructions)	-	
5		5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

#### Part II-B - Description of Lobbying Activity

The Organization publishes a bi-monthly electronic newsletter which is distributed

to foster parents, adoptive parents and professionals throughout the state.

Periodically, the newsletter will include information about legislation or

legislative initiatives that are of interest to foster and adoptive families.

Page 3

#### Part II-B - Description of Lobbying Activity (continued)

In addition, from time to time, the Organization does respond to requests for information from legislators or legislative staff regarding the foster and/or adoptive parent perspective on upcoming legislation.

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2014 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service at www.irs.gov/form990.	Inspection
Name of the organization NEW YORK STATE CITIZENS COALITION FOR	cation number
CHILDREN 51-019493	16

#### Form 990-EZ, Part I, Line 16 Other Expenses

Bank Fees	\$ 649.
Conferences, Conventions, and Meetings	37,276.
Dues and subscriptions	790.
Information Technology	498.
Insurance	1,065.
Office Expenses	2,499.
Training and outreach	
Travel	 357.
Total	\$ 43,395.

#### Form 990-EZ, Part II, Line 24 Other Assets

	Be	<u>ginning</u>	 Ending
PLEDGE AND GRANT RECEIVABLE	\$	9,279.	\$ 0.
Total	\$	9,279.	\$ 0.

#### Form 990-EZ, Part II, Line 26 Total Liabilities

	Beginn	<u>ning</u>	 Ending
Accounts Payable and Accrued Expenses	\$	0.	\$ 862.
Total	\$	0.	\$ 862.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The New York Citizen's Coalition for Children (NYSCCC) was organized in 1975 to address problems in New York State's child welfare system which had resulted in protracted foster care stays in what was intended to be a temporary system, but had, in fact become a way of life for thousands of NYS children caught in the foster care system. NYSCCC activities to address these problems over its 40 year history have been focused on administrative and legislative advocacy, community education, parent group development and support services, and recruitment of families for waiting children.

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Foster care and adoption support providing administrative and legislative advocacy, community education, parent group development and supportive services, recruitment of families for waiting children, information and referral services

TEEA4901L 08/18/14

Schedule <b>O</b> (Form 990 or 990-EZ) 2014						
Name of the organization NEW YORK STATE CITIZENS COALITION FOR	Employer identification number					
CHILDREN	51-0194916					

#### Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

for families and advocates, annual statewide foster care and adoption conference, and "News from NYSCCC" advocacy and information email updates.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or	
indirectly, to pay premiums on a personal benefit contract?	No
(b) Did the organization, during the year, pay premiums, directly or	
indirectly, on a personal benefit contract?	No