

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2016 calendar year, or tax year beginning 10/01/16, and ending 09/30/17

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">EMPIRE CENTER FOR PUBLIC POLICY, IN</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>100 STATE STREET, SUITE 410</p> City or town, state or province, country, and ZIP or foreign postal code <p>ALBANY NY 12207</p>	D Employer identification number <p>46-1987418</p> E Telephone number <p>518-434-3100</p> G Gross receipts \$ <p>1,079,435</p>
F Name and address of principal officer: <p>TIM HOEFER 100 STATE STREET ALBANY NY 12207</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.EMPIRECENTER.ORG		L Year of formation: 2013 M State of legal domicile: NY
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">TO MAKE NEW YORK A BETTER PLACE TO LIVE AND WORK BY PROMOTING PUBLIC POLICY REFORMS GROUNDED IN FREE-MARKET PRINCIPLES, PERSONAL RESPONSIBILITY, AND THE IDEALS OF THE EFFECTIVE AND ACCOUNTABLE GOVERNMENT</p> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	7		
	6 Total number of volunteers (estimate if necessary)	6	0		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year		
	9 Program service revenue (Part VIII, line 2g)	645,569	1,078,267		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	120	168		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,100	1,000		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	647,789	1,079,435		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	569,180	734,460		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	39,700	35,000		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,000				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	298,606	299,477		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	907,486	1,068,937		
	19 Revenue less expenses. Subtract line 18 from line 12	-259,697	10,498		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year		
	21 Total liabilities (Part X, line 26)	448,141	460,548		
	22 Net assets or fund balances. Subtract line 21 from line 20	39,700	41,610		
		408,441	418,938		

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">TIM HOEFER</p> Type or print name and title <p style="text-align: center;">EXECUTIVE DIRECTOR</p>	Date
Paid Preparer Use Only	Print/Type preparer's name <p>DAVID M. STACKROW</p> Firm's name ▶ SCOTT, STACKROW & COMPANY, PC Firm's address ▶ 314 HOOSICK ST TROY, NY 12180-2073	Check <input type="checkbox"/> if PTIN self-employed Firm's EIN ▶ 14-1637151 Phone no. 518-274-9081

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO MAKE NEW YORK A BETTER PLACE TO LIVE AND WORK BY PROMOTING PUBLIC POLICY REFORMS GROUNDED IN FREE-MARKET PRINCIPLES, PERSONAL RESPONSIBILITY, AND THE IDEALS OF THE EFFECTIVE AND ACCOUNTABLE GOVERNMENT

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

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

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

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

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

4a (Code:) (Expenses \$ **722,425** including grants of \$) (Revenue \$)
PROMOTING PUBLIC POLICY REFORMS FOR NEW YORK STATE.

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

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

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

4e Total program service expenses **722,425**

