Return of Organiz

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

foundations)

► Do not enter social security numbers on this form as it may be made public

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

DLN: 93493225015606OMB No 1545-0047

2015

Open to Public Inspection

A F	or the	2015 ca <mark>lendar year, or tax year beginning 01-01-2015 , and ending 12-31-20</mark>)15			
B Ch	eck if ap	plicable C Name of organization CITIZENS LEAGUE		D Emp	loyer id	lentification number
	ress cha	ange		41-0	7226	96
	me chan	g				
Init	ıal returi	Number and street (or P O box if mail is not delivered to street address) Room/s	cuito	E Telep	hone nu	ımber
⊢ Fin	al urn/term	400 NODTH DODERT CTREET NO 4020	suite	(651	.)289	-1076
_	ended re olication	City or town, state or province, country, and ZIP or foreign postal code ST PAUL, MN 55101 pending		G Gross	receipt	s \$ 1,050,866
		F Name and address of principal officer	H(a)	Is this a grou	ın retiii	rn for
		SEAN KERSHAW	''(u)	subordinates		Yes / No
		400 NORTH ROBERT STREET NO 1820 ST PAUL, MN 55101	H(b)	Are all subore	dinates	s [Yes [No
		, and the second		included?	halis	t (see instructions)
I Ta	x-exem _l	ot status 501(c)(3) 501(c)() () (insert no) 4947(a)(1) or 527	H(c)			
J W	ebsite	► WWW CITIZENSLEAGUE ORG		Croup exemp	50101111	amber P
K For	n of org	anization ✓ Corporation ← Trust ← Association ← Other ►	L Yea	ar of formation		M State of legal domicile
Da	rt I	Summary				MIN
	1 Bri	efly describe the organization's mission or most significant activities ILD CIVIC IMAGINATION & CAPACITY FOR PURPOSE OF EFFECTING O	CHANGE	IN MINNESO	TA PU	BLIC POLICY
듄	_					
Governance	2 C	heck this box দ if the organization discontinued its operations or disposed	han 25% of it	s net a	ssets	
Ŝ						1
	l	umber of voting members of the governing body (Part VI, line 1a)			3	19
Activities &	l	umber of independent voting members of the governing body (Part VI, line 1b		4	19	
5		otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	7	
a ब		otal number of volunteers (estimate if necessary)			6	100
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b Ne	t unrelated business taxable income from Form 990-T, line 34			7b	0
				Prior Year		Current Year
o)	8	Contributions and grants (Part VIII, line 1h)			,751	980,045
eu	9	Program service revenue (Part VIII, line 2g)			3,179	60,803
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	•	10	0,099	10,018
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), li	no		- 	
	12	12)		825	5,029	1,050,866
	13	Grants and similar amounts paid (Part IX, column (A), lines $1-3$)			0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		439	,992	445,975
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ਡੌ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶33,584				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		458	,173	385,441
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	898	,165	831,416	
	19	Revenue less expenses Subtract line 18 from line 12	-	-73	,136	219,450
Net Assets or Fund Balances			Begin	ning of Curren	t Year	End of Year
20 48 10 48 10 48	20	Total assets (Part X, line 16)		231	,961	433,267
A.A.	21	Total liabilities (Part X, line 26)			,193	54,049
žĒ	22	Net assets or fund balances Subtract line 21 from line 20				

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign	
Here	

Signature of officer

SEAN KERSHAW EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name
JOHN J TAUER

Preparer's signature
JOHN J TAUER

Firm's address \blacktriangleright 220 SOUTH SIXTH STREET SUITE 300

MINNEAPOLIS, MN 55402

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

Par		tement of Program S ck if Schedule O contains			ΤΤ	
1		cribe the organization's mi		ty lille ill tills Part I	<u> </u>	
PRO	BLEMS, DEV		RS IN ALL GENERATIO	NS WHO CAN GO	OPOSING SOLUTIONS TO P VERN FOR THE COMMON GO E THESE GOALS	
_						
2	the prior Fo	anization undertake any si orm 990 or 990-EZ? .			which were not listed on	⊤Yes ▼No
		escribe these new services				
3	services?	anization cease conducting		hanges in how it cor	nducts, any program	⊤Yes ▼No
_		escribe these changes on S				
4	expenses :		.(c)(4) organizations ar	e required to report	ee largest program services, a the amount of grants and alloo	
4a	(Code) (Expenses \$	622,218 in	cluding grants of \$) (Revenue \$	60,803)
	INDIVIDUALS TOGETHER I YEARS OF E: SESSIONS W TWIN CITIES TO FORMUL PREPARE TH ARE BEGINN WORK IS FO DISCUSSION ISSUES BEG	S ALIKE TURN TO THE CITIZENS DIVERSE PERSPECTIVES INCLUD XISTENCE HAS STOOD THE TEST (ITHIN ORGANIZATIONS THESE ARE INTERACTIVE, INFORMATI ATE POLICY TOPICS AND POSITIVE WORKFORCE OF TOMORROW ING TO EXAMINE THE IMPACTS OCUSED TO DETERMINE THE BESIS THAT MORE SPECIFICALLY AD AN AND IS SCHEDULED TO CONC	LEAGUE FOR INNOVATIVE POING EXPERTS AND THOSE DI OF TIME TO IMPROVE POIL. OF TIME TO IMPROVE POIL. OF AND PROVIDE A WEALTH DINS FOR FUTURE WORK WE THESE LEGISLATIVE GOALS OF AN AGING POPULATION A T LENS BY WHICH TO HAVE DRESS THOSE ISSUES IN ACCUDE IN 2016 WITH RECOM	DILICY SOLUTIONS WE WERECTLY AFFECTED BY TICY AWARENESS AND ISS PPORTUNITIES FOR EMILION BOTH WORKED TO DEVISE AN ARE BEING USED AS SPIND CHANGING DEMOGR. PRODUCTIVE CITIZEN DIDITION, OUR EXAMINAT MENDATIONS FROM AN	MON GOOD AND PROMOTE DEMOCRAYORK ON CRITICAL ISSUES FACING NHE ISSUES OUR WORK IS NONPART. SUE ENGAGEMENT, WE LEAD OUR ON PLOYEES AT A WIDE RANGE OF BUSIL TO THE ATTENDEES AND TO THE CIND PROMOTE HIGHER EDUCATION AT ECIFIC STATEWIDE POLICY STRATEGAPHICS ON POLICY AREAS AND WOR ISCUSSIONS FUTURE WORK WILL INTON OF REGIONAL GOVERNANCE AN ASSEMBLED TASK FORCE OUR ANNITICE AND THE VITALITY OF MINNESCRIPTION O	MINNESOTANS, AND BRING ISAN, AND OUR MORE THAN 60 GOING CIVICS@WORK NESSES THROUGHOUT THE TIZENS LEAGUE AS WE WORK TAINMENT GOALS TO HELP Y IS BEING DETERMINED WE KFORCE READINESS INITIAL NCLUDE STATEWIDE D METROPOLITAN COUNCIL UAL CIVIC CELEBRATION
4b	(Code) (Expenses \$	inc	luding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ınc	luding grants of \$) (Revenue \$)
4d	Other prod (Expenses	gram services (Describe ir s \$	<pre>Schedule O) including grants of \$</pre>) (Revenue \$)
 4e		ram service expenses ►	622,218		, ,	,
	Pi Og	co. c. police P	522,210			

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Par	t IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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 \Box	3		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	9		No
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	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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	15		No
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 III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	· · · · · · · · · · · · · · · · · · ·			No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		IN O
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		No
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		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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 I	33		No
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	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

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Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 11			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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		
_	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		No
Ь	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? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		No
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?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
_	Form 1098-C?	7h		
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?			
02	Did the sponsoring organization make any taxable distributions under section 4966?	8 9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter	98		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	I

Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 19								
	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 1a, above, who are independent 1b 19								
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		No					
3		3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a 7b	Yes	No					
	or persons other than the governing body?	7.5		110					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
	The governing body?	8a	Yes						
	Each committee with authority to act on behalf of the governing body?	8b	Yes						
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu							
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
	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							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
Ь	b Other officers or key employees of the organization								
	Other officers or key employees of the organization	15b	Yes						
	O ther officers or key employees of the organization	15b	Yes						
16a	, , ,	15b 16a	Yes	No					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		Yes	No					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	No					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	No					
b Se	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	No					

State the name, address, and telephone number of the person who possesses the organization's books and records ▶SEAN KERSHAW 400 NORTH ROBERT STREET NO 1820 ST PAUL, MN 55101 (651) 289-1076

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot	not box h ar or/tr	cheric et Highest compensated	ess er e)	(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
(1) HEIDI LARSON CHAIR	2 00	х		х				0	0	0
(2) SUSAN HAMMEL VICE CHAIR, TREASURER	2 00	х		х				0	0	0
(3) DIANE TRAN PAST PRESIDENT	2 00	х		х				0	0	0
(4) JIM NIKOLAI SECRETARY	2 00	х		х				0	0	0
(5) ATHENA ADKINS BOARD MEMBER	1 00	х						0	0	0
(6) BRIAN BELL BOARD MEMBER	1 00	х						0	0	0
(7) BOB BUTTERBRODT BOARD MEMBER	1 00	х						0	0	0
(8) EMMETT COLEMAN BOARD MEMBER	1 00	х						0	0	0
(9) CLAUDIA DENGLER BOARD MEMBER	1 00	х						0	0	0
(10) MICHELE ENGDAHL BOARD MEMBER	1 00	х						0	0	0
(11) DAWN FISH BOARD MEMBER	1 00	х						0	0	0
(12) THAD HELLMAN BOARD MEMBER	1 00	х						0	0	0
(13) CYNDI LESHER BOARD MEMBER	1 00	х						0	0	0
(14) ROB LONGENDYKE BOARD MEMBER	1 00	х						0	0	0
										Form 990 (2015)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not bo: thai	checl x, unle n office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F Estim amount comper from	ated of other sation the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(15) JUVE MEZA BOARD MEMBER	1 00	х						0	C)	0
(16) AARON PEARSON BOARD MEMBER	1 00	×						0	C		0
(17) ERIC SCHUBERT BOARD MEMBER	1 00	х						0	C		0
(18) DOUG STANG BOARD MEMBER	1 00	х						0	C		0
(19) TSUBASA TANAKA BOARD MEMBER	1 00	х						0	C)	0
(20) LISA WAGOR BOARD MEMBER	1 00	х						0	C)	0
(21) SEAN KERSHAW EXECUTIVE DIRECTOR	50 00			×				120,381	C)	23,031
·	<u></u>			<u> </u>	▶ ▶			120,381	0		23,031
Total number of individuals (including b \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than			
3 Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>				y em	nplo •	yee,o	rhig	ghest compensate	d employee	Yes	No No
4 For any individual listed on line 1a, is the organization and related organizations of individual									om the		No
5 Did any person listed on line 1a receive services rendered to the organization?									ndividual for 5		No
Section B. Independent Contracto	ors										
1 Complete this table for your five highes compensation from the organization Re										s tay year	
	(A) usiness address	1011 101	the	care	inda	ı year	CIIC		(B) on of services	(C Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization > 0

art V	1 0 0 1	Statement o			th Dt \/ I I I			_
		Check if Schedi	ule O contains a respor	ise or note to any lir	(A)	(B)	(C)	 (D)
					Total revenue	Related or	Unrelated	Revenue
						exempt	business	excluded from tax under
						function revenue	revenue	sections
								512-514
က္ဆ	1a	Federated cam	paigns 1a					
בַּ בַּ	b	Membership du	es 1b	219,734				
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c					
ğΨ								
5.≅∣	d		zations 1d					
<u>.</u> ق	е	Government grants	s (contributions) 1e					
들인	f		ons, gifts, grants, and 1f	760,311				
F 유		sımılar amounts no		-				
풀 진	g	Noncash contribution 1a-1f \$	ons included in lines					
5 필	h	Total. Add lines	s 1 a - 1 f	[980,045			
ه د								
e ⊒	2-	EEE EOD CEDVACE		Business Code				
en	2a	FEE FOR SERVICE		900099	46,496	46,496		
윤	Ь	EVENT FEES		900099	14,307	14,307		
92	С							
<u> </u>	d							
<u>ه</u> ا	е		_					
Program Service Revenue	f	All other progra	am service revenue					
إِ ﴿								
-	g		s 2a – 2f		60,803			
	3		ome (including dividend ar amounts)		10,018			10,018
	4		stment of tax-exempt bond p	F				
	5							
		itoyanties .	(ı) Real	(II) Personal				
	6a	Gross rents	(i) iteal	(II) I CISCIIGI				
	b	Less rental expenses						
	С	Rental income						
	d	or (loss)	me or (loss)					
	u	Net rental incol						
	7a	Gross amount	(ı) Securities	(II) Other				
	74	from sales of						
		assets other than inventory						
	_							
	Ь	Less cost or other basıs and						
	_	sales expenses Gain or (loss)						
	C			_				
.	d		ss)					
<u> </u>	oa	Gross income f events (not inc						
5		\$						
ည်			reported on line 1c)					
omer nevenue		See Part IV, lin	ne 18 a l	-				
	L.	Loca durant -						
>	b c		penses b (loss) from fundraising (events				
			ī	stelled i i p				
	30	See Part IV, lin	rom gaming activities ne 19					
		•	а					
	b	Less direct ex	penses b					
			loss) from gaming activ	vities -				
	10a	Gross sales of						
		returns and allo						
			а					
			oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	С							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue	See Instructions					
		. ota i ievellue.		· · · · •	1,050,866	60,803	0	10,018

Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns $ $	All other organız	atıons must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in th	ıs Part IX	<u></u>	<u></u>	<u></u>
	ot include amounts reported on lines 6b, b, 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	143,410	103,256	34,418	5,736
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	237,558	171,674	54,791	11,093
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,044	5,091	1,623	330
9	Other employee benefits	31,470	22,748	7,238	1,484
10	Payroll taxes	26,493	19,122	6,194	1,177
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	34,397		34,397	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
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)	175,366	168,152	6,097	1,117
12	Advertising and promotion				
13	Office expenses	23,381	10,440	3,262	9,679
14	Information technology	11,863	9,313	2,184	366
15	Royalties				
16	Occupancy	34,226	24,710	7,996	1,520
17	Travel	5,454	4,662	759	33
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,242	4,460	1,681	101
20	Interest	3,466		3,466	
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	16,779	12,110	3,923	746
23	Insurance	3,751	2,707	877	167
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)				
а	EVENTS	46,957	46,957		
b	MEMBERSHIPS AND REGISTR	8,915	8,687	194	34
c	STAFF DEVELOPMENT	7,559	7,553	5	1
d	MISCELLANEOUS	7,085	576	6,509	0
e	All other expenses	1,220	170	-,	
25	Total functional expenses. Add lines 1 through 24e	831,416	622,218	175,614	33,584
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)	1527.15	,-10		35/251

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line	ın thıs P	art X			
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			59,193	1	28,299
	2	Savings and temporary cash investments			97,262	2	96,585
	3	Pledges and grants receivable, net			19,600	3	270,766
	4	Accounts receivable, net			9,500	4	0
	5	Loans and other receivables from current and former office key employees, and highest compensated employees Conschedule L	mplete Pa			5	
Assets	6	Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(comployers and sponsoring organizations of section 501(comployees' beneficiary organizations (see instructions) Complete L)(3)(B), a)(9) volur	nd contributing itary			
Š	_					6	
⋖	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	40.404
	9	Prepaid expenses and deferred charges			11,415	9	19,404
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	205,935			
	Ь	Less accumulated depreciation	10b	187,722	34,991	10c	18,213
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 .		•		12	
	13	Investments—program-related See Part IV, line 11 .		•		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)			231,961	16	433,267
	17	Accounts payable and accrued expenses			54,119	17	26,581
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule	D		21	
"iabilities	22	Loans and other payables to current and former officers, d key employees, highest compensated employees, and dis		trustees,			
逗		persons Complete Part II of Schedule L				22	_
<u> </u>	23	Secured mortgages and notes payable to unrelated third p	arties .	•	0	23	23,164
_	24	Unsecured notes and loans payable to unrelated third part	ties .		8,516	24	0
	25	Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D	related t	hırd partıes,			
				. •	9,558	25	4,304
	26	Total liabilities. Add lines 17 through 25			72,193	26	54,049
ري م		Organizations that follow SFAS 117 (ASC 958), check her	e 🕨 🔽 aı	nd complete			
ည		lines 27 through 29, and lines 33 and 34.			140.000		140.040
<u>8</u>	27	Unrestricted net assets			113,333		116,016
Fund Balances	28	Temporarily restricted net assets			46,435		263,202
Ē	29	Permanently restricted net assets				29	
or Fu		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	eck here l	-			
2	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment for	und .			31	
AS	32	Retained earnings, endowment, accumulated income, or o	ther funds			32	
Net	33	Total net assets or fund balances			159,768	33	379,218
~	34	Total liabilities and net assets/fund balances			231,961	34	433,267

1 01111	550 (2015)			Г	aye 12
Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				.г
	<u> </u>				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	50,866
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	31,416
3	Revenue less expenses Subtract line 2 from line 1	3		2	19,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	. 59,768
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			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	379,218
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. ୮</u>
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
	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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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DLN: 93493225015606

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		he organization					Employer identifica	ntion number
CITIZI	ens lea	AGUE					41-0722696	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ns.
		zation is not a private fo						
1	Ī	A church, convention		·	= :	· ·	-	
2	Ē	A school described in						
3	Ē	A hospital or a cooper						
4	Ė	A medical research or		_). Enter the
-	•	hospital's name, city,						,
5	Γ			nefit of a college or un	iversity owned	or operated by	a governmental unit o	lescribed in section
_	_	170(b)(1)(A)(iv). (C	•	,		1: 470(1)(4	\/A\/ \	
6	ı —	A federal, state, or loc	_	=				
7	<u>~</u>	An organization that n described in section 1				om a governme	intal unit or from the g	ieneral public
8	Г	A community trust de				tII)		
9	Ē			ves (1) more than 33			butions, membership	fees, and gross
		receipts from activition	es related to it	s exempt functions—s	ubject to certa	n exceptions,	and (2) no more than	331/3% of its suppor
				unrelated business tax			1 tax) from businesse	s acquired by the
10	_	organization after Jun An organization organ		eesection 509(a)(2).			500(2)(4)	
11	<u>'</u>	An organization organ	•	•	•	•		ut the nurneces of
11	,	one or more publicly s						
		the box in lines 11a th						
а	Γ	Type I. A supporting of						
		supported organization				ty of the direct	ors or trustees of the	supporting
b	Г	organization You mus Type II. A supporting	=	•		with its suppo	rted organization(s) h	ov having control or
_	'	management of the su						
	_	must complete Part I	V, Sections A a	and C.				
C		Type III functionally						grated with, its
d	\vdash	supported organization Type III non-function						anization(c) that is
u	'	not functionally integr						
		(see instructions) Yo						
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
_		integrated, or Type III				n		
f	Ente	r the number of support					· · · · · · · —	
g		Provide the following i	mormation abo	out the supported orga	iiiiZatioii(S)			
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nan	ne of s	supported organization	(11)2111	Type of	Is the organ		A mount of	A mount of other
				organization	listed in your		monetary support	support (see
				(described on lines	docume	nt?	(see instructions)	ınstructions)
				1-9 above (see				
				ınstructions))				
					Yes	No		
Tota	ı							

Pa	(Complete only if you Part III. If the organiz	checked the box	x on line 5, 7, o	r 8 of Part I or	ıf the organiza	ition failed to q	
	ection A. Public Support	tation rans to qui	anny ander the t	iests listed bele	ovv, piedoe com	ipiete rait III.)	
_	Calendar year	1 ()2044	(1)2012	() 2 2 4 2	(1)2044	() 2 0 4 5	(C) T
(or	fiscal year beginning in) 🟲	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	1,219,990	835,142	786,838	755,046	980,045	4,577,061
_	not include any unusual grants) Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit						
	to the organization without						
4	charge	1,219,990	835,142	786,838	755,046	980,045	4,577,061
4 5	Total. Add lines 1 through 3 The portion of total contributions	1,215,550	055,142	700,030	733,040	300,043	4,377,001
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						963,521
	on line 1 that exceeds 2% of the amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						3,613,540
	from line 4						3,013,310
<u> </u>	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
(or 7	fiscal year beginning in) A mounts from line 4	1,219,990	835,142	786,838	755,046	980,045	4,577,061
8	Gross income from interest,	1,213,330	033,112	, 00,030	733,010	300,013	1,377,001
	dividends, payments received on	10,807	10,350	9,871	10,099	10,018	51,145
	securities loans, rents, royalties	10,007	10,550	3,071	10,033	10,010	31,143
_	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		5,554	3,767			9,321
	VI)						
11	Total support. Add lines 7						4,637,527
	through 10	h					
12	Gross receipts from related activi					12	224,309
13	First five years. If the Form 990 is check this box and stop here) organization, -
_	ection C. Computation of Pu			<u> </u>	<u> </u>	<u> </u>	
14	Public support percentage for 201			1.1 column (f))		14	77.020.0/
	Public support percentage for 201			11, 001411111 (17)		14	77 920 %
15		•	•		4.4 22	15	78 100 %
16a	33 1/3% support test—2015. If the and stop here. The organization qu				ne 14 is 33 1/3%	or more, check t	nis box ►✓
b	33 1/3% support test—2014.If the				and line 15 is 33	1/3% or more, cl	
	box and stop here. The organization					,	▶ □
17a	10%-facts-and-circumstances tes	_			•	•	
	is 10% or more, and if the organize in Part VI how the organization me						orted
	organization	sets the lacts-and	i-circumstances	test The Organiz	zation qualines as	s a publicly suppo	rted ►
b	10%-facts-and-circumstances tes	t—2014. If the orga	nızatıon dıd not cl	neck a box on line	e 13, 16a, 16b, o	r 17a, and line	- ,
	15 is 10% or more, and if the orga	anızatıon meets the	e "facts-and-circu	ımstances" test,	check this box a	nd stop here.	
	Explain in Part VI how the organiz	ation meets the "fa	acts-and-circums	tances" test The	e organization qua	alıfıes as a publıc	ly 🛌
18	supported organization Private foundation. If the organiza	ition did not check	a box on line 13	16a 16h 17a o	r 17h check this	hox and see	▶ □
	instructions	icion ala not check	a box on nine 13,	100,100,170,0	. I / D, CHECK CHIS	DON GIIG DEE	▶ □

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

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

مو	ction	Λ	ΔΠ	Sunna	rtina	Orga	nizations	
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	ction A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	2		
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
I	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
l	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	4b		
	by or in connection with its supported organizations.			
•	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?			
	If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the			
	authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
1	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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 II of Schedule L (Form 990).	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 VI .	9a		
ı	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
ı	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
ŧ	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally	, Integrated 509(a)(:	3) Supporting	Organization
	I TO III I GIICGOIGII	Tillegiatea 303(a)(J/ Juppoi tilly	OI Gailleadol

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

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppor	rting Organizations (co	ontinued)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see			
instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2015 distributions of prior years			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493225015606

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

Inspection

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

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

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

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

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

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

Name of the organization CITIZENS LEAGUE **Employer identification number** 41-0722696

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 2	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
olit	ical expenditures	
Þ		
		\$
3		

Part I-B	Complete if the organization is exempt under section $501(c)(3)$.

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

┌ Yes ┌ No

Volunteer hours

If "Yes." describe in Part IV

Part I-C	Complete if the	organization i	is exempt under	section 501(c),	except section	501(c)(3).
----------	-----------------	----------------	-----------------	-----------------	----------------	------------

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
	▶	

Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities	
▶	
	\$

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		the instructions for Form 990 or 990-EZ.	filing organization's funds. If none, enter -0-

ochedule C (i	01111 3 3 0 01 3 3 0 EZ / 2 0 1 3	Page 4
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election
	under section 501(h)).	

A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ► If the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Filing organization's	(b) Affiliated
(The term "expenditures" means amounts paid or incu	rred.)	totals	group totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

f b Total lobbying expenditures to influence a legislative body (direct lobbying)

 $f{c}$ Total lobbying expenditures (add lines 1a and 1b)

 $oldsymbol{d}$ O ther exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

┌ Yes ┌

4-Year Averaging Period Under section 501(h)

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

	Lobbying Exper	nditures During	4-Year Avera	iging Period		
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e 	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B		rganization is exempt under section 501(c)(3) and ha	s NOT		<u> </u>
each "Yes" re	-	election under section 501(h)). Igh 11 below, provide in Part IV a detailed description of the lobbying	(a)	(b)
vity.	<u>'</u>		Yes	No	Amount
legislatio	n, including any attemp	anization attempt to influence foreign, national, state or local t to influence public opinion on a legislative matter or referendum,			
1	he use of		I	1	
unteers?	ı				
No Paid staf	 f or management (ınclud	e compensation in expenses reported on lines 1c through 1i)?	Yes		
:			I		
dia advertis	ements? I				
No :					
	mbers, legislators, or th	e public?			
No Publicati	 ons, or published or broa	adcast statements?			
					l No
F Grants to	o other organizations for	lobbying purposes?			No.
	_				1 140
		heir staffs, government officials, or a legislative body?	Yes	<u> </u>	3
1 Rallies, d	emonstrations, seminar	s, conventions, speeches, lectures, or any similar means?		No	
her activitie:	5?				
No					
ı tal Add lıne:	s 1c through 1ı				
	31		1		
		the organization to be not described in section $501(c)(3)$? tax incurred under section 4912		No	
c If"Yes,"	enter the amount of any	tax incurred by organization managers under section 4912			
If the filir	ng organization incurred	a section 4912 tax, did it file Form 4720 for this year?			
art III-A		ganization is exempt under section 501(c)(4), section	 n 501(c)(5), o	r section
	501(c)(6).				Yes No
	, ,	nore) dues received nondeductible by members?			1
		n-house lobbying expenditures of \$2,000 or less?			2
		ry over lobbying and political expenditures from the prior year?	- 504/-	\ <u>\</u>	3
art III-B		rganization is exempt under section 501(c)(4), section it in the section it is exempt under section 501(c)(4), section it is exempt under sectio			
					
1	nents and sımılar amoun 	ts from members			
Section 1		bbying and political expenditures (do not include amounts of political			
a expenses	To which the section 5	22/(I) tax was palu).	ı	'	
rrent year					
≿a b					
rryover from	last year				
2 b					
tal					
2c		ation 60.2.2(a)(1)(A) notices of nondeductible contion 16.2(a) dues	Ιз	ı	
Aggregat	e amount reported in se	ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	_ 3		
es the organ	ization agree to carryov	line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and			
litical expend	diture next year?				
Taxable	amount of lobbying and	political expenditures (see instructions)	5		
Part IV	Supplemental Info	ormation			
		Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated get 1 Also, complete this part for any additional information	roup list)	, Part II	-A, lines 1 and
•	urn Reference	Explanation			
ART II-B, LII	NE 1	STAFF OF THE CITIZENS LEAGUE SPENT TIME AND FINANCIAL LOBBYING THE LEGISLATURE PRIMARILY IN SUPPORT OF THRE			
		LINKED SAVINGS, TRUCK WEIGHT LEGISLATION, AND HIGHER GOAL THE CITIZENS LEAGUE CHAMPIONED LEGISLATION TO	EDUCAT	ION AT	TAINMENT
		SAVINGS ACCOUNTS (PLS) IN MINNESOTA AS A WAY TO ENCO	URAGE A	ND INC	ENTIVIZE
		INTO LAW BY GOV MARK DAYTON ON MAY 14, 2015 AND TOOK THE CITIZENS LEAGUE HAS ACTIVELY OPPOSED WEIGHT INCR	EFFECT	AUGUS	T 1,2015
			_ ,		COLORD NO
		ON THE STATE AND FEDERAL LEVEL SINCE ITS 2005 REPORT O	N TRANS	SPORTA	TION THE
		ON THE STATE AND FEDERAL LEVEL SINCE ITS 2005 REPORT OF 2015 TRUCK WEIGHT LEGISLATION TO INCREASE WEIGHT LIMITEDID NOT PREVAIL LASTLY, THE OMNIBUS HIGHER EDUCATION	N TRANS IT FROM BILL IN	SPORTA 80,000 2015 T	TION THE TO 90,000 HAT THE
		ON THE STATE AND FEDERAL LEVEL SINCE ITS 2005 REPORT O 2015 TRUCK WEIGHT LEGISLATION TO INCREASE WEIGHT LIM	N TRANS IT FROM BILL IN GOAL TH NING TH	SPORTA 80,000 2015 T AT WAS E FIRST	TION THE TO 90,000 HAT THE S EVER

SCHEDULE C, PART 11-B, LINE 1B AND 1G

STAFF OF THE CITIZENS LEAGUE SPENT TIME AND AND FINANCIAL RESOURCES IN 2015 LOBBYING THE LEGISLATURE PRIMARILY IN SUPPORT OF THREE INITIATIVES PRIZELINKED SAVINGS, TRUCK WEIGH LEGISLATION, AND HIGHER EDUCATION ATTAINMENT GOAL Schedule C (Form 990 or 990EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493225015606

OMB No 1545-0047

SCHEDULE D

(Form 990)

Inter

Supplemental Financial Statements

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

nal Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	<u>rs.gov/form990</u> .	Inspection
ame of the organi TIZENS LEAGUE	ization		Employer identif	ication number
TIZENS LEAGUE			41-0722696	
		Advised Funds or Other Similar F	unds or Accoun	ts.
Compi	ete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.	(h)[do and a	****
Total numbe	er at end of year	(a) Donor advised funds	(b) Funds and o	tner accounts
	value of contributions to (during			
year) Aggregate v	value of grants from (during year)			
	value at end of year			
		advisors in writing that the assets held in do the organization's exclusive legal control?	nor advised	┌ Yes ┌ No
used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		┌ Yes ┌ No
	<u>'</u>	ete if the organization answered "Yes"	on Form 990, Part	IV, line 7.
Protection Preservation Complete lines	on of land for public use (e g , recre of natural habitat on of open space s 2a through 2d if the organization he last day of the tax year		n historically importa certified historic str the form of a conser	ucture
easement on a	ne last day of the tax year		Held at t	he End of the Year
Total number o	of conservation easements		2a	
Total acreage	restricted by conservation easeme	ents	2b	
Number of con	servation easements on a certified	historic structure included in (a)	2c	
	servation easements included in (d ure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
		nsferred, released, extinguished, or terminat	ed by the organization	on during the
tax year ►				
		ervation easement is located 🗠		
	nization have a written policy regar I enforcement of the conservation e	ding the periodic monitoring, inspection, har easements it holds?		Yes No
Staff and volun year	iteer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing conservation ea	sements during the
A mount of exp	enses incurred in monitoring inspe	ecting, handling of violations, and enforcing o	onservation easeme	ents during the year
► \$	enses meaned in monitoring, mape	cerning, manufung of violations, and emoreting t	onservation caseme	ines during the year
Does each con	nservation easement reported on lii Ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of se		Yes
balance sheet,	3	ts conservation easements in its revenue ar of the footnote to the organization's financia sements	•	
rt IIII Organ Comple	izations Maintaining Collect ete if the organization answere	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Other Simila	r Assets.
works of art, hi	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education, note to its financial statements that describe	, or research in furthe	
works of art, hi		FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education, these items		
(i) Revenue inclu	uded on Form 990, Part VIII, line 1	L	► \$	
ii) _{Assets} ınclud	ed ın Form 990, Part X		► \$	
		nistorical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items		vide the
Revenue includ	ded on Form 990, Part VIII, line 1		▶ \$	

b Assets included in Form 990, Part X

Par	31111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal '	Treas	sures, e	or Ot	her Si	milar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, c	hecka						ııfıcant us	e of its	
а	┌ P	ublic exhibition		d	Г	Loa	n or ex	kchange p	progra	ims			
b	┌ s	cholarly research		e	Γ	Oth	ier						
С	ΓP	reservation for future generations											
4	Provid Part X	de a description of the organization's IIII	s collections and exp	laın ho	w the	y furt	her the	e organız	atıon's	s exemp	t purpose	ın	
5		g the year, did the organization solic									_	_	
		s to be sold to raise funds rather the		s part	of the	orga	nızatıc	on's colle	ction?)	☐ Yes	☐ No)
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, l	ıne 9, oı	r repo	orted a	n amour	nt on Fo	rm 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other intern	nediary	/ for c	ontri	butions	s or othe	rasse	ts not	┌ Yes	┌ No	•
b	If"	Yes," explain the arrangement in Pa	art XIII and complete	the fo	llowin	g tab	le				Am	ount	
С	Beg	jinning balance							1c				
d	Ado	ditions during the year						[1d				
е	Dıs	tributions during the year							1e				
f	End	ling balance							1f				
2a	Did th	e organization include an amount or	n Form 990, Part X, lı	ne 21,	fores	crow	vorcus	stodial ad	ccoun	t liability	yっ ┌ Yes	┌ No	,
b		s," explain the arrangement in Part											Г
Pa	rt V	Endowment Funds. Complet							<u>_</u>		, line 10. Jears back		years back
	Regin	ning of year balance	(a)Current year	(D)P	nor yea	11	В (С)	wo years t	DACK ((d)Three y	rears back	(e)rour	уеатѕ раск
b	_	ributions											
	•												
C	Net 11 losse	nvestment earnings, gains, and s											
d		s or scholarships											
е		r expenditures for facilities rograms											
f	A dmı	nistrative expenses											
g		fyear balance											
2	Provid	de the estimated percentage of the o	current year end bala	nce (lır	ne 1 g,	colu	ımn (a))) held as					
а	Board	designated or quasi-endowment 🕨	·										
b		anent endowment ►											
С		orarily restricted endowment 🕨											
		ercentages on lines 2a, 2b, and 2c :	should equal 100%										
3a		nere endowment funds not in the pos ization by	session of the organi	zation	that a	are he	eld and	d admınıs	tered	for the		Yes	s No
	(i) un	related organizations				•						(i)	
		lated organizations						Ī			-	(ii)	<u> </u>
В 4		s" on 3a(II), are the related organization on Bart XIII the intended uses o					· ·					3b	
_	t VI	Land, Buildings, and Equip				41145							
		Complete if the organization a		orm 9	90, F	art :	IV, lın	ne 11a.S	ee Fo	orm 99	0, Part X		
		Description of property			Cost or	(a) other stmer		(b) Cost or oth (other	her bas		Accumulated depreciation		look value
1a	Land			$\cdot \square$									
b	Buildin	gs											
С	Leaseh	old improvements											
d	Equipm	nent		· _					205,93	5	187,7	722	18,213
							4011						
ıota	ı. A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	x, colu	mn (E), IIn	e 10(c)	<i>.,</i>	•			D (5	18,213 990) 2015
											<i>s</i> cneaule	ר ורסו m	フラリノ ZUI :

See Form 990, Part X, line 12. (a) Description of security or category		(b)Book value	(c)Method of valuation
(including name of security)	STY	(b)book value	Cost or end-of-year market val
1)Financial derivatives 2)Closely-held equity interests			
3)Other			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related.			
Complete if the organization answer	red 'Yes' on Form 99	0, Part IV, line 11c. _{Se}	ee Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market val
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	▶		
Part IX Other Assets. Complete if the organiza		Form 990, Part IV, line	
(a) De	scription		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col.(B) lin	ne 15.)		
Part X Other Liabilities. Complete if the o			
See Form 990, Part X, line 25. (a) Description of liability	(b) Book value		
(a) Description of liability	(2) BOOK Value	-	
Federal income taxes			
CAPITAL LEASE OBLIGATION	4,3	304	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	P 4.:	304	

	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,071,984
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	21,118
3	Subtract line 2e from line 1	3	1,050,866
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII) 4b		
C	Add lines 4a and 4b	4c	0
	1		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,050,866
	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	_	
	Reconciliation of Expenses per Audited Financial Statements With Expense	_	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
Pari 1 2 a	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
Part 1 2 a b	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
Pari	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return.
Pari 1 2 a b c	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return. 852,534
Pari 1 2 a b c d	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return. 852,534 21,118
Pari 1 2 a b c d e	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return. 852,534
1 2 a b c d e 3 4	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return. 852,534 21,118
Part 1 2 a b c d e 3 4 a	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	s per	Return. 852,534

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT CITIZENS LEAGUE IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE CITIZENS LEAGUE IS ALSO EXEMPT FROM STATE INCOME TAXES HOWEVER, ANY UNRELATED INCOME MAY BE SUBJECT TO TAXATION THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015 AND 2014

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493225015606

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization	Employer identification number
CITIZENS LEAGUE	41-0722696

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CONSISTS OF THE IMMEDIATE PAST CHAIR, CHAIR, VICE CHAIR, SECRETARY, TREASURER, THE CHAIRS OF ANY STANDING COMMITTEES, UP TO THREE DIRECTORS DESIGNATED BY THE CHAIR AND THE EXECUTIVE DIRECTOR, AS A NON-VOTING MEMBER ITS PRINCIPAL RESPONSIBILITIES ARE TO PLAN, COORDINATE AND INTEGRATE PROGRAMS TO ACHIEVE THE CITIZENS LEAGUES STRATEGIC COMMITMENTS

Return Reference	Explanation
SECTION A, LINE 6	ANY PERSON WHO SATISFIES MEMBERSHIP CRITERIA SHALL BE ELIGIBLE FOR MEMBERSHIP AND MAY BECOME A MEMBER BY SUBMITTING A MEMBERSHIP FORM IN WHICH THE INDIVIDUAL ATTESTS TO MEETING THE MEMBERSHIP QUALIFICATIONS AND PROVIDES CONTACT INFORMATION INCLUDING A MAILING ADDRESS MEMBERS CONSIST OF INDIVIDUALS, HOUSEHOLDS AND STUDENT/COMMUNITIES INDIVIDUAL MEMBERSHIP SHALL CONSIST OF PERSONS WHO SUBSCRIBE TO THE PURPOSES OF THE CITIZENS LEAGUE AND WHO PAY THE ANNUAL MEMBERSHIP DUES ESTABLISHED BY THE BOARD OF DIRECTORS HOUSEHOLD MEMBERSHIP SHALL CONSIST OF MULTIPLE MEMBERS WITHIN ONE HOUSEHOLD, INCLUDING SPOUSES AND PARTNERS, WHO JOINTLY SUBSCRIBE TO THE PURPOSES OF THE CITIZENS LEAGUE AND WHO PAY DUES ESTABLISHED BY THE BOARD OF DIRECTORS EACH MEMBER OF AN IMMEDIATE FAMILY SHALL BE ENTITLED TO ALL OF THE PRIVILEGES OF MEMBERSHIP

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL ELECTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 AND SCHEDULES ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND PROVIDED ELECTRONICALLY TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND COMMENT BEFORE BEING FILED WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS, DIRECTORS, OFFICERS, EMPLOYEES AND STUDY COMMITTEE CHAIRS WHO CAN INFLUENCE THE ACTIONS OF THE CITIZENS LEAGUE ARE ALL REQUIRED TO SUBMIT A CONFLICT OF INTEREST FORM EACH YEAR DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF HE/SHE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR) DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR (OR IF HE/SHE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) THE BOARD, OR A DULY CONSTITUTED COMMITTEE THEREOF, SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR AND REASONABLE TO THE CITIZENS LEAGUE. THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION. ALL PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AS PART OF EACH YEAR'S ANNUAL BUDGET, FUNDS MAY BE SET ASIDE FOR EMPLOYEE BASE PAY ADJUSTMENTS AND PERFORMANCE BASE PAY INCREASES THE DISTRIBUTION OF THESE FUNDS IN THE FOLLOWING YEAR WILL BE BASED ON THEIR AVAILABILITY, THE APPROVAL OF THE BOARD AND THE PERFORMANCE OF THE INDIVIDUAL STAFF MEMBER TOWARD ACHIEVING THEIR INDIVIDUAL WORK PLAN GOALS STAFF BASE PAY WILL BE BENCHMARKED PERIODICALLY AGAINST INDUSTRY-SPECIFIC INFORMATION IN MINNESOTA, E.G. THE MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY BY THE MINNESOTA COUNCIL OF NONPROFITS THIS PROCESS WILL TAKE INTO ACCOUNT THE ACTUAL WORK REQUIREMENTS OF EACH POSITION, THE CITIZENS LEAGUE POSITION WITHIN THE MARKET RANGE AND THE EXPERTISE OF THE INDIVIDUAL EMPLOYEE PERFORMANCE BASED PAY INCREASES, BASED ON THE ACHIEVEMENT OF WORK PLAN OBJECTIVES AND BOARD OR EXECUTIVE COMMITTEE APPROVAL OF A BUDGET FOR THESE USES MAY ACCOMPANY THE EMPLOYEE EVALUATION AND REVIEW THIS PROCESS WAS MOST RECENTLY UNDERTAKEN BY THE EXECUTIVE COMMITTEE IN JUNE, 2015 FOR THE EXECUTIVE DIRECTOR, S KERSHAW AND ALL OTHER STAFF MEMBERS

Return Reference	Explanation
' '	CITIZENS LEAGUE FINANCIAL STATEMENTS, BUDGET REPORTS AND BY LAWS ARE AVAILABLE VIA THE ORGANIZATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST

Return Reference	Explanation
	OTHER CONTRACTED SERVICES PROGRAM SERVICE EXPENSES 168,152 MANAGEMENT AND GENERAL EXPENSES 6,097 FUNDRAISING EXPENSES 1,117 TOTAL EXPENSES 175,366

Return Reference	Explanation
FORM 990, PART I, LINE 6	THE CITIZENS LEAGUE DEPENDS ON OUR INDIVIDUAL AND ORGANIZATIONAL MEMBERS TO INFORM OUR POLICY WORK, ADVANCE OUR OUTREACH AND ENGAGEMENT EFFORTS AND HELP CREATE OPPORTUNITIES FOR ALL MATTERS OF POLICY TO BE DISCUSSED AND INFORMED IN DIVERSE PLACES OUR MEMBERS AND VOLUNTEERS HOST EVENTS AND COMMUNITY GATHERINGS, PROVIDE EXPERTISE ON POLICY ISSUES, AND HELP US ENGAGE WITH PEOPLE FROM ALL WALKS OF LIFE OUR WORKING COMMITTEES ARE ALL LED BY MEMBERS WHO COMMIT TO LEADERSHIP ROLES THE POLICY RECOMMENDATIONS WE DEVELOP ARE ALL INFORMED BY INDIVIDUAL MEMBERS WHO VOLUNTEER TO LEAD ISSUESPECIFIC PROJECTS AND WHO BRING ACCESS TO THEIR NETWORKS IN ORDER TO GRAPPLE WITH ISSUES AND HELP IMPLEMENT SOLUTIONS