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Forrn 990
Department of the Treasury
Intemal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.aovForm990 for instructions and the latest inforrnation.

OMB No. 5-0047

2017

Open to Public Inspection

A For the 2017 calendar ear or tax ear be innin | and endin

B Check if applicable:
Address (hange
Name change
Initial
relum n Final relum
U terminated
Amended relum
APPlication pending

C Name of organization
RECLAIM NEW YORK INC .

Doing business as

Number and Glreat (or P.O. box if maj is not delivered to street address)
597 5TH AVENUE 11TH FLOOR

City or town. state or province, country, and ZIP or foreign postal code
NEW YORK NY 10017

D Employer Identificatlon number
46-3982730

E Telephone number
646-781-7800

G Gross 1 859 475

F Name and address of principal oficer:
BRANDON MUIR
597 5TH AVENUE 11TH FL
NEW YORX NY 10018

H(a) Is this a group retum for sub(Ydinates?
Hib) Are subordinales included?
If "No," attach a list. (see instructions)

X 501 c 3 501 c insert no. 4947 a 1 or J Websitet WWW . 527
RECLAIMNEWYORK.ORG

H G exe number

K Fum of tion: | Co ration | | Trust | | Association | X | NON PROFIT | L Year of formation: 2013 | M Slate ofl I domioTe: NY

Part I Summa

1 Briefiy describe the organization's mission or most significant activities:
SEE SCHEDULE O

o 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the goveming body (Part VI, line la) 3 4

4 Number of independent voting members of the goveming body (Part VI, line 1b) 4 4

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 22

o 6 Total number of volunteers (estimate if necessary) 6

7a Total unrelated business revenue from Part Vlll, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T line 34 7b

	Prior Year	Current Year
Contributions and grants (Part Vlll, line lh)	1 859 473	
9 Program service revenue (Part Vlll, line 2g)		
>10 Investment income (Part Vlll, column (A), lines 3, 4, and 7d)		2
11 Other revenue (Part Vlll, column (A), lines 5, 6d, 8c, 9c, IOC, and lle)		
12 Total revenue — add lines 8 throuah 11 (must eoual Part Vlll. column line 12)	1 733,107	1 859 475
13 Grants and similar amounts paid (Part IX, column (A), lines 1—3)		
14 Benefits paid to or for members (Part EX, column (A), tine 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5—10) 682 433 802 850		
16a Professional fundraising fees (Part IXI column (A), line lle) 10 396 92 587		
b Total fundraising expenses (Part IX, column (D), line 25) 247 ,260		
17 Other expenses (Part IX, column (A), lines 1 la—I Id, 11f—24e)	870 246 1 034 223	
18 Total expenses. Add lines 13—17 (must equal Part IX, column (A), line 25)	1 563 075	1 929 660
19 Revenue less exoenses. Subtract line 18 from line 12 170.032 -70 185 o	Be innin of Current Year	End of Year
20 Total assets (Part X, line 16) 498 292 464 524	21 Total liabilities (Part X, line 26)	46 314 82 731
z 22 Net assets or fund balances. Subtract line 21 from line 20	451 . 978	381 793

Part Il Sianature Block

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

	Signature of officer	Date
	BRANDON MUIR EXECUTIVE DIRECTOR	
	Type or pint name and tille	

	Printrrype preparer's name	Preparers signature	Date	Check X if self-employed	PTIN
	3RIAN GOLUB		11/15 / 18		P01235428
	Firm's GOLUB LACAPR.A WILSON & DETIBERIIS LLP			Firm's EIN 11-3501980	
Preparer use Only	2 ROOSEVELT AVE PRT JEFF STA NY 11776-3337			Phone no. 631-331-0515	

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

For Paperwork Reduction Act Notice, see the separate instructions.

DA.A

Form (2017) RECLAIM NEW YORK, INC. 46-3982730 Paqe 2 Part Ill Statement of Program Service Accomplishments

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

I Briefly describe the organization's mission:

RECLAIM NEW YORK EDUCATES NEW YORKERS ON ISSUES LIKE AFFORDABILITY , GOVERNMENT REFORM, AND EDUCATION. THROUGH CIVIC EDUCATION WE EMPOWER CITIZENS TO RECLAIM OWNERSHIP IN THEIR GOVERNMENT .

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 594 , 000 including grants of $) (Revenue $

IN 2017, RECLAIM YORK INCREASED ITS TRAININGS AND STRENGTHENED ITS ENGAGEMENT WITH CITIZENS ACROSS THE STATE TO DRIVE AWARENESS AB0tjT • THE STATE'S AFFORDABILITY CRISIS AND CORRUPTION EPIDEMIC. • BY EMPOWERING CITIZENS w1TH COST-OF-LIVING DATA AND THE BENEFITS GOVERNWENT PROVIDES IN RETURN, NEW YORKERS ARE EMPOWERED TO PUSH FOR MORE EFFECTIVE GOVERNANCE.
THIS INCLDES THE PRACTICE SOME LOCAL GO'..ÆRNMENTS HAVE BEEN USING TO PAD BUDGETS: ILLEGAL FEES. RECLAIM CONTINUES TO RAISE AWARENESS IN LOCALITiES THAT ARE USING ILLEGAL FEES TO PLAY A BACK-DOOR ROLE OF REVENUE CREATION.

4b (Code:) (Expenses $ 356 , 400 including grants of $) (Revenue $

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RECLAIM CONTINUES ITS PUSH FOR CITIZEN-DRIVEN O[X].ÆRSIGHT, TO SOLVE THE CONSISTENT BREAKDOWNS IN GOVERNANCE FACING NEW YORK. • AS •MORE CITIZENS BEGIN TO UNDERSTAND THE IMPORTANCE OF TRANSPARENCY • AT THE LOCAL LEVEL, CITIZENS ARE TAKING ACTION TO CONDUCT ONLINE TRANSPARENCY, ASSESSBENTS OF SCHOOL DISTRICTS, VILLAGES, TOWN, AND COUNTIES. BY PUSHING FOR MORE CITIZEN iNVOLVEMENT, PUBLIC OFFICIALS SEEING THE VALUE IN PROACTIVE TRANSPARENCY, ULTIMATELY INCREASING THE ATTENTION PAID TO RESPONSIVE GOVERNANCE .

4c (Code:) (Expenses $ 237,600 including grants of $) (Revenue $)

NEW YORK REMAINS ONE OF THE LARGEST PRODUCERS OF CORPORATE CRONYISM WITH BILLIONS OF DOLLARS IN GIVEAWAYS EACH YEAR. THESE FAILED ATTEMPTS TO ATTRACT CORPORATIONS LEAD TO THE VAST MAJORITY OF SMALL BUSINESS OWNERS FAILING TO SEE VALUSE IN THIS APPROACH OT ECONOMIC DEVELOPMENT. RECLAIM HAS EXPOSED THIS PRACTICE AND CONTINUES TO ILLUSTRATE HOW MORE EQUITABLE AND EFFECTIVE POLICIES ARE ALLOWING OTHER STATES TO GROW THEIR ECONOMIES IN SUSTAINABLE WAYS.

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

4e Total program service expenses ▶ 1,188,000

DAA

Part IV Checklist of Re uired Schedules

			Yes	No
I	Is the organization described in section 501 or 4947(a)(1) (other than a private foundation)? If "Yes, " complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instwctions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes, " complete Schedule C, Part I	3		X
4	Section 501 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes, " complete Schedule C, Part II	4		X
5	Is the organization a section 501 501 or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes," complete Schedule C, Part Ill	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Pan I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part Ill	8		X
		9		X
		10		X

9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes, " complete Schedule D, Part IV	lla	x	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes," complete Schedule D, Part V	11b		x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, Vll, Vlll, IX, or X as applicable.	lic		x
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes, " complete Schedule D, Part VI	lid	x	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, " complete Schedule D, Pan Vll	lie		x
Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, " complete Schedule D, Part Vlll	lif		x
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, " complete Schedule D, Pan IX	12a	x	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X	12b		x
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	13		x
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Parts Xl and Xll	14a		x
b Was the organization included in consolidated, independent audited financial statements for the tax yean If 'Yes, " and if the organization answered "No" to line 12a, then completing Schedule D, Parts Xl and Xll is optional	14b		x
13 Is the organization a school described in section)(A)(ii)? If 'Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States?	15		x
b Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If 'Yes," complete Schedule F, Parts I and IV	16		x
15 Did the organization report on Part IX, column (A). line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If 'Yes," complete Schedule F, Parts II and IV	17	x	
16 Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes, " complete Schedule F, Parts Ill and IV	18		x
17 Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part X column (A), lines 6 and Ile? If "Yes," complete Schedule G, Part I (see instructions)			
18 Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part Vlll, lines lc and 8a? If "Yes, " complete Schedule G, Part II			
19 Did the organization report more than $15,000 of gross income from gaming activities on Part Vlll, line 9a? If "Yes " com rete Schedule G Part III	19		x

Part IV Checklist of Re uired Schedules continued

		Yes	No
20a Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H			x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic govemment on Part IX, column (A), line 1? If "Yes, " complete Schedule I, Pans I and II			x
22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes," complete Schedule I, Parts I and III	22		x

23	Did the organization answer Yes" to Part VIII Section A, line 31 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes, " complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501 (c)(3), 501 (c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes, " complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5. 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes, " complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, tmstee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		X
a	A current or forrner officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
b	A family member of a current or for-ner officer. director, trustee. or key employee? If "Yes," complete Schedule L, Part IV	28c		X
c	An entity of which a current or former officer, director, tmstee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	30		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes, " complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N,	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes, " complete Schedule N, Part II	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes, " complete Schedule R, Part 1	34	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes, " complete Schedule R, Part V, line 2	35b		
36	Section 501 (c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes, " complete Schedule R, Pan V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes, " complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Fon 990 filers are re uired to com lete Schedule O.			

DAA

Part

1 d/1512018

990

V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a res onse or note to an line in this Part V

Yes No la

Enter the number reported in Box 3 of Forrn 1096. Enter -0- if not applicable la 9 b Enter the number of Forms W-2G included in line la. Enter -O- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? lc x

2a Enter the number of employees reported on Fon W-3, Transmittal of Wage and Tax

Statements, filed for the calendar year ending with or within the year covered by this retum 2a 22 b If at least one is reported on line 2a, did the organization file all required federal employment tax retums? x

Note. If the sum of lines la and 2a is greater than 250, you may be required to e-file (see instructions)

3a Did the organization have unrelated business gross income of $1 ,000 or more during the year? 3a x b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a x b If "Yes," enter the name of the foreign country:

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)-

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b x c If "YeS' to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a x b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c).

Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? x b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? x d If "Yes," indicate the number of Fons 8282 filed during the year

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? x f Did the organization, during the year, pay premiums. directly or indirectly, on a personal benefit contract? x g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 70 x h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? x

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part Vlll, line 12 b Gross receipts, included on Fom 990, Part VI", line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders Ila b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional inforrnation the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year? 14a x b If "Yes ⁸" has it filed a Form 720 to re rt these ments? If "No " mvide an e (anation in Schedule O 14b

11/15/2018

Form 990 RECLAIM NEW YORK, INC. 46-3982730

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

Section A. Governin Bod and Mana ement

Yes No

Part

la Enter the number of voting members of the governing body at the end of the tax year	la 4		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line la, above, who are independent	4		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 x		
3 Did the organization delegate control over management duties customarily perfomed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4 Did the organization make any significant changes to its governing documents since fre prior Form 990 was filed?	4 x		
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 x		
6 Did the organization have members or stockholders?	6 x		
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			x
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?			
b Each committee with authority to act on behalf of the governing body?			
9 Is there any offcer, director, trustee, or key employee listed in Part VI', Section A, who cannot be reached at the anization's maili address? If 'Yes rovide the names and addresses in Schedule O			x

Section B. Policies

This Section B re uests information about olicies not re uired b the Internal Revenue Code.

		Yes	No
1 Oa Did the organization have local chapters, branches, or afiliates?	IOa		x
b If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
lla Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	lla		x
b DescHbe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? ff "No," go to line 13	b		
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13 Did the organization have a written whistleblower policy?	13	x	
	14	x	

14	Did the organization have a written document retention and destruction policy?	15a		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization			
	If "YeS' to line 15a or 15b, describe the process in Schedule O (see instructions).	162		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If 'Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the anization's exem status with res ct to such arran ements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

17 List the states with which a copy of this Fom 990

18 Section 6104 requires an organization to make its Foms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its goveming documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

GLWD LLP 2 ROOSEVELT AVENUE

PORT JEFF STATION NY 11776 631-331-0515

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

Chet-tk if .%hpdl O contains a resnonse or note to anv line in this Part Vll Section A. Directors, Trustees Key Emplovees; and Hiahest Compensated Emoloyees

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -O- in columns (D), (E), and (F) if no compensation was paid.

List alt of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Fom 1099-MISC) of more than $100,000 from the organization and any related organizations.

e List all of the organization's former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a for-ner director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

Part

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBEKAH MERCER	0.00									
CHAIRMAN/TREASURER	0.00	X		X				0	0	0
(2) BRANDON MUIR	40.00									
EXECUTIVE DIRECTOR	15.00	X		X	X			119,500	0	0
(3) JENNIFER MERCER	0.00									
DIRECTOR/SECRETARY	0.00	X		X				0	0	0
(4) LEONARD LEO	0.00									
DIRECTOR	0.00	X						0	0	0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								119,500		
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								119,500		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of re ortable com ensation from the anization

			es	No
3	Did the organization list any fortner officer, director, or trustee, key employee, or highest compensated employee on line la? If 'Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line la, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line la receive or accrue compensation from any unrelated organization or individual for services rendered to the o anization? If "Yes " com tete Schedule J for such erson	5		X

Section B. Independent Contractors

Forn 990 2017 RECLAIM NEW YORK INC. 46-3982730

Part

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of com ensation from theo anization. Re ort com nsation for the calendar r endin with or within the o anization•s tax

(A) Name and business address	(B) Descri tjon of services	Com
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100 000 or com ensation from the anization		

Vlll Statement of Revenue

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

	(A) Total revenue	(B) Related or	Unrelated	(D)
excluded from tax function revenue	under sections	512-514		Revenue exempt business
Government grants (contributions) le f A] other contributions, gifts. grants, and similar amounts not included above	la Federated campaigns	la b Membership dues	1b c Fundraising events d Related organizations e	
		If 1 859 473		

g Noncash contributions included in lines la-if:

h Total. Add lines la—if 1 859 473

Busn. Code

b 8 c d e f All other program service revenue

Total. Add lines 2a—2f

3 Investment income (including dividends, interest, and other similar amounts) 2 2

4 Income from investment of tax-exempt bond proceeds 5 Royalties

(i) Real Personal

6a Gross rents b Less: rental exps. C Rental inc, or (loss) d Net rental income or oss

7a Gross amount from

Securities (ii) Other

sales of assets other than inventcyy b Less: cost or other basis & sales exps. c Gain or (loss) d Net gain or (loss)

8a Gross income from fundraising events (not including $ of contributions reported on line lc).

See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities.

See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities

1 Oa Gross sales of inventory, less retums and allowances a b Less: cost of goods sold c Net income or oss from sales of invent

Misceganeous Revenue Busn. Code

lla

c d All other revenue e TotaL
Add lines lla—lld

12 Total revenue. See instructions.	1 859 475	2

DAA

Form 990 2017 RECLAIM NEW YORK INC. 46-3982730

Part

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	119,500	78,870	35,850	4,780
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	534,474	352,753	160,342	21,379
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,143		10,143	
9 Other employee benefits	83,774	55,291	25,132	3,351
10 Payroll taxes	54,959	36,273	16,488	2,198
11 Fees for services (non-employees):				
a Management	41,392	41,392		
b Legal	103,386	69,307	34,079	
c Accounting	45,224		45,224	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	92,587			92,587
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	104,306	99,411	4,895	
12 Advertising and promotion	219,602	108,181	1,012	110,409
13 Office expenses	29,401	26,475	2,899	27
14 Information technology	102,096	95,861	1,853	4,382
15 Royalties				
16 Occupancy	173,495	114,506	52,049	6,940
17 Travel	61,524	60,877	647	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,215	32,943	65	1,207
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,520		4,520	
23 Insurance	20,621		20,621	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	41,401	7,387	34,014	
b UTILITIES	17,434		17,434	
c PHONE INTERNET & CABLE	12,427	1,982	10,445	
d EQUIPMENT RENTAL & MTC	8,017		8,017	
e All other expenses	15,162	6,491	8,671	
25 Total functional expenses. Add lines 1 through 24e	1,929,660	1,188,000	494,400	247,260
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

X Balance Sheet

Check if Schedule O contains a res onse or note to an line in this Part X

		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	358 617	1	177 539
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	62 814
5	Loans and other receivables from current rectors, trustees, key employees, and highest compens Complete Part ll of Schedule L		5	
6	Loans and other receivables from other disqualified former defined under section 4958(0(1)), persons described in section tributing employers sponsoring organizations of section 501 (c)(9) beneficiary organizations (see instmctions). Complete Part cers, oyees.		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	4,894	9	25 438
IOa	Land, buildings, and equipment: cost or other basis. Complete Part V! of Schedule D IOa 24 055			
b	Less: accumulated depreciation 10b 14 .514	14.036	IOC	9 541
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line		12	
13	Investments—program-related. See Part IV,		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	120,745	15	189 192
16	Total assets. Add lines 1 throu h 15 must 11 line l ual line 34	498 .292	16	464 524
17	Accounts payable and accrued expenses	46,314	17	82 731
18	Grants ie		18	
19	Deferred revenue d liabilities		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D dial account liability. Complete Part IV of Schedule D		21	
22	Liabilities			
23				

	24	Loans and other payables to current and fomer offcers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part Il of Schedule L		22	
	25	Secured mortgages and notes payable to unrelated third parties		23	
	26	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
		Total liabilities. Add lines 17 throuah 25	46.314	26	82 731
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.			
		Unrestricted net assets		27	
		Temporarily resticted net assets		28	
		Permanently restricted net assets		29	
	27	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
	28	Capital stock or trust principal, or current funds		30	
	29	Paid-in or capital surplus, or land, building, or equipment fund		31	
	30	Retained eamings, endowment, accumulated income, or other funds	451, 978	32	381 793
	31	Total net assets or fund balances	451, 978	33	381 793
	32	Total liabilities and net assets/fund balances	498 .292	34	464 524
	33				
	34				

Form

Part XI Reconciliation of Net Assets

Check if Schedule O contains a res nse or note to an line in this Part XI

1 Total revenue (must equal Part Vlll, column (A), line 12)		1 859 475
2 Total expenses (must equal Part IX, column (A), line 25)	2	1 929 660
3 Revenue less expenses. Subtract line 2 from line 1	3	-70 185
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	451 978
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33 column B))	10	381 793

Part Xll Financial Statements and Reporting

Check if Schedule O contains a res onse or note to a line in this Part Xll X

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

Fom 990 (2017)

SCHEDULE A (Fom or 990-2)

Department of the Treasury
Intemel Revenue Service

Public Charity Status and Public Support

Complete tf the organization is a sectlon 501(c)(3) organlzation or a sectlon nonexempt charitable trust.

Attach to Fom 990 or Fom 990-EZ.

Go to wv,rw.irs. ov/Form990 for instructions and the latest information.

OMB No, 1545.0047

2017

Open to Public Inspection

Name of the organization

RECLAIM NEW YORK INC .

Employer IdentificaBon number

46-3982730

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Fom 990 or 990-EZ).)

3A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5 An organization operated for the benefit of a college or university owned or operated by a govemmental unit described in section 170(b)(1)(A)(iv). (Complete Part ll.)

6 A federal, state, or local govemment or govemmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a govemmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Pan ll.)

8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part ll.)

9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instwctions). Enter the name, city, and state of the college or university:

10 X An organization that nonally receives: (1) more than 33 1/3^{0}/0 of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 113% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part lll.)

11 An organization organized and operated exclusively to test for public safety, See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carw out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

Check the box in lines 12a through 12d that describes the type of supporting organization and complete tines 12e, 12f, and 12g.

a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regulady appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b Type ll. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c Type lll functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type lll non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e Check this box if the organization received a written determination from the IRS that it is a Type l, Type ll, Type lll functionally integrated, or Type lll non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1—10 above (see instructions))	(iv) Is the organization listed in your goveming document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						

(B)						
(D)						
(E)						
Total						

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

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

Section A. Public Su ort

Calendar year (or fiscal year beginning in)	(a) 2013	b) 2014	(c) 2015	(d) 2016	(e) 2017	Total
1 Gifts, grant membershi include ar contributions, and fees received. (Do not "unusual grants.")						
2 Tax revenue organization to levied for the benefit and paid expended on its behalf						
3 The valu fumishe organizatio of services or facilities by a ovemmental unit to the without charge ines 1 through 3						
4 Total. Ad f total contributions by						
5 The portio each perso govemment supported lir 1 that show o (other than a unit or publicly organization) included on exceeds 2% of the amount line 11, column (f) rt. Subtract line 5 from line 4.						
6 Public s						

Section B. Total Su ort

Calendar year (or fiscal year beginning in)	(a) 2013	b) 2014	(c) 2015	(d 2016	(e) 2017	Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. see instructions)					12	

Section C. Com utation of Public Su ort Percenta e

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage from 2016 Schedule A, Part II, line 14	15

organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2016 Schedule A, Part II, line 14	15	%

13 First five years. If the Fom 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3)

16a 33 113% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 113% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐ b 33 113% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 113% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐ b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publiciy supported organization ▶ ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

A. Public Su ort

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	Total
I Gifts, grants, contributions, and membership fees received. (Do nol indude any "unusual grants.")	40 .ooo	720 000	1.250.ooo	1 . 733.107		5 602 580
2 Gross receipts from admissions, sold or semces performed, or facilities fumished in any activity that is related to the organization's tax-exempt putpose					2	2
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 fumished by a govemmental unit to the organization without charge						
6 Total. Add lines 1 through 5	40 . 000	720 . 000	1.250 .ooo	1.733.107		
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year

c Add lines 7a and 7b

8 Public support. (Subtract line 7c from line 6.) 5 602 582

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2013	b) 2014	(c) 2015	(d) 2016	(e) 2017	
9 Amounts from line 6	40 . 000	720 . 000	1 250 000	1.733 107	1 859 475	5 602 582
IOa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (tess section 51 1 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9. IOC. 1 1, and 12.)	40 . 000	720 , 000	250 , 1 000	1 733 107	1 . 859.475	5 602 582

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (0 divided by line 13, column (f)) rcenta e from 2016 Schedule A Part Ill line 15	15
16	Public su	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line IOC, column (f) divided by line 13, column (f))	17
18	Investment income percentage from 2016 Schedule A, Part Ill, line 17	18

19a 33 113% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 113%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 113% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 113%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Su ortin Or anizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's goveming documents? If "No, " describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS detemination of status under section 509(a)(1) or (2)? If "Yes," explain in Part V/ how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501 (c)(4), (5), or (6)? If 'Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501 (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	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 Part V/ what controls the organization put in place to ensure such use.			
4a	Was any supponed organization not organized in the United States ('foreign supported organization")? If "Yes, " and if you checked 12a or 12b in Part l, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS detemination under sections 501 (c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, " answer (b) and (c) below (if applicable). Also, provide detail in Part W, 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		
b	Type I or Type Il only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?			
6	Did the organization provide support (whether in the fom of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes," provide detail in Part VI.	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? If 'Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 (Fom 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes, " provide detail in Part W.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes, " provide detail in Part VI.	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? If "Yes," provide detail in Part W.			
1 Oa	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(0 (regarding certain Type Il supporting organizations, and all Type Ill non-functionally integrated supporting organizations)? If "Yes, " answer 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the o anization had excess business hol	10b		

Pan IV Su ortin Or anizations continued

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or below, rectly controls, either alone a or together with persons described in (b) and (c)	lla		
the goveming body of b A family ported organization?	11b		
member of a person c A 35% described in (a) above? erson	1 lc		
controlled ent' of a described in a or above? If "Yes" to a b rc vide detail in Part W.			

Section B. T e I Su ortin Or anizations

		Yes	No
Did the directors, trustees, or membership of one or more supported organizations have the power to regulariy 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, descHbe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes, " explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, su Wised or controlled the din o anizafion.	2		

Section C. T e II Su ortin O anizations

		Yes	No
I 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 su orted nization s			

Section D. All T e Ill Su ortin O anizations

		Yes	No
I 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 goveming 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 goveming 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).	1		
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	2		
s d o nizations in this rd	3		

Section E. Type Ill Functionally-integrated SUDD0Nina Oraanizations

I 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 govemmental entity. Describe in Part how you supported a govemment entity (see instructi ons).

			Yes	No
2 a	Activities Test. Answer (a) and (b) below.			
b	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 actrvifres.			
3 a	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		
b	Parent of Supported Organizations. Answer (a) and (b) below. 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 W.			
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported orqanizations? It 'Yes, " describe in Part VI the role DTayed by the orqanization in this regard.	3b		

DAA

990-EZ)

Part V T e Ill Non-Functionall Inte rated 509 a 3 Su ortin O anizations

Check here if the organization satisfied the Integral Part Test as a qualifying twst on Nov. 20, 1970 (explain in Part VI).See instructions. All other T Ill non-functional inte rated su rtin anizations must com ete Sections A throu h E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year o tionat
1 Net short-tem ca ital ain			
2 Recoveries of "or- ar distributions	2		
3 Other ross income see instructions	3		
4 Add lines I throu h 3.	4		
5 De ation and de letion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of e held for roduction of income see instructions	6		
7 Other e nses see instructions	7		
8 Ad usted Net Income subtract lines 5. 6 and 7 from line 4 .	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year o tiona
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax ar or assets held for rt of ar			
a Avera e monthl value of securities	la		
b Avera e monthl cash balances	1b		
c Fair market value of other non-exem t-use assets	lc		
d Total ıdd lines la 1b and lc			
e Discount claimed for blockage or other factors ex lain in detaii in Part VI			
2 Ac uisition indebtedness a licable to non-exem t;use assets	2		

DAA

3 Subtract line 2 from line Id.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instnJctions .	4		
5 Net value of non-exem t-use assets subtract line 4 from line 3	5		
6 Multi l y line 5 by .035.	6		
7 Recoveries of or- ar distributions	7		
8 Minimum Asset Amount add line 7 to line 6	8		

Section C - Distributable Amount			Current Year
1 Ad usted net income for rior r from Section A line 8 Column A			
2 Enter 85% of line I.	2		
3 Minimum asset amount for rior ear from Section B line 8 Column A	3		
4 Enter ter of line 2 or line 3.	4		
5 Income tax im sed in r ar	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to em en tem ra reduction see instructions .	6		

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

Schedule A (Form 990 or 990-EZ) 2017 RECLAIM NEW YORK, INC. 46-3982730

Part V T e Ill Non-Functionall Inte ated 509 a 3 Su ortin Or anizations continued

Section D - Distributions	Current Year
1 Amounts id to su rted or anizations to accom lish exem t u ses	
2 Amounts paid to perform activity that directly funhers exempt purposes of supported o anizations in excess of income from acti	
3 Administrative ex enses aid to accom fish exem t s of su rted anizations	
4 Amounts aid to a ire exem t-use assets	
5 Qualified set-aside amounts rior IRS roval uired ä	
6 Other distributions describe in Part VI . See instructions.	
7 Total annual distributions. Add lines 1 throu h 6.	

8 Distributions to attentive supported organizations to which the organization is responsive e details in Part VI See instructions.	
Distributable amount for 2017 from Section C line 6	
10 Line 8 amount divided line 9 amount	

Section E • Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions Pre-2017	Distributable Amount for 2017
1 Distributable amount for 2017 from Section C line 6			
2 Underdistfibutions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions ca . ifan to 20i7:			
a			
b From 2013			
c From 2014 d			
From 2015			
e From 2016			
f Total of lines 3a throu h e			
lied to underdistributions of rior ars			
h lied to 2017 distibutable amount			
Ca over from 2012 not a lied see instructions			
Remainder. Subtract lines 3 3h and 31 (rom 3f.			
4 Distributions for 2017 from Section D line 7:			
a A lied to underdistributjons of rior ears			
b A lied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result reater than zer ex lain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014 c Excess from 2015			

d Excess from 2016			
e Excess from 2017			

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

DAA A or 990-EZ) 2017

SCHEDULE D
(Form 990)
Department of the Treasury
Intemal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, lla, 11b, lic, lid, lle, 1 lf, 12a, or 12b.
Attach to Form 990.

Go to www.irs. ovForm990 or nstructions d e ates info a

OMB No. 1545-0047

2017

Open to Public
Ins on

Name of the organization

RECLAIM NEW YORK INC

Employer identtfication number

46-3982730

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
1 Aggregate value of contHbutions to (during year)		
2		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properw, subject to the organization's exclusive legal control? ☐ Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferinq impermissible Drivate benefit? No

Conservation Easements.

Complete if the organization answered "Yes" on Fom 990, Part IV, tine 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the fom of a conservation easement on the last day of the tax year, a Total number of conservation easements	Held at the End of the Tax Year
	b Total acreage restricted by conservation easements	
2b	c Number of conservation easements on a certified historic structure included in (a)	
2c	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or temnated by t.he organization during the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part Ill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Forrn 990, Part IV, line 8.

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

h If the organization elected, as pemnitted under works of art, historical treasures, or other similar assets public service, provide the following amounts relating

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

For PaperworkReduction Act Notice, see the Instructions for Form 990.

its financial statements that describes these items.

SFAS 116 (ASC 958), to report in its revenue statement and balance sheet held for public exhibition, education, or research in furtherance of to these items:

D (Form 2017 RECLAIM NEW YORK, INC. 46-3982730 2

Part Ill Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets (continued)

3 using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ future generations

d Loan or exchange programs

Other preservation for _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to rarse funds rather than to be maintained as part of the organization*s collection? No

Part Escrow and Custodial Arrangements.

Complete if the organization answered 'Yes" on Form 990, Part IV, line 9, or reported an amount on Fom 990. Part X. line 21.

la Is the organization an agent, trustee, custodian or other interrnediary for contributions or other assets not included on Fom 990, Part X?No b If "Yes,"

	Amount
ce 1c	
the year 1d	
ng the year 1e	
1f	

tion include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b I"Yes explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Endowment Funds.

explain the arrangement in Part Xlll and complete the following table:

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					

2a Did the organization include an

Part V

Com Jete if the o anization answered on Forrn 990 Pan IV line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
Beginning of year balance					
la Contributions					
b Net investment eamings, gains, and losses					
c Grants or scholarships					
d Other expenditures for facilities and programs					
e Administrative expenses					
f End of year balance					
g					

2 Provide the estimated percentage of the current year end balance (line lg, column (a)) held as: a Board designated or asi-endowment ▶ % quasi-endowment b Permanent ▶ % endowment c Temporarily ndowment ▶ % restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

Schedule

	Yes	No
	Paae	
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

listed as required on Schedule R?

Part VI Land, Buildings, and Equipment.

Com lete if the o anization answered "Yes" on Form 990 Part IV line 1 la. See Form 990 Part X line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
la Land				
b				
Buildings				
c				
Leasehold improvements d				
Equipment		21 185	12 684	8 501
Other		2 ,870	1 830	1 040
Total. Add lines la throu h le.	Column d must ua/ Form 990, Part Xt column	line 10c.) IOC		9 541

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Pan VII Investments—Other Securities.

Com lete if the o anization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related.

Com tete if the o anization answered 'Yes" on Form 990 Part IV line l lc. See Form 990, Part X line 13.

(a) Descxiplion of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
3		

4			
5			
6			
8			
9			
Total. Column must ual Fom 990, Part X, col. B line 13.			

Pan IX Other Assets.

Com lete if the or anization answered "Yes" on Form 990 Part IV line lld. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
	SECURITY DEPOSIT	189 192
2		
3		
4		
5		
6		
8		
9		

Total. Column muste ual Form 990, Part X, col. B line 15, 189 192 Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line I le or 1 If. See Form 990, Part X, line 25.

	(a) Description of liability	(b) Book value
	Federal income taxes	
2		
3		
4		
5		
6		
8		

Total. Column must e ual Forrn 990, Pan X, col. B line	

2. Liability for uncertain tax positions. In Part Xlll, provide the text of the footnote to the organization's financial stat ements that reports the orqanization's liabilitv for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part Xlll

Part Xl Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Com lete if the o anization answered "Yes" on Form 990, Part IV line 12a

1	Total revenue, gains, and other support per audited financial statements		1	1 859 475
2	Amounts included on line 1 but not on Form 990. Pan VI", line 12:			
	a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part Xlll.) e Add lines 2a through 2d	2b 2d		
3	Subtract line 2e from line 1		3	1 859 475
4	Amounts included on Form 990, Part Vlll, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part Vill, line 7b b Other (Describe in Part Xllt.) c Add lines 4a and 4b	4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Fom 990, Pad l, line 12.		5	1 859 475

Part Reconciliation of Expenses per Audited Financial Statements Con With Expenses per turn. lete if the o anization answered "Yes" on Form 990, Part IV line 12a

1	Total expenses and losses per audited financial statements			1 929 660
2	Amounts included on line 1 but not on Form 990, Part line 25:			
	a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part Xlll.) e Add lines 2a through 2d	2a 2b 2d		
3	Subtract line 2e from line 1		3	1 929 660
4	Amounts included on Fom 990, Part line 25, but not on line 1 a Investment expenses not included on Form 990, Part VI", line 7b b Other (Describe in Part Xlll.) c Add lines 4a and 4b	4b	4c	
5	Total expenses. Add lines 3 and 4c. is must G ual Form 990, Part l, line 18. Part Xlll Supplemental Information.		5	1 929 660

Provide the descriptions required for Part Il, lines 3, 5, and 9; Part Ill, lines la and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part Xl, lines 2d and 4b; and Part Xll, lines 2d and 4b. Also complete this part to provide any additiona l infomation.

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Part XIII Supplemental Information *(continued)*

DAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Forn 990-2.

Go to www.lrs.govFom990 for the latest Instruetiong.

OMB No, 1545-0047

2017

Open to Public Ins on

Name of the organization

RECLAIM NEW YORK INC .

Employer identificatlon number

46-3982730

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

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

a X Mail solicitationsSolicitation of non-govemment grants e [X] b [X] Intemet and email solicitationsSolicitation of govemment grants c X phone f [ ] solicitationsSpecial fundraising events d X In-person solicitations g [ ]

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990. Part VI') or entity in connection with professional fundraising services? [X] Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be com sated at least 5 000 b the o anizationu

(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did raiser have custody or control of contributions? Yes	(iii) Did raiser have custody or control of contributions? No	(IV) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Arnount paid to (or retained by) organization
ELECTROL1rr CREATIVE 1 75 WEST STREET NEW YORK NY 10006			x	82 , 591	51,750	30,841
2						
3						
4						

5						
6						
7						
8						
9						
10						
Total				82 , 591	51 , 750	30,841

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

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

DAA

~~Schedule G (Fom 990 or 990-EZ) 2017 RECLAIM NEW YORK, INC. 46-3982730 Page 2 Part ll Fundraising Events. Complete if the~~ organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

ross recei ts reater than 5 000.

		(a) Evenl #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
	1 Gross receipts				
	2 Less: Contributions . . Gross				
>	3 income (line 1 minus line 2				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				

10 Direct expense summary.
Nel income summa .

Add lines 4 through 9 in column (d)

tract line 10 from line 3 column d

than $15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization conducts gaming activities:
a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No
b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No
b If "Yes," explain:

DAA

Part III Gaming. Complete if the organization answered 'Yes" on Form 990, Part IV, line 19, or reported more

(b) Pull tabs/instant
(c) Other gaming bingo/progressive bingo

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or tn.ßtee of a tNSt, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 13a 13b

Name ▶

Address ▶

☐ Yes ☐ No

If "Yes," enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b

c If 'Yes." enter name and address of the third party:

Name ▶

Address ▶

•16 Gaming manager infomation:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributionsfrom the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

DAA

SCHEDULE O
(Form 990 or 990-2)

Department of the Treasury
Intemal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide infomation for responses to specific questions on Fom 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-2.
Go to www.irs.govForm990 for the latest infomation.

OMB No. 645-0047

2017

Open to Public Inspection

Name of the organization

RECLAIM NEW YORK INC .

Employer identification number

46-3982730

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE ORGANIZATION'S MISSION IS DEDICATED TO INFORMING AND ENGAGING CITIZENS, POLICY MAKERS, THOUGHT LEADERS AND THE TO UNDERSTAND THE CHALLENGES THE STATE OF NEW YORK AND LOCALITIES FACE IN SERVING ITS CITIZENS, WHILE BEING COPPETITIVE IN THE GLOBAL MARKETPLACE .

FORM 990 (PART VI, LINE 2 RELATED PARTY INFORMATION AMONG OFFICERS

REBEKAH >ERCER JENNIFER MERCER

CHARIMAN/TR.E DIRECTOR/ SEC

SISTERS

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPIES OF THE FORM 990 AND THE RELATED SCHEDULES ARE GIVIEN TO ALL EMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS, AND QUESTIONS. ALL COBn.ENTS AND QUESTIONS ARE ADDRESSED FOR FINAL RESOLUTION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD ARE REQUIRED ANNUALLY TO DISCLOSE ANY POTENTIAL CONFLICT ON INTEREST .

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS FOR SALARY DETERMINATION FOR PERSONS STATED INCLUDES AN ASSESS&ENT OF RELEVANT PROFESSIONAL QUALIFICATIONS BY EXTERNAL COUNSEL, CALIBRATING THE SALARY RANGE USING THE GUIDESTAR PRODUCT INCLUDING S ANNUAL REPORT ON EXECUTIVE PAY FOR CHARITY MANAGERS. LOCAL AND

Schedule O 990 or 990-EZ 2017

Name of the organization	Employer identification number
RECLAIM NEW YORK INC .	46-3982730

NATIONAL LEVEL COMPARISIONS FOR SIMILARY SIZED ORGANIZATIONS AND RELATEDINDUSTRIES ARE USED ALONG WITH REVIEWS OF COMPARABLE IRS 990 TAX RETURNS . THIS INFORMATION IS COMPILED ON A PER POSITION BASIS AND SHARE WITH THE BOARD TO INFORM DECISIONS .

FONd 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATIONS GOVERNING DOCUENTS, CONFLICT or INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST .

FORM 990, PART Xll - ADDITIONAL INFORMATION

THE AUDIT COBNITTEE SELECTED THE INDEPENDENT AUDITOR, HAD OVERSIGHT OVER THE AUDIT PROCESS, AND REVIEWED THE FINAL REPORT.

REBEKAH MERCER, JENNIFER WERCER AND LEONARD LEO SERVE AS BOARD ME&fBERS ON A RELATED ENTITY AND BRANDON WIR SERVES AS THE EXECUTIVE DIRECTOR OF THE SABE RELATED ENTITY, RECLAIM NEW YORK INITIATIVE, INC., WITH WHICH BUSINESS TRANSACTIONS OCCURED .

REBEKAH BERCER AND JENNIFER BERCER ARE SISTERS .

O (2017)

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SCHEDULE R
(Fom 990)

of tie Trea*ÆY
RevenLE Seven

Related Organizations and Unrelated Partnerships

Complete if the organlzatlon answered "Yes" on Forrn 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.jrs.govFotm990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Ins on

Nune oi he orgæüzaljon

RECLAIM NEW YORK, INC .

Employer egentmeation

46-3982730

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) RECLAIM NEW YORK INITIATIVE 597 5TH AVENUE 81-4137426 NEW YORK NY 10003		NY	501 C4		N/A		X
(2)							
(3)							
(4)							
(5)							

(b) (c) (d) (e)

Name, and EIN (if of &egvged entRy Primæy activity dorride (stale Total incorna End-of-Far assels forGY1 cwntry)

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.? Yes	(h) Disproportionate alloc.? No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												

Part IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									

Pan IV line Identification 34 because of it Related had one Organizations or more related Taxable anizations as a Corporation treated as aor Trust. Complete if the organization answered 'Yes" on Form 990, part IV,

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RECLAIM NEW YORK, INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of lhis schedule.		Yes	No
1 During the tax year, did he organizaüon engage in any of the folloWng transactions with one or more related organizations listed in Parts II—IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity b Gift. grant, or capital contribution to related organization(s) c Gift, grant, or capital contribuüon from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)			
	1a		x
	1b		x
f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s)	lc		x
			x

Exchange of assets witl related organization(s)			x
Lease of facilities. equipment. or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)			x
Performance or sen.'ices or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)	la		x
	lh		x
	l i		x
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses		x	
r Other transfer of cash or property to related organization(s)			
Other transfer Of cash or from reated nization g	1k		x
			x
			x
	In		x
	10	x	
			x
	la		x
			x
			x

Is 2 if the to Of the above is •yes: see the instuctions for information on who must thiS line, ind coveted rela and transaction thresholds.

(a) Name or related orwizøtian	type (a--s)	(c) Amcwnt involved	(d) Mf*hod of mount invotved
RECLAIM NEW YORK INITIATIVE INC .		52 .405	PERCENTAGE OF ACUTAL COST

2)	RECLAIM NEW YORK INITIATIVE INC	o	222,015	PERCENTAGE OF ACUTAL cosT
(3				
4				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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R (Form 2017 RECLAIM NEW YORK, INC 46-3982730 Paae 5 , Pan Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions.

Schedule R (Form 990) 2017

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4562

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax retum.

Go to wuw.irs. v/Form4562 for instructions and the latest information.

OMB No. 0172

2017

Attachment
S nce No. 179

Name(s) shown on retum

RECLAIM NEW YORK INC.

Identifying number

46-3982730

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Propeny Under Section 179

Note: If ou have an listed ro e com Jete Part V before u com fete Part l.

1	Maximum amount (see instmctjons) 510 000		
2	Total cost of section 179 property placed in service (see instructions) 2		
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2 030 000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax r, Subtract line 4 from line I. If zero or less enter -0-. If matTied fili se arate see instructions	5	
6	(a) Description of property (b) Cost (business use only) (c) Elected cost		
7	Listed property. Enter the amount from line 29 7		
8	Total elected cost of section 179 properw. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 9		
10	Canyover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	

Less:
Net Grand Totals

12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Ca r of disallowed deduction to 2018. Add lines 9 and 10 less line 12	13

Note: Don't use Part Il or Part Ill below for listed property. Instead, use Part V.

Part Il S ecial De reciation Allowance and Other De reciation Don't include listed — See instructions.

14	Special depreciation during the tax year (see instructions) foualified property (other than listed property) placed in service	14	
15	Property subject to section 168(0(1) election	15	
16	Other d reciation includi ACRS	16	4 520

Part Ill MACRS Depreciation (Don't include listed property.) (See instructions.) Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	

are electin to asse!S in service durin the tax into one asset accounts. check here

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use onl ee instructions	(d) Recovery period	(e) Convention	(f) Melhod	(g) Deprecialjon deduction
19a	3- r ro						
b	ar ro						
	7- ear ro						
	20- ro						
	25- ar			25 rs.		SIL	
h	Residential rental property			27.5	MM	SIL	
				27.5	MM	SIL	
	Nonresidential real property			39 rs.	MM	SIL	
					MM		

Section C—Assets Placed in Service During 2017 Tax Year Using the Altemative Depreciation System

Asset	Description	Date In Service	Cost	Bus Sec 0/0 179	Bonus	Basis for Depr	Per Conv Meth	prior	Current
Other Depreciation:									
I	Office Equipment	1/01/15	21,185			21,185	5 MO SIL	8,359	4,325
2	Furniture & Fixtures	1/01/13	2,870			2,870	7 MO S/L	1,635	195

20a	Class life						S/L	
b	12-year			12 yrs.			S/L	
c	40-year			40 yrs.	MM		S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,520
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperuork Reduction Act Notice, see separate instructions. Form 4562 (2017)

DAA THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Repon

FYE: 12/31/2017 Form 990, Page 1

Total Other Depreciation	24,055		24,055	9,994	4,520
	24,055			9,994	4,520
Total ACRS and Other Depreciation	24,055		24,055		
Grand Totals	24,055	24,055		9,994	4,520
Less: Dispositions and Transfers	0	0		0	0
Start-up.Org Expense O		0		0	0
	24,055	24,055		9,994	4,520

Less:
Net Grand Totals

3941 Reclaim New York, Inc
46-3982730

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NY Asset Report

FYE: 12/31/2017

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr		Total ACRS and Other Depreciation		
			0	0	0	0	0	0
			0	0	0	0	0	0
						Grand Totals		
Other Depreciation:						24,055		24,055
1	Office Equipment	1/01/15	21,185	21,185		Less: Dispositions		
2	Furniture & Fixtures	1/01/13						
2,870		2,870	24,055	24,055	9,994	4,520	4,520	0
	Total Other Depreciation		24,055	24,055	9,994	4,520	4,520	0

Less:
Net Grand Totals

Start-up.Org Expense

				24,055	24,055
NY NY Federal Difference prior Current Current Fed - NY					
8,359	4,325	4,325	0		
1,635	195	195	0		
9,994	4,520	4,520	0		
					0
					0
9,994	4,520	4,520	0		

Less:
Net Grand Totals

AMT Asset Report

FYE: 12/31/2017 Form 990, Page 1

Asset	Description	Date In Service	Cost			Total ACRS and MACRS Depreciation	Other Depr
I O	Ice Equipment	1/01/15	0				0
2	Furniture & Fixtures	1/01/13	0				0
	Total Other Depreciation		0				
					Grand Totals	0	
					Dispositions and Transfers	0	
						0	
Other Depreciation:							
1	Office Equipment	1/01/15	0				
				Bus Sec	Basis	0	

0

0

PerConv Meth prior Current

0

0 0

0 0

0 0

0 0

0 0

0 0

Less:
Net Grand Totals

46-3982730 Depreciation Adjustment Report

FYE: 12/31/2017 All Business Activities

Form	Unit Asset	Description	Tax	AMT	Preferences	AMT Adjustments/ Description

There are no assets that meet the criteria of this report

Less:
Net Grand Totals

46-3982730 Future Depreciation Report FYE: 12/31/18

FYE: 12/31/2017 Form 990, Page 1

Asset	Description			Date In Service	Cost	Tax	AMT
Other Depreciation:							
I	Offce Equipment	1/01/15	2 Furniture & Fixtures	1/01/13	21,185	4,237	0
					2,870	410	0
	Total Other Depreciation				24,055	4,647	0
	Total ACRS and Other Depreciation				24,055	4,647	0

Grand Totals	24,055	4,647	0

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46-3982730 NY Future Depreciation Repon FYE: 12/31/18

FYE: 12/31/2017 Form 990, Page 1

Asset	Description	Date In Service	Cost	NY
Ogher Depreciation:				
I	Office Equipment	1/01/15	21,185	4,237
2	Fumiture & Fixtures	1/01/13	2,870	410

Total Other Depreciation	24,055	4,647
Total ACRS and Other Depreciation	24,055	4,647
Grand Totals	24,055	4.647

990 | Two Year Comparison Report | 2016 & 2017

For calendar ear 2017 or tax ear be innin endin

Name | Taxpayer Identification Number

RECLAIM NEW YORK INC. | 46-3982730

		2016	2017	Differences
1 . Contributions, gifts, grants	1.	1 733 107	1 859 473	126 366
2. Membership dues and assessments	2.			
3. Govemment contributions and grants Program ser,'ice revenue	3.			
	4.			
5. Investment income	5.		2	2
6. Proceeds from tax exempt bonds	6.			
7. Net gain or (loss) from sale of assets other than inventory	7.			
8. Net income or (loss) from fundraising events	8.			
9. Net income or (loss) from gaming	9.			
0. Net gain or (loss) on sales of inventory	10.			
I. Other revenue	11,			
2. Total revenue. Add lines I throu h If	12.	1 733 107	1 859 475	126 368
3. Grants and similar amounts paid	13.			
4. Benefits paid to or for members	14.			
5. Compensation of officers, directors, trustees, etc.	15.	128 027	119 500	-8 527
6. Salaries, other compensation, and employee benefits				
7. Professional fundraising fees				

	16.	554 406	683 350	128 944
		10 396	92 587	82 191
8. Other professional fees	18.	291 230	294 308	3 078
	19.	167 478	173 495	6 017
9. Occupancy, rent, utilities, and maintenance	20.	4 537	4 520	-17
Depreciation and Depletion	21.	407 001	561 900	154 899
1. Other expenses	22.	1 563 075	1 929 660	366 585
Total expenses. Add lines 13 through 21	23.	170 032	-70 185	-240 217
3. Excess or eficit . Subtract line 22 from line 12	24.	1 733 107	1 859 475	126 368
4. Total exempt revenue	25.			
5. Total unrelated revenue	26.		2	2
6. Total excludable revenue	27.	498 292	464 524	-33 768
7. Total assets	28.	46 314	82 731	36 417
8. Total liabilities	29.	451 978	381 793	-70 185
9. Retained eamings				
Number of voting members of goveming body	30.	4	4	

Other Informati o

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1- Number of independent voting members of goveming body 2- Number of employees	31.	4	4	
	32,	25	22	
3. Number of volunteers	33.			

990	Tax Return History	2017

Name	Employer Identification Number
RECLAIM NEW YORK INC.	46-3982730

	2013	2014	2065	2016	2017	2048
, gifts, grants				1,733,107	1,859,473	
dues						
ice revenue						
r loss						
come					2	
Fundraising evenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				1,733,107	1,859,475	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				128,027	119,500	
Other compensation				554,406	683,350	
Professional fees				301,626	386,895	
Occupancy costs				167,478	173,495	
Depreciation and depletion				4,537	4,520	
ies				407,001	561,900	
Total expenses				1,563,075	1,929,660	
Deficit)				170,032	-70,185	
Total exempt revenue				1,733,107	1,859,475	
Total unre'ated revenue						
Total excludable revenue					2	
Tolai Assets				498,292	464,524	
Total Uabilities				46,314	82,731	
Net Fund Balances				451,978	381,793	

Contributions, gifs, grants
Membership dues
Program service revenue
Capita! gain or loss
Investment income

Other expenses

Excess or (Deficit)

Form 990. part 'X. Line 1 Iq - Other Fees for Service (Non-employee)

Description

	Total Expenses	Program Service	Management & General	Fund Raising
	$ 104,306	$ 99,411	$ 4,895	$
PROFESSIONAL FEES TOTAL	$ 104,306	$ 99,411	$ 4,895	$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description

	Total Expenses	Program Service	Management & General	Fund Raising

MEMBERSHIPS				
BANK CHARGES				
	2,529		2,529	
REPAIRS TOTAL	$ 15,162	$ 6,491	$ 8,671	$ 0