Form	990
Departn	nent of the Treasury

## **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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

3 Open to Public Inspection

OMB No. 1545-0047

Interr	al Reve	enue Servi	ce		Information	about Form 9	90 and its	s instructions	s is at ww	w.irs.gov	//form990.			Inspect	tion
A F	or th	ne 2013	calend	dar year, or	tax year beg	ginning		, 2013	3, and er	nding			,	20	
<b>_</b>			<b>C</b> Name	of organization							D Employer	identif	ication I	number	
BC	neck if ap	pplicable:	CIT	IZENS UNI	LON OF TH	E CITY OF	NEW Y	ORK			13-49	9757	70		
	Addre		Doing I	Business As											
	Name	e change	Numb	er and street (o	r P.O. box if mail	is not delivered to	street addr	ess)	Room/su	ite	E Telephon	e numb	er		
	Initial	l return	299	BROADWAY	Y SUITE 7	00					(212) 2	227-	0342		
	Term	inated	City or	town, state or	province, country	, and ZIP or foreig	n postal co	de	1				,		,
	Amer		NEW	YORK, NY	z 10007						G Gross rec	eipts \$	i	417	7,987.
	Applie pendi	cation	F Name	and address of	principal officer:						H(a) Is this a		turn for	Yes	XN
	_ pend	ing									subordina <b>H(b)</b> Are all sul		s included?	Yes	
1	Tax-ex	empt sta	tus:	501(c)(3)	X 501(c) (	(inse	ert no.)	4947(a)(1)	or	527				structions)	
				ITIZENSU				1011(0)(1)	01	021	H(c) Group ex	emption	number	•	
		of organi		X Corporation		Association	Other	•	LY	ear of form	nation: 1897				: NY
	art l		mary		Huot	roooolation	Outor	-				in olui	o or logo		
				o the organize	tion's mission	or most signific	ont activiti	OC INDED	FNDFN	' NON		CT			 )ፑ
đ	•					GOVERNMENT							<u></u>	<u></u>	
uc.				AND STAT				ADVANCE							
ŝrnŝ	2		this box			discontinued if									
Governance	2 3				•		•	•					1		54.
		Numbe	an of ind	ng members		ng body (Part VI,	, iirie ra) hadu (Dau	4.)// line (h)				. 3	-		54.
es						f the governing							+		11.
Activities &						alendar year 201									140.
Acti	0	Total n	umber o	of volunteers (	estimate if nece	essary)			• • • •	• • • •		. 6	-		
						VIII, column (C)									0
	D	Net un	related	ousiness taxa	ble income from	n Form 990-T, li	ine 34	<u></u>		<u></u>	Prior Year		-	Current Y	0
	•														
an		Contrit	outions a	and grants (Pa	art VIII, line 1h)					••	380,			372	2,770.
Revenue	9	Progra	m servic	e revenue (Pa	rt VIII, line 2g)					••		0			(
Re														787.	
	11														.,433.
	12					ist equal Part VI					362,			352	124.
						olumn (A), lines						0			0
	14					olumn (A), line 4						0	1		0
es						enefits (Part IX, o					201,		_		,501.
Expenses	16a	Profes	Professional fundraising fees (Part IX, column (A), line 11e)								14,	670.		14	,670.
ц.			otal fundraising expenses (Part IX, column (D), line 25) ▶79,717         Dther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)												
_	17	Other	expense	s (Part IX, col	umn (A), lines	11a-11d, 11f-24	e)				104,		<u> </u>		,415.
	18					ial Part IX, colun					320,	751.			,586.
	19	Reven	ue less	expenses. Sul	otract line 18 fr	om line 12						105.		2	2,538.
Net Assets or Fund Balances											inning of Curre			End of Ye	
sset alar	20	Total a	ssets (P	art X, line 16)							262,	185.		265	,997.
dB	21	Total li	abilities	(Part X, line 2	6)						-	858.		39	,856.
					. Subtract line	21 from line 20		<u></u>			222,	327.		226	,141.
	rt II		nature												
Uno	der per	nalties of	perjury,	I declare that I	have examined	this return, includ	ding accom	panying sched	lules and s	tatements	, and to the bes	t of my	knowle	dge and b	oelief, it is
	, 00110		iompioto.	Declaration of p					ion propu						
<b>C</b> : <i>a</i>															
Sig			Signature	of officer							Date				
He	e														
				rint name and tit	le										
D-'		Print/T	ype prep	arer's name		Preparer's sig	nature		Date		Check	if	PTIN		
Paic		BHAR	TI	JUPTA							self-emp	loyed	P0	094342	21
	oarer Only	Firm's	name	MAIER M	ARKEY & J	USTIC LLP					Firm's EIN	► <u>1</u> 3-	35390	)62	
		Firm's	address	222 BLOOMIN	NGDALE ROAD,S	TE 400 WHITE	PLAINS, 1	NY 10605			Phone no.			-9200	
Мау	the I	RS disc	uss this	return with th	ne preparer sho	own above? (see	instructio	ns)					. Х	Yes	No
						rate instructions								Form <b>99</b>	0 (2013)
	•				•										. ,

	CITIZENS	UNION	OF	THE	CITY	OF	NEW	YORK
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			s a response or note to any line in this Part		
	ATTACHMENT	e organization's mis 「 1	SSION:		
I	prior Form 990 or		significant program services during the yea		Yes X
;   ;	Did the organiza services?	tion cease conduc	cting, or make significant changes in h		Yes X
 	Describe the orga expenses. Section	501(c)(3) and 50	chedule O. n service accomplishments for each of it 1(c)(4) organizations are required to repo y, for each program service reported.		
	(Code: ATTACHMENT		233,146. including grants of \$	) (Revenue \$	)
-					
b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
-					
C	(Code:	_) (Expenses \$	including grants of \$	) (Revenue \$)	)
-					
-					
-					
		niego (Desseits is i			
		rvices (Describe in s	Schedule O.) g grants of \$	¢ )	
	(Expenses \$	[] II . II II			

Form 9	990 (2013)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
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,		37	
_	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			х
•	complete Schedule D, Part III	8		
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			х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
11	VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a		11a	х	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	110		
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
~	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
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		Х
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	Х	
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	00		v
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part 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	0.0	v	
	employees? If "Yes," complete Schedule J	23	X	
24 a	5 1 51 1			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		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		24d		
25 a				x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		X
20	If "Yes," complete Schedule L, Part L	250		Δ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
27	disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		- 21
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
D	Schedule L, Part IV.	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I.	31		х
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		х
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		Х
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	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b				
	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		
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		Х
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	X	

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Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 . 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		x
h	account)? If "Yes," enter the name of the foreign country: ►	<b>4</b> a		
D D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
h	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
U	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	•		
•	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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	1		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	154		
h	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			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		

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Form 9	90 (2013) CITIZENS UNION OF THE CITY OF NEW YORK 13-499	7570		Page <b>6</b>
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	• • •	X
Sect	ion A. Governing Body and Management		¥	
_	Enter the number of vetting members of the governing body at the end of the tax year $1a$		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 54			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		x
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6	Did the organization have members or stockholders?	0	21	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
	one or more members of the governing body?	1a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		x
0	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the veer by the following:			
-	the year by the following:	8a	Х	
a h	The governing body?	8b	X	<u> </u>
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	э.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne		
JSA	Organization: ► CITIZENS UNION OF THE CITY OF NY 299 BROADWAY NEW YORK, NY 10007 212-227-0342	Form	900	(2013)
		1 011		(-010)

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	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the								

required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than c is both or/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)PETER J W SHERWIN CHAIRMAN OF THE BOARD	1.00	x		Х				0	0	0
_(2)GENA_LOVETT TREASURER	.50	x		Х				0	0	0
(3)RICHARD BRIFFAULT VICE CHAIRMAN	.50	x		х				0	0	0
_(4)JOHN HORAN DIRECTOR	.50	x						0	0	0
(5)ALAN ROTHSTEIN CHAIR,STATE AFFAIRS COMMITTEE	.50	X						0	0	0
(6)ROBERT ABRAMS DIRECTOR	.50	x						0	0	0
(7)NANCY BOWE CHAIR, NOMINATING COMMITTEE	.50	x						0	0	0
(8)GERRARD P BUSHELL DIRECTOR	.50	X						0	0	0
(9)CHRISTINA R DAVIS SECRETARY	.50	X		Х				0	0	0
(10)ALLAN H DOBRIN DIRECTOR	0	X						0	0	0
(11)ROBERT M KAUFMAN DIRECTOR	.50	X						0	0	0
(12)IAN L KELLEY ESQ DIRECTOR	.50	x						0	0	0
(13)ERIC S LEE DIRECTOR	.50	x						0	0	0
(14)HAROLD LEVY DIRECTOR	.50	X						0	0	0

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	Form 990 (2013)										Page
	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	nplo	yee	es,	and	ligl	hest Compensat	ed Employees (d	continued)
	(A)	(B)			(0	C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both or/trus	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(	15) OGDEN LEWIS	.50									
	DIRECTOR	.50	Х						0	0	
(	16) MARK E LIEBERMAN	.50									
	DIRECTOR	.50	Х						C	0	
(	17) MALCOLM MACKAY	.50									
	DIRECTOR	0	Х						0	0	
(	18) ANTHONY S MATTIA	.50									
	DIRECTOR	.50	Х						C	0	
(	19) TOM OSTERMAN	.50									
	DIRECTOR	0	Х						C	0	
(	20) GAIL ERICKSON	.50									
	CHAIR, AUDIT COMMITTEE	.50	Х						C	0	
(	21) ANUSHA RASALINGAM	.50									
	DIRECTOR	0	Х						C	0	
(	22) TORRANCE ROBINSON	.50									
	DIRECTOR	0	X						C	0	
(	23) EDWARD C SWENSON	.50									
	DIRECTOR	0	X						C	0	
(	24) LUIS GARDEN ACOSTA	.50									
	VICE CHAIRMAN	0	X		Х				C	0	
(	25) RANDY MASTRO	.50									
		1	1	1		1	1	1			

DIRECTOR	0	Х						0	0	
1b Sub-total							►	0	0	
c Total from continuation sheets to Part VII, Se							►	59,532.	126,837.	19,96
d Total (add lines 1b and 1c)							►	59,532.	126,837.	19,96
2 Total number of individuals (including but not l	imited to th	nose	iste	d al	oove	e) wh	o re	ceived more than	\$100,000 of	

of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  $\blacktriangleright$ 0

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5
6.	action D. Independent Contractors	

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 0	e listed above) who received	

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16) (

17) (

18) (

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20) (

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22) (

24) (

( 25)

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	bye	es,	and H	lig	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe d a c	erson	e than c is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
26) KENNETH SEPLOW	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) KENNETH SEPLOW	.50									
DIRECTOR	0	Х						0	0	
27) ANTHONY SMITH DIRECTOR	.50	x						C	0	
28) HECTOR SOTO	.50									
DIRECTOR	0	x						0	0	
29) MARK FOGGIN	.50									
DIRECTOR	0	X						0	0	
30) JUDI RAPPOPORT BLITZER	.50									
DIRECTOR	.50	Х						C	0	
31) GRACE LYU VOLCKHAUSEN	.50									
DIRECTOR	.50	Х						C	0	
32) KENNETH AUSTIN	.50									
DIRECTOR	.50	Х						C	0	
33) JOHN P AVLON	.50	4								
CO-CHAIR, PROGRAM COMMITTEE	0	X						C	0	
34) LUCY CABRERA PHD DIRECTOR	.50	х						C	0	
35) NICOLE GORDON	.50									
DIRECTOR	.50	Х						C	0	
36) ASHOK GUPTA	.50									
DIRECTOR	.50	Х						C	0	
1b Sub-total c Total from continuation sheets to Part VII, S	-			•••	 	 				
d Total (add lines 1b and 1c)				• •	•••	• • •	<u> </u>		¢4.00,000 (	
2 Total number of individuals (including but not reportable compensation from the organizatio			liste )	ed a	DOV	e) who	o re	eceived more than	\$100,000 of	
· · · · ·										Yes No
3 Did the organization list any former offic										
employee on line 1a? If "Yes," complete Sched										3 X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Form 990 (2013)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	ye	es,	and I	Hig	hest Compensat	ed Employees (d	continued	9
(A)	(B)			(0	C)			(D)	(E)	(	F)
Name and title	Average hours per week (list any hours for	box, office	unles er and	heck ss pe d a c	erson lirect	e than o is both tor/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	amo ot compe	mated ount of her ensation n the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organ and r	nization related izations
37) GEORGE KAUFMAN	.50										
DIRECTOR	.50	X						C	0		
38) MARC D NORMAN	.50										
DIRECTOR	.50	x						C	0		
39) LUIS REYES PHD	.50										
DIRECTOR	0	X						C	0		
40) GARY P NAFTALIS	.50										
DIRECTOR	0	X						C	0		
41) EDDIE BAUTISTA	.50										
DIRECTOR	0	X						C	0 0		
42) CURTIS COLE	.50										-
DIRECTOR	0	Х						C C	0		
43) RICK SCHAFFER	.50										-
CO-CHAIR, MUNICIPAL AFFAIRS CO	0	X						C	0 0		
44) GREGORY SILBERT	.50										
DIRECTOR	0	X						C	0 0		
45) MONICA AZARE	.50										
DIRECTOR	.50	x						C	0 0		
46) CLAIRE SILBERMAN	.50										
DIRECTOR	.50	x						C	0 0		
47) TONY PEREZ CASSINO	.50										
DIRECTOR	0	x						C	0		
1b Sub-total			II			1	•				
c Total from continuation sheets to Part VII, S	ection A	•••	•••	•••	•••		•				
d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not reportable compensation from the organization		hose   (		d a	bov	e) wh	o re	eceived more than	\$100,000 of		
										N	Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched										3	2
4 For any individual listed on line 1a, is the organization and related organizations groups of the second											
individual										4	Х

for services rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

	(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Form 990 (2013)

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-	m 990 (2013)										,	Page
P	art VII Section A. Officers, Directors, Tru		ey En	nplo			and H	lig	-		<b>/ees</b> (c	· · · · ·
	(A) Name and title	(B) Average hours per week (list any hours for	Position Reportable (do not check more than one box, unless person is both an officer and a director/trustee) the		ore than one compensation is both an from		(E) Reporta compensatio relate organizat	on from d	<b>(F)</b> Estimated amount of other compensation			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
<u>48</u>	) STEVEN M COHEN DIRECTOR	.50	-						0		0	(
49	) LORNA GOODMAN DIRECTOR	.50	x						0		0	(
50	) ESTER R FUCHS DIRECTOR	.50	x						0		0	
51	) ANTHONY CROWELL DIRECTOR	.50									0	(
52	) JUANITA SCARLETT	.50										
53	DIRECTOR ) JASON STEWART	.50	_						0		0	
54	DIRECTOR ) BARBARA FIFE	0	-						0		0	
55	DIRECTOR ) RICHARD D DADEY	0 0							0		0	
	EXECUTIVE DIRECTOR	25.00			X				59,532.	126,	,837.	19,966.
	o Sub-total c Total from continuation sheets to Part VII, S	ection A		 				<ul> <li>Image: A transmission of the second se</li></ul>				
2	d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					► o re	eceived more than	\$100,000 c	of	
3	Did the organization list any former offic	er, directo	or, or	tru								Yes No
4	organization and related organizations gre	sum of rep eater than	oortab \$15	ole o 50,0	com 00?	per ? /i	nsation "Yes	n ai s,"	nd other compens complete Schedu	sation from	the s <i>uch</i>	3 X
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	dual	4 X 5 X
	Complete this table for your five highest com compensation from the organization. Report or year.											
	(A) Name and business add	lress							<b>(B)</b> Description of se	ervices	С	(C) compensation
								1	· ·			-
_								+				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Form 990 (20	13
Part VIII	

Par	t VII			u line in this Dent )	/111		
		Check if Schedule O contains a respo	inse of hote to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
e Contributions, Gifts, Grants and Other Similar Amounts	1a b c f f h	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f: \$	<u>,</u> ▶	372,770.			
Program Service Revenue	2a b c d e f g	All other program service revenue	<u> ▶</u>	0			
	3 4 5 6a b	Investment income (including dividends, inter other similar amounts). ATTACHMENT 3 Income from investment of tax-exempt bond p Royalties (i) Real Gross rents Less: rental expenses	proceeds	787. 0 0			787.
	c d 7a b c d	Rental income or (loss)	(ii) Other	0			
Other Revenue	8a b c	Gross income from fundraising events (not including \$288,320. of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events of Gross income from gaming activities.	ATCH 4	-21,433.			-21,433.
	с 10а	See Part IV, line 19       a         Less: direct expenses       b         Net income or (loss) from gaming activities       b         Gross sales of inventory, less       returns and allowances       a         Less: cost of goods sold       b	· · · · · · · · · •	0			
	11a b c d	Net income or (loss) from sales of inventory         Miscellaneous Revenue	Business Code	0			
	е 12	Total. Add lines 11a-11d		0 352,124.			-20,646.

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and	_			
organizations in the United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in				
the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors,				
trustees, and key employees	64,594.	46,578.	7,133.	10,883
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	119,195.	85,952.	13,162.	20,081
8 Pension plan accruals and contributions (include section				
401(k) and 403(b) employer contributions)	3,959.	2,855.	437.	667
9 Other employee benefits	17,447.	12,581.	1,927.	2,939
10 Payroll taxes	16,306.	11,758.	1,801.	2,747
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	6,219.		6,219.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	14,670.			14,670
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	15,365.	7,876.	627.	6,862
12 Advertising and promotion	0			
13 Office expenses	9,429.	4,609.	796.	4,024
14 Information technology	0	,		<b>,</b> -
15 Royalties	0			
16 Occupancy	34,708.	24,990.	3,818.	5,900
	4,000.	3,598.	3,0101	402
I7 Travel	1,0001			102
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	323.	233.	35.	55
<b>22</b> Depreciation, depletion, and amortization	2,808.	2,022.	309.	477
23 Insurance	2,000.	2,022.	309.	4//
4 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.)	00.067	15.000	1.4.0	
aPRINTING & MAILING	22,267.	15,862.	142.	6,263
bPOSTAGE	10,427.	7,538.	51.	2,838
cCOMPUTER_EXPENSE	4,006.	3,337.	110.	559
dTELEPHONE	2,333.	1,827.	156.	350
e All other expenses	1,530.	1,530.		
25 Total functional expenses. Add lines 1 through 24e	349,586.	233,146.	36,723.	79,717
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 📔 🧃				

Form 990 (2013)

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Form 990					Page 11
Part X			. N		
	Check if Schedule O contains a response or note to	any line in this Pa			
			(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		0	1	C
2	Savings and temporary cash investments		240,293.	2	167,096.
3	Pledges and grants receivable, net		0	3	(
4	Accounts receivable, net		19,915.	4	21,601.
5	Loans and other receivables from current and former of	officers, directors,			
	trustees, key employees, and highest compensation	ted employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as de		0	5	(
6	Loans and other receivables from other disqualified persons (as de 4958(f)(1)), persons described in section 4958(c)(3)(B), and con	tributing employers			
	and sponsoring organizations of section 501(c)(9) voluntary em	ployees' beneficiary			
s	organizations (see instructions). Complete Part II of Schedule L		0	•	C
Assets & 4	Notes and loans receivable, net		0		0
8 As	Inventories for sale or use Prepaid expenses and deferred charges		0	v	C
9		ATCH 6	1,245.	9	1,416.
10 a	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D 10a				
	Less: accumulated depreciation	13,010.	732.		409.
11	Investments - publicly traded securities	ATCH 7		11	75,475.
12	Investments - other securities. See Part IV, line 11			12	0
13	Investments - program-related. See Part IV, line 11			13	0
14	Intangible assets			14	0
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		262,185.		265,997.
17	Accounts payable and accrued expenses		20,803.		23,496.
18	Grants payable			18	0
19	Deferred revenue	•••••		19 20	C
20	Tax-exempt bond liabilities			20 21	
Liabilities	Escrow or custodial account liability. Complete Part IV of S		0	21	U
	Loans and other payables to current and former of trustees, key employees, highest compensated e				
Lia	disqualified persons. Complete Part II of Schedule L		0	22	C
23	Secured mortgages and notes payable to unrelated third p		0		0
24	Unsecured notes and loans payable to unrelated third parti-		°	24	0
25	Other liabilities (including federal income tax, payables			27	
20	parties, and other liabilities not included on lines 17-24).				
	of Schedule D	•	19,055.	25	16,360.
26	Total liabilities. Add lines 17 through 25		39,858.	26	39,856.
	Organizations that follow SFAS 117 (ASC 958), check he complete lines 27 through 29, and lines 33 and 34.			-	
Fund Balances 65 65 67			221,327.	27	226,141.
23 23 28	Unrestricted net assets Temporarily restricted net assets	•••••	1,000.	27	220,141.
<u>ה</u> 29 ק	Permanently restricted net assets	•••••			0
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check h		0	23	
	complete lines 30 through 34.				
ខ ដ 30	Capital stock or trust principal, or current funds			30	
5 8 31	Paid-in or capital surplus, or land, building, or equipment fu	und		31	
¥ 32	Retained earnings, endowment, accumulated income, or o	other funds		32	
Net Assets or 30 32 33 33	Total net assets or fund balances	••••	222,327.	33	226,141.
34	Total liabilities and net assets/fund balances		262,185.	34	265,997.
				· · · · ·	Form <b>990</b> (2013)

Form 990 (2013)

CITIZENS	UNION	OF	THE	CITY	OF	NEW	YORK

Form 99	90 (2013)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				124.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3		586.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,538.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			2		327.
5	Net unrealized gains (losses) on investments	5			2,2	276.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-1,(	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2	26,1	141.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	• • •		• • •		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• • .• •	· · ⊢	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· ·	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	X       Separate basis       Consolidated basis       Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accou			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth				
	the Single Audit Act and OMB Circular A-133?		· · ⊢	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	000	

Sched	ule B
-------	-------

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

CITIZENS UNION OF THE CITY OF NEW YORK

Employer identification number

13-4997570

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(4 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See

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

#### **General Rule**

Solution For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### **Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year

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

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

ιαπ	Contributors (see instructions). Use duplicate copies of F	rant i il additional space is nee	aea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1 _	NANCY BOWE 290 HICKS STREET BROOKLYN, NY 11201	- \$7,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STEVEN M. COHEN 360 FURMAN STREET, APT 215 BROOKLYN, NY 11201	- \$\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	CURTIS COLE           8 BETHUNE ST. #4           NEW YORK, NY 10014	- \$ <u>5,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 _	CRAVATH, SWAINE, & MOORE LLP 825 EIGHTH AVENUE NEW YORK, NY 10019	- \$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 _	THE DURST ORGANIZATION	- \$\$7,500.	Person X Payroll Noncash (Complete Part II for
	NEW YORK, NY 10036	-	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	- (c) Total contributions	(d) Type of contribution

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

	Contributors (see instructions). Use duplicate copies of Pa		( n)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -	GAIL ERICKSON		Person X Payroll
	138 COLUMBIA HEIGHTS BROOKLYN, NY 11201	\$5,250.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FAITH E GAY		Person X
	51 MADISON AVE. 22ND FL	\$50,500.	Payroll Noncash
	NEW YORK, NY 10010		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MATTHEW GOLDSTEIN		Person
	35_SUTTON_PLACE	\$7,500.	Payroll Noncash
	NEW YORK, NY 10022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4		(d) Type of contribution
No.	(b) Name, address, and ZIP + 4		(d) Type of contribution
No.	(b) Name, address, and ZIP + 4	Total contributions	(d) Type of contribution Person X Payroll
No.	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET	Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for
No.	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET NEW YORK, NY 10021 (b)	Total contributions         \$5,000.         (c)	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. _ 10 (a) No.	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET NEW YORK, NY 10021 (b) Name, address, and ZIP + 4	Total contributions         \$5,000.         (c)	(d) Type of contribution Person X Payroll (Complete Part II for noncash contributions.) (d) Type of contribution
No. _ 10 (a) No.	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET NEW YORK, NY 10021 (b) Name, address, and ZIP + 4 GEORGE & MARIANA KAUFMAN	Total contributions         \$5,000.         (c)         Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll X
No. _ 10 (a) No.	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET NEW YORK, NY 10021 (b) Name, address, and ZIP + 4 GEORGE & MARIANA KAUFMAN 450 SEVENTH AVENUE	Total contributions         \$5,000.         (c)         Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
No. - 10 - (a) No. - 11 - (a)	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET NEW YORK, NY 10021 (b) Name, address, and ZIP + 4 GEORGE & MARIANA KAUFMAN 450 SEVENTH AVENUE NEW YORK, NY 10123 (b)	Total contributions         \$5,000.         (c)         Total contributions         \$28,000.         (c)         (c)	(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll X Noncash (Complete Part II for noncash contributions.)
No. . 10 (a) No. . 11 (a) No.	(b) Name, address, and ZIP + 4 JANINE HILL 4 EAST 72ND STREET NEW YORK, NY 10021 (b) Name, address, and ZIP + 4 GEORGE & MARIANA KAUFMAN 450 SEVENTH AVENUE NEW YORK, NY 10123 (b) Name, address, and ZIP + 4	Total contributions         \$5,000.         (c)         Total contributions         \$28,000.         (c)         (c)	(d) Type of contribution          Person       X         Payroll       X         Noncash       X         (Complete Part II for noncash contributions.)       (d)         Type of contribution       X         Person       X         Payroll       X         Noncash       (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)       (d)         (Type of contributions.)       (d)

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JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
13 _	TRCLP 60 COLUMBUS CIRCLE NEW YORK, NY 10023	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
14 _	KRAMER, LEVIN, NAFTALIS & FRANKEL LLP 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	\$ <u>18,750.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	PROSKAUER ROSE LLP 11 TIMES SQUARE NEW YORK, NY 10036	\$ <u>7,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_16_	KENNETH F SEPLOW 535 E. 86TH STREET, APT 14C NEW YORK, NY 10028	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
17 _	PETER J SHERWIN ELEVEN TIMES SQUARE NEW YORK, NY 10036	\$ <u>8,500.</u> 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_18_	SILVERSTEIN PROPERTIES		Person X Payroll

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Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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Name of organization CITIZENS UNION OF THE CITY OF NEW YORK

Fall	<b>Contributors</b> (see instructions). Use duplicate copies of Pa		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	STUDLEY INC 399 PARK AVENUE NEW YORK, NY 10022	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	TISHMAN SPEYER 45 ROCKEFELLER PLAZA NEW YORK, NY 10111	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number 13-4997570

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Employer identification number

13-4997570

Part II N	Ioncash Property (see instructions). Use duplicate copies of F	Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		- - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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	(Form 990, 990-EZ, or 990-PF) (2013)			Page 4		
Name of or	rganization CITIZENS UNION OF THE	CITY OF NEW YOR	2K	Employer identification number		
Part III	<i>Exclusively</i> religious, charitable, etc. that total more than \$1,000 for the y For organizations completing Part III, e	ear. Complete colu	mns <b>(a)</b> through <b>(e</b> )	and the following line entry.		
	contributions of \$1,000 or less for the	e year. (Enter this in	formation once. Se	e instructions.) ►\$		
(a) No	Use duplicate copies of Part III if additi	onal space is neede	ed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, an			ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
		(e) Transf	er of gift			
	Transferee's name, address, an	nd ZIP + 4	Relation	ship of transferor to transferee		

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

(For	m 990 or 990-EZ)		i ondoar oampaign a		y Addividios	F	
•	···· ,	For O	organizations Exempt From Incom	e Tax Under sectio	on 501(c) and section 527	7	2013
	rtment of the Treasury	► Com	Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			Z.	Open to Public Inspection
	nal Revenue Service	red "Yes."	to Form 990, Part IV, line 3, or Form			es), the	
	-		Complete Parts I-A and B. Do not compl		(i onitoal oampaign / ourna	<i>ooy</i> , me	
		•	on 501(c)(3)) organizations: Complete F		o not complete Part I-B.		
	Section 527 organiza						
	Ũ		to Form 990, Part IV, line 4, or Form	990-F7 Part VI line 47	(Lobbying Activities) then		
	•		that have filed Form 5768 (election un			nlete P:	art II-B
		,	that have NOT filed Form 5768 (election			•	
		,	to Form 990, Part IV, line 5 (Proxy Ta		, ,	•	
	-		anizations: Complete Part III.		it v, inc ooc (i roxy rux), in	CII	
	e of organization	), or (0) org			Employer identifi	ication	number
	Ū.	ים ייטה ל	CITY OF NEW YORK		13-499		
-			organization is exempt under	section 501(c) or			
			organization's direct and indirect p	· · ·		iizatiu	/11.
1			•				
2							
3	volunteer nours				•••••		
Dee	(LD Complet	a if the c	rapization is exempt under a	ration E01(a)(2)			
			organization is exempt under s		<b>-</b> ► ♠		
1			cise tax incurred by the organizatio				
2			cise tax incurred by organization m				
3			a section 4955 tax, did it file Form				Yes No
						L	Yes No
	If "Yes," describe in			( 504( )	( ( 504( )(0)		
Par			organization is exempt under			).	
1		•	expended by the filing organization		•		
2	Enter the amount	of the filir	ng organization's funds contributed	I to other organizati	ons for section		
3	Total exempt fund	ction expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,		
4			e Form 1120-POL for this year?				Yes No
5	Enter the names, a organization made the amount of pol	addresses e payment litical cont	and employer identification numb s. For each organization listed, en tributions received that were prom and or a political action committee (f	er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organiza from the filing organiza livered to a separate pol	tions t ation's litical	to which the filing funds. Also enter organization, such
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contrib pror deliv politi	mount of political putions received and nptly and directly ered to a separate cal organization. If none, enter -0
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
For I	Paperwork Reduction	Act Notice	e, see the Instructions for Form 990 or	990-EZ.	Schedule	C (For	m 990 or 990-EZ) 2013

# Political Campaign and Lobbying Activities

SCHEDULE C

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Sch	edule C (Form 990 or 990-EZ) 2013 CITIZE	NS UNION OF THE CITY OF NEW YORK	13-4	997570 Page <b>2</b>
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
В	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)		
I	<ul> <li>Total lobbying expenditures to influence</li> </ul>	e a legislative body (direct lobbying)		
(	Total lobbying expenditures (add lines	1a and 1b)		
0	d Other exempt purpose expenditures			
e	e Total exempt purpose expenditures (a	dd lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter t	he 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.		
9		25% of line 1f)		
I	<ul> <li>Subtract line 1g from line 1a. If zero or</li> </ul>	less, enter -0-		
i	Subtract line 1f from line 1c. If zero or	· · · · · · · · · · · · · · · · · · ·		
j	If there is an amount other than zer	o on either line 1h or line 1i, did the organi	zation file Form 4720	
	reporting section 4911 tax for this year	?		Yes No

#### 4-Year Averaging Period Under Section 501(h)

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

		Lobbying Exper	nditures During 4-Ye	ear Averaging Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Page	3
гaue	

CITIZENS UNION OF THE CITY OF NEW YORK Schedule C (Form 990 or 990-EZ) 2013 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	<b>F</b> file		499757		Page <b>3</b>
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	i med		1 57 00		
For each "Mar" meaning to lines to through the below manide in Dart W. a datailed	(a	a)		(b)	
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	An	ount	
<ul> <li>1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> <li>j Total. Add lines 1c through 1i</li> <li>2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> <li>c If "Yes," enter the amount of any tax incurred by organization managers under section 4912</li> <li>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</li> <li>Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).</li> </ul>	(c)(5)	, or se	ection		
<ol> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political expenditures from the prior year?</li> <li>Part III-B Complete if the organization is exempt under section 501(c)(4), section 501( 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."</li> </ol>	(c)(5)	, or se	2 3 ection	Yes X e 3, is	No     X     X
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amou political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due</li> </ol>			1 2a 2b 2c 3		
<ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lo and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> </ul>	of th obbyir	ne ng	4 5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated g Part II-B, line 1. Also, complete this part for any additional information.					I  

Page 4

Part IV Supplemental Information (continued)

SCHEE	DULE	D
(Form	990)	

Department of the Treesur

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

► Attach to Form 990.

2 13 Open to Public

OMB No. 1545-0047

	al Revenue Service	Information about Schedule	e D (Form 990) and its instructions is at www.in	rs.gov/form990.	Inspection
	of the organization			Employer identific	
CIT	IZENS UNION C	OF THE CITY OF NEW YORK		13-49975	570
Par	tl Organizatio	ons Maintaining Donor Advis	ed Funds or Other Similar Funds or A	Accounts.	
	Complete i	f the organization answered	Yes" to Form 990, Part IV, line 6.		
	-		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at e	nd of year			
2		utions to (during year)			
3		from (during year)			
4		at end of year			
5		-	advisors in writing that the assets held in	donor advised	
	-		e organization's exclusive legal control?		Yes No
6	-		nd donor advisors in writing that grant fund		
	-	-	t of the donor or donor advisor, or for any		
	conferring imperm	issible private benefit?			Yes No
Par	t I Conservation	on Easements. Complete if the	ne organization answered "Yes" to For	m 990, Part IV,	line 7.
1	Purpose(s) of con	servation easements held by the	organization (check all that apply).		
	Preservation	of land for public use (e.g., recre	·		nportant land area
	Protection of	f natural habitat	Preservation c	of a certified histo	ric structure
	Preservation	of open space			
2			eld a qualified conservation contribution in	the form of a co	nservation
	easement on the I	ast day of the tax year.			
				Held at the	e End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage rest	tricted by conservation easements	5	2b	
С	Number of conser	vation easements on a certified	historic structure included in (a)	2c	
d	Number of conser	vation easements included in (c)	acquired after 8/17/06, and not on a		
		-			
3	Number of conser	vation easements modified, tran	sferred, released, extinguished, or termin	ated by the organi	zation during the
	•				
4			rvation easement is located ►		
5	-		ing the periodic monitoring, inspection, ha	-	
_			sements it holds?		
6		-	nspecting, and enforcing conservation eas	sements during the	year
-	►		the second sector and the	and the state of	
7			ting, and enforcing conservation easement	nts during the year	ſ
	►\$			ation 170/6\/4\/D\	
B		-	e 2(d) above satisfy the requirements of se		
•	(i) and section 170				
9		<b>.</b> .	conservation easements in its revenue and of the footnote to the organization's financi	•	
		counting for conservation easeme	5	ימי שמופווופוונש נווט	
Par			of Art, Historical Treasures, or Othe	r Similar Assets	<u>.</u>
			"Yes" to Form 990, Part IV, line 8.		
1a	· · · · ·		FAS 116 (ASC 958), not to report in its	revenue stateme	nt and halance sheet
a	works of art. hist	orical treasures, or other simila	ar assets held for public exhibition, edu potnote to its financial statements that des	cation. or resear	ch in furtherance of
b			SFAS 116 (ASC 958), to report in its re		
	works of art, hist		ar assets held for public exhibition, edu	cation, or resear	ch in furtherance of
	(i) Revenues inclu	uded in Form 990, Part VIII, line 1		▶	8
	(ii) Assets include	d in Form 990, Part X		▶	8
2	If the organizatio	n received or held works of a	rt, historical treasures, or other similar	assets for financ	ial gain, provide the
			FAS 116 (ASC 958) relating to these items		
а				▶	8
h	Assets included in	Form 990 Part X		▶ •	

Schedule D (Form 990) 2013

Perturn       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         3       Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection tens (check all that apply):         a       Public exhibition       d       Loan or exchange programs         b       Schelerly research       d       Loan or exchange programs         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization scills or receive denations of art, historical treasures, or other similar assets to be sold to rate funds raher than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrew and Custodial Arrangements. Complete If the organization answered 'Yes' to Form 990, Part X, inc 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, inc 21.       Is the organization custodian Arrangement Part XII and complete the following table:         c       Beginning balance       10       Amount       Escrew and Custodian Arrangement Part XII. Check here if the explanation has been provided in Part XII.       Yes       No         b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided in Part XII.       Yes       No        b Distributions <t< th=""><th>Sche</th><th>dule D (Form 990) 2013</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>P</th><th>age <b>2</b></th></t<>	Sche	dule D (Form 990) 2013											P	age <b>2</b>
collection items (check all that apply):       d       Loan or exchange programs         b       Scholarly research       e       Other         c       Preservation for future generations       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's collection's collect	Par	t III Organizations Maintainin	ng Colle	ections of	Art, Hist	orical Tr	easur	es,	or Oth	ner Simila	ar Asse	<b>ts</b> (con	tinue	;d)
a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other	3			sion, and o	other recor	ds, check	any o	f the	follow	ving that a	re a sigr	nificant u	ise o	f its
b       Scholarly research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar aeadets to be sold to rate fundaments. Complete If the organization acousterid "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21.         1b       If the arrangement in Part XIII and complete the following table:         1c       Amount         1d       Mathematical and any part Arrangement in Part XIII. Check here if the explanation has been provided in Part XII.         2mity       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Bigfing of year balance       10         2mity       Endowment Funds. Complete if the organization answered "Yes" to Form 90, Part IV, line 10.         1a       Bigfing of year balance       10         2mity       Endowment Funds. Complete if the organization answered "Yes" to Form 900, Part IV, line 10.         2mity       Endowment Funds. Complete if the organization answered "Yes" to Form 900, Part I			iy).			п.								
c       Preservation for future generators         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?						Loan o	r excha	ange	program	ms				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?			rationa		e	_ Other _								·
XIII.       5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part/W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Ia       Is the organization an agent, trustee, ousdodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c       Beginning balance       1d       Image: the organization include an amount on Form 990, Part X, line 21?       Yes       No         d       Additions during the year       1d       Image: the organization include an amount on Form 990, Part X, line 21?       No       If 'Yes,'' explain the arrangement in Part XIII, Check here if the explanation has been provided in Part XIII.       Yes       No         d       Early       Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.       Image: the part of the organization answered 'Yes' to Form 990, Part IV, line 10.         a       the investment earnings, gains, and programs.       Image: the part of the organization answered 'Yes' to Form 990, Part IV, line 10.       Image: the parenent endowment part andit balance (line 1g, c	ن ۸			collections	and ovals	in how th	ov fur	thor	the or	anization's	ovomn	touroos	o in	Dort
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		IZALIONS	CONECTIONS	s and explo		ley fui	uiei		ganizations	s evenib	t puipos		ran
essets to be sold to raise funds raher than to be maintained as part of the organization's collection?	5		on solicit (	or receive (	donations o	fart histo	rical tr	easu	res or i	other simila	ar			
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X,       Image: Control of	Ū										_	Yes		No
or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b If "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance.         d Additions during the year         t Ending balance         t Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         t Beginning of year balance         t Contributions         t Contributions </th <td>Par</td> <td></td> <td>0, Part I</td> <td>V, lin</td> <td>ie 9.</td>	Par											0, Part I	V, lin	ie 9.
included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1f         2       Distributions include an amount on Form 990, Part X, line 217       Image: Complete if the organization answered "Yes" to Form 990, Part XII, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 20.         1a       Beginning of year balance       (a) Currentyear         b       Contributions       (a) Currentyear       (b) Prior year (c) Two years back       (e) Four years back         b       Contributions       (a) Currentyear       (b) Two years back       (e) Four years back         c       Note tivestment earnings, gains, and bases       (a) Two years back       (e) Four years back         d       Grants or scholarships       (a) Current year end balance (line 1g, column (a)) held as:         a Port ovide the estimated percentage of the current yea						0						,	,	,
included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1d         2       Distributions during the year       1f         2       Distributions include an amount on Form 990, Part X, line 217       Image: Complete if the organization answered "Yes" to Form 990, Part XII, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part XI, line 20.         1a       Beginning of year balance       (a) Currentyear         b       Contributions       (a) Currentyear       (b) Prior year (c) Two years back       (e) Four years back         b       Contributions       (a) Currentyear       (b) Two years back       (e) Four years back         c       Note tivestment earnings, gains, and bases       (a) Two years back       (e) Four years back         d       Grants or scholarships       (a) Current year end balance (line 1g, column (a)) held as:         a Port ovide the estimated percentage of the current yea														
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          It          Amount          d       Additions during the year          It          It           d       Additions during the year          It          It             2a       Did the organization include an amount on Form 990, Part X, line 21?          Iv Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.          Ves          No          Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV. line 10.              a Beginning of year balance          (a) Current year          (b) Prior year          (c) Two years back           (d) Twree years back           (e) Four years back           (e) Four years back           (d) Twree years back           (e) Four years back           (e) Four years back           (d) Twree years back           (e) Four years back           (e) Four years back           (d) Twree years back           (e) Four years back           (e) Four years back           (e) Four years back           (e) Four year	1a													
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          It          Amount          d       Additions during the year          It          It           d       Additions during the year          It          It             2a       Did the organization include an amount on Form 990, Part X, line 21?          Iv Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XII.          Ves          No          Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV. line 10.              a Beginning of year balance          (a) Current year          (b) Prior year          (c) Two years back           (d) Twree years back           (e) Four years back           (e) Four years back           (d) Twree years back           (e) Four years back           (e) Four years back           (d) Twree years back           (e) Four years back           (e) Four years back           (d) Twree years back           (e) Four years back           (e) Four years back           (e) Four years back           (e) Four year		included on Form 990, Part X?									L	Yes		No
c       Beginning balance       Ic       Ic         d       Additions during the year       Id       Id         Distributions during the year       Id       Id       Id         e       Distributions during the year       If       Id       Id         2a       Distributions during the year       If       Id       Id       Id         2a       Distributions during the year       If       Id       Id       Id       Id         2a       Distributions during the year       Image: Assessment of the organization answered "Yes" to Form 990, Part IV, line 10.       Image: Assessment of the part NU	b	If "Yes," explain the arrangement in	Part XIII	and compl	ete the follo	owing tabl	e:							
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21?       1         2a TV       Endowment Funds. Complete if the organization answered "Yees" to Form 990, Part IX, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yees" to Form 990, Part IX, line 10.         a Beginning of year balance       (a) Current year       (b) Prior years back       (e) Four years back       (e) Four years back         a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a d Grants or scholarships       (a) Current year end balance (line 1g, column (a)) held as:       (a) Current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment p       %       %       %         The percentages in lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations (l) realized organizations       3a(l)         (i) urcleated organizations       (a) Ceuro other basis       (b) Ceuro other basis       (b) Ceuro other basis       (c) Accumulated deprecentage d										Ar	mount			
e       Distributions during the year	c													
f       Ending balance       1t         2a       Did the organization include an amount on Form 990, Part X, line 21?       Yes       No         b       ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a)       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (b)       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) <th>d</th> <th></th>	d													
2a Did the organization include an amount on Form 990, Part X, line 21?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       No         PartV       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         4 Grants or scholarships       (c)       (c) Two years back       (d) Three years back       (e) Four years back         4 Grants or scholarships       (c)       (c) Two years back       (d) Three years back       (e) Four years back         6 Other expenditures for facilities and programs       (c)       (c) Two years back       (d) Three years back       (e) Four years back         7 Administrative expenses       (c)       (c) Two years back       (e) Four years back       (e) Four years back         8 Edit of year balance       (c)       (c) Two years back       (e) Four years       (f) Two years back       (f) Two	e													
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         PartV       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Two years back       (e) Four years back         e       Other expenditures for facilities and programs       (c)       (c) Two years back       (e) Four years back         g       End of year balance       (c)       (c) Two years back       (e) Four years back         g       End of year balance       (c)       (c) Two years back       (c) Two years back         g       End of year balance       (c)       (c) Two years back       (e) Four years         g       End of year balance       (c)       (c)       (c)       (c)         g       End of year balance       (c)       (c)       (c)       (c)         g<	1											Maria		
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities and programs       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (f) Three years back       (f) Three years back       (f) Three years back         f       Administrative expenses       (f) Three years back       (f) Three years back       (f) Three years back         f       Administrative expenses       (f) Three years back       (f) Three years back       (f) Three years back         f </th <th></th> <th>NO</th>														NO
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance														L
1a       Beginning of year balance	Fai	Endowment Funds. Com										(e) Four	vears	
b       Contributions	1a	Beginning of year balance	(u) ou	field year		i yeai	(0) 1	o year	3 Dack			(0) 1 001	years	
c       Net investment earnings, gains, and losses														
and losses       and losses       and losses       and losses       and losses         e       Other expenditures for facilities and programs       and losses       and losses       and losses         f       Administrative expenses       and losses       and losses       and losses         g       End of year balance       and losses       and losses       and losses         g       End of year balance       and losses       and losses       and losses         g       End of year balance       main stative expenses       and losses       and losses         g       End of year balance       main stative expenses       and losses       and losses         g       End of year balance       main stative expenses       main stative expenses       and losses         g       End of year balance       main stative expenses       %       for the percentages in lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment lunds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       align in its is is is a sequired on Schedule R?       align in its is is is a sequired on Schedule R?       align in its is is is a sequired on Schedule R?       align in its is is is is is a sequired on schedule R?       align in its is														
e       Other expenditures for facilities and programs														
e       Other expenditures for facilities and programs	d	Grants or scholarships												
and programs														
g End of year balance		-												
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶ %         b       Permanent endowment ▶ %         c       Temporarily restricted endowment ▶ %         d       The percentages in lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations	f	Administrative expenses												
a Board designated or quasi-endowment ▶       %         b Permanent endowment ▶       %         c Temporarily restricted endowment ▶       %         The percentages in lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) unrelated organizations .       (ii) related organizations .       3a(i)         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3a         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation         b Buildings       1,180.       1,180.         c Leasehold improvements       1,180.       1,180.         d Equipment       12,239.       11,830.       409.	g	End of year balance												
b       Permanent endowment ▶       %         c       Temporarily restricted endowment ▶       %         The percentages in lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b</li> <li>If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(other)</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Book value</li></ul>	2	Provide the estimated percentage	of the cur	rent year e	nd balance	(line 1g,	column	ı (a))	held as	:				
c Temporarily restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated (depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation 1, 180.</li> <li>(a) Land.</li> <li>(b) Buildings</li> <li>(c) Accumulated (depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation 1, 180.</li> <li>(a) Land.</li> <li>(b) Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation 1, 180.</li> <li>(a) Cost or other basis (c) Accumulated depreciation depreciation depreciation depreciation depreciation depreciation depreciation 1, 180.</li> <li>(c) Accumulated depreciation 1, 180.</li> <li>(c) Accumulated depreciation 1, 180.</li> <li>(c) Accumulated depreciation 409.</li> <li>(c) Accumulated depreciation 409.</li> <li>(c) Accumulated depreciation 409.</li> </ul>	а	Board designated or quasi-endown	nent 🕨		%									
The percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li><b>Part VI</b> Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li><b>Description of property</b></li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li><b>b</b> Buildings</li> <li><b>c</b> Leasehold improvements.</li> <li><b>1</b>, 180.</li> <li><b>1</b>, 180.</li></ul>		F			_									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (investment)</li> <li>(b) Buildings</li> <li>(c) Leasehold improvements.</li> <li>(c) Leasehold impro</li></ul>	С		•											
organization by:       Yes No         (i) unrelated organizations       3a(i)       3a(i)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3a(ii)       3b       3b       3c       3c <th></th> <th></th> <th></th> <th>-</th> <th></th>				-										
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(i)         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a Land.       1,180.       1,180.       1,180.         c Leasehold improvements.       1,2,239.       11,830.       409.         e Other       0ther       0ther       0ther	3a		the poss	ession of th	he organiza	ition that a	are hel	d and	d admir	nistered for	the	-		
(ii) related organizations       3a(ii)         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land.       1,180.       1,180.       409.         e       Other       12,239.       11,830.       409.		<b>c</b>											Yes	No
b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1       Land       1,180.       1,180.       409.         6       Equipment       12,239.       11,830.       409.         e       Other       Uters       409.       409.											• • • •			
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       1       1       1       1       1         b       Buildings       1       1       1       1       1       1       1       1       1       409.         e       Other       0       1       1       1       409.       1<	h	(II) related organizations		a liatad aa	required on	Sabadula	<b>D</b> 2				• • • •			
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       1, 180.       1, 180.       1, 180.         c       Leasehold improvements       1, 180.       11, 830.       409.         e       Other       0       0       409.					•					• • • • • •	• • • •	30		
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land11														
1a         Land         (investment)         (other)         depreciation           b         Buildings         1	Fal	Complete if the organiza	tion ans	wered "Ye	es" to Form	n 990, Pa	rt IV, I	ine '	11a. Se	ee Form 9	90, Par	t X, line	10.	
1a Land       1a Land         b Buildings       1,180.         c Leasehold improvements       1,180.         d Equipment       12,239.         e Other       1		Description of property						asis			(0	<b>d)</b> Book val	ue	
b         Buildings         1,180.         1,180.           c         Leasehold improvements         1,180.         1,180.           d         Equipment         12,239.         11,830.         409.           e         Other         U         U         U	1a	Land		(11765		(Oth	101)		aepi					
c       Leasehold improvements       1,180.       1,180.         d       Equipment       12,239.       11,830.       409.         e       Other       0       0       0	_							1						
d Equipment         12,239.         11,830.         409.           e Other             409.		0			1,180.					1,180.				
e Other		-						$\top$					4	09.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) > 409.	e	Other	<u></u>											
	Tota	I. Add lines 1a through 1e. (Column	(d) must	t equal Forr	n 990, Part	X, column	(B), lin	ie 10	(c).)	►			4	09.

Schedule D (Form 990) 2013

Part VII	Form 990) 2013 Investments - Other Securities.		Page
		"Yes" to Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financia	al derivatives		
	-held equity interests		
3) Other			
- <u>(A)</u> (B)			
(C)			
(D)			
 (E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(4)			Cost or end-of-year market value
(1)			
(2) (3)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX	Other Assets.	"Yes" to Form 990	Part IV, line 11d. See Form 990, Part X, line 15.
	• •	Description	(b) Book value
(1)	(-)		
(1) (2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) <b>Total.</b> (Colu	umn (b) must equal Form 990, Part X, col. (B) I		
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities.	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colu	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colu <b>Part X</b> (1) Feder	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colu <b>Part X</b> (1) Feder (2) DUE	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	<i>ine 15.)</i> 1 "Yes" to Form 990,	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X (1) Feder (2) DUE (3)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) <b>fotal.</b> (Colu Part X (1) Feder (2) DUE (3) (4)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (3) (4) (5)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Feder (2) DUE (3) (4) (5) (6)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colu <b>Part X</b> (9) <b>Fotal.</b> (Colu <b>Part X</b> (1) Feder (2) DUE (3) (4) (5) (6) (7)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) <b>Fotal.</b> (Colu <b>Part X</b> (9) <b>Fotal.</b> (Colu <b>Part X</b> (1) Feder (2) DUE (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (9) Fotal. (Colu Part X (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) I Other Liabilities. Complete if the organization answered line 25. (a) Description of liability ral income taxes	<i>ine 15.)</i> d "Yes" to Form 990, (b) Book value	Part IV, line 11e or 11f. See Form 990, Part X,

Schedu	le D (Form 990) 2013		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	420,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments <b>2a</b> 2,276.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 65,863.		
е	Add lines 2a through 2d	2e	68,139.
3	Subtract line 2e from line 1	3	352,124.
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		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	352,124.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	415,449.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 65,863.		
е	Add lines 2a through 2d	2e	65,863.
3	Subtract line 2e from line 1	3	349,586.
4	Amounts included on Form 990, Part IX, line 25, 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		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	349,586.
Part			
Provid 2; Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	ne 4; Part X, line
SEE	PAGE 5		

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PART XII LINE 2, PART D & PART XIII LINE 2, PART D DIRECT FUNDRAISING EXPENSES IN THE AMOUNT OF \$65,863 ARE INCLUDED IN THE STATEMENT OF FUNCTIONAL EXPENSES ON THE AUDITED FINANCIAL STATEMENTS. IN ACCORDANCE WITH THE INSTRUCTIONS FOR FORM 990, PART VIII, LINE 8B, THESE EXPENSES ARE REPORTED AS A REDUCTION OF GROSS REVENUE FROM FUNDRAISING EVENTS ON LINE 8B.

#### FIN 48 FOOTNOTE

IN ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD CODIFICATION TOPIC 740, ACCOUNTING FOR INCOME TAXES, ENTITIES ARE REQUIRED TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTY IN THEIR TAX POSITION. FOR TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN UNCERTAINTY IN THEIR TAX POSITION, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR TAX EXEMPT STATUS. CU'S ACCOUNTING POLICY FOR EVALUATING UNCERTAIN TAX POSITIONS IS IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUTING PRINCIPLES. CU HAS NOT RECOGNIZED ANY BENEFITS FROM UNCERTAIN TAX POSITIONS IN 2013 OR 2012 AND BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS FOR WHICH IT IS REASONABLY POSSIBLE THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL SIGNIFICANTLY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF FINANCIAL POSITION DATE.

	Supplemen	tal Information R	egarding	g Fundrai	ising or Gaming	Activities	OMB No. 1545-0047
SCHEDULE G	Complete if t	he organization answer organization entered n	red "Yes" to	Form 990, P	Part IV, lines 17, 18, or orm 990-FZ line 6a	19, or if the	2013
(Form 990 or 990-EZ)				or Form 990			Open to Public
Department of the Treasury Internal Revenue Service	Information ab	out Schedule G (Form §				rs.gov/form990.	Inspection
Name of the organization						Employer identificat	
CITIZENS UNION C	F THE CITY OF	NEW YORK				13-499757	0
Fundraisi	ng Activities. Com	plete if the organ	ization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
Part I Form 990	-EZ filers are not i	required to compl	lete this p	oart.			
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a 📃 Mail solicitat	ions	е	Solic	citation of	non-government g	Irants	
<b>b</b> Internet and	email solicitations	f	Solic	citation of	government grant	S	
c Phone solicit	ations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	licitations						
2a Did the organizat							
	s listed in Form 990,						Yes No
	en highest paid indi		(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
compensated at I	east \$5,000 by the o	organization.					
			1				1
(i) Name and addre	ess of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fur		(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
				1		col. (i)	
1			Yes	No			
I							
2							
-							
3							
-							
4							
5							
6							
7							
8							
9							
10							
<b>T</b>							
Total	which the organizat					has been metters	
3 List all states in registration or lice		ion is registered o	ilicensed	a to solicit	contributions or	has been notified	a it is exempt from
registration of lice	shong.						

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#### Schedule G (Form 990 or 990-EZ) 2013

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2 SPRING EVENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	275,900.	56,850.		332,750.
œ		Less: Contributions Gross income (line 1 minus	241,130.	47,190.		288,320.
	3	line 2)	34,770.	9,660.		44,430.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	36,874.	9,844.		46,718.
Dire	8	Entertainment				
	9	Other direct expenses	14,410.	4,735.		19,145.
	10	Direct expense summary. Add lines 4	through 9 in column (d)		•	65,863.
	11	Net income summary. Subtract line 1	0 from line 3 column (d)	)		-21,433.
	rt l		anization answered "Y			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses		Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>.</b>	
	ı Is	nter the state(s) in which the organizat the organization licensed to operate o "No," explain:		of these states?		_ Yes No
		/ere any of the organization's gaming   "Yes," explain:	icenses revoked, suspe		• • • • • •	_ Yes No

Schedule G (Form 990 or 990-EZ) 2013

Page 2

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	CITIZENS	UNION	OF	THE	CITY	OF	NEW	YORK
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	CITIZENS UNION OF THE CITY OF NEW YORK 1	3-4997	570	
Sched	ule G (Form 990 or 990-EZ) 2013			Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?	[	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?	[	Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	3a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books			
	records:			
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives ga	mina		
	revenue?	-	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ar	nd the		
	amount of gaming revenue retained by the third party $\triangleright$ \$			
с	If "Yes," enter name and address of the third party:			
•				
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proce	eeds to		
	retain the state gaming license?	[	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organ			
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to	provide	any	
	additional information (see instructions).			

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE J (Form 990) Department of the Treasury Internal Revenue Service		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990. Part IV. line 23.					2013 20013 Open to Public Inspection		
Name	of the organization	-		Employer identificatio	n numbe	r			
CITI	ZENS UNIO	N OF THE CITY OF NEW YORK		13-499757	0				
Part	Question	s Regarding Compensation							
1a b 2	990, Part VII, First-cla Travel fo Tax inde Discretio If any of the or reimburse explain Did the orga directors, trus	Section A, line 1a. Complete Part III to ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did the ment or provision of all of the ex anization require substantiation prior stees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	these items. personal use nal residence in fees eur, chef) garding payment plete Part III to incurred by all s checked in line	1b	Yes	No		
3	Indicate which organization's related organ Comper Indepen Form 99 During the year	n, if any, of the following the filing organ cEO/Executive Director. Check all the ization to establish compensation of th sation committee dent compensation consultant 00 of other organizations ar, did any person listed in Form 990, 1	hization used to establish the compensation at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study X Approval by the board or compensa Part VII, Section A, line 1a, with respect to	on of the ds used by a art III. tion committee	2				
		or a related organization:			4a		37		
-	Receive a severance payment or change-of-control payment?						X		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				4b 4c		X		
С							X		
5 a	Only section For persons li compensation	<b>501(c)(3) and 501(c)(4) organizations</b> isted in Form 990, Part VII, Section A, n contingent on the revenues of:	line 1a, did the organization pay or accrue a	iny	5a		X		
b	The organization? Any related organization?						X		
-	If "Yes" to line	e 5a or 5b, describe in Part III.			5b				
6	For persons li		line 1a, did the organization pay or accrue a	iny					
а	The organizat	ion?			6a		X		
b	Any related of	rganization?			6b		X		
		e 6a or 6b, describe in Part III.							
7			n A, line 1a, did the organization provi	de any non-fixed					
			escribe in Part III		7		Х		
8	Were any am to the initial	nounts reported in Form 990, Part VII	, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	that was subject "Yes," describe			v		
~			low the reputtable progumption proceed		8		X		
9		•	low the rebuttable presumption proced						
Ear D		ection 53.4958-6(C)?			9				
101 12	aperwork Reduc	and Activotice, see the instructions for Fo	JIII 330.	Sched	ule J (Fo	111 330	<i>J</i> j ∠013		

Page 2

Schedule J (Form 990) 2013

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
RICHARD D DADEY	(i)	59,532.	O	(	1,925.	3,137.	64,594.	
1 EXECUTIVE DIRECTOR	(ii)	126,837.	Q	(	4,675.	10,229.	141,741.	[
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)	L						
4	(ii)							
	(i)							
5	(ii)							
	(i)		+					
6	(ii)							
	(i)							
7	(ii)							
	(i)		+					
8	(ii)							
	(i)		+					
9	(ii)							
	(i)		+					
10	(ii)							
	(i)		+					
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)	L						L
15	(ii)							
	(i)	L						L
16	(ii)							

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

13-4997570

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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

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



Internal Revenue Service Name of the organization

Employer identification number

CITIZENS UNION OF THE CITY OF NEW YORK

13-4997570

FORM 990, PAGE 6, PART VI, SECTION B, LINE 11B

REVIEW OF FORM 990

THE STAFF REVIEWS AND COMPARES EACH OF THE LINE ITEMS ON THE 990 WITH THOSE IN THE FINANCIALS REPORTS AND ALSO QUICKBOOKS. THE DIFFERENT SCHEDULES ARE ALSO REVIEWED WITH THE REPORTS SENT TO THE AUDITORS INCLUDING THE QUESTIONNAIRE. IT IS THEN SENT TO THE AUDIT COMMITTEE WHO REVIEWS AND APPROVES IT PRIOR TO SENDING TO THE BOARD.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 12C.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

EACH BOARD MEMBER RECEIVES A CONFLICT OF INTEREST POLICY AND COMPLETES AND SIGNS THE DISCLOSURE STATEMENT. THE CHAIRMAN OF THE AUDIT COMMITTEE AND THE EXECUTIVE DIRECTOR REVIEW EACH DISCLOSURE STATEMENT ESPECIALLY THOSE WHO SEND IN EXCEPTIONS. IF THE BOARD IS DISCUSSING A SENSITIVE MATTER HE/SHE WILL DISCLOSE ANY CONFLICT THEY MAY HAVE BEFORE THE DISCUSSION BEGINS.

FORM 990, PAGE 6, PART VI, SECTION B, LINE 15B.

#### DETERMINING COMPENSATION

THE ORGANIZATION'S EXECUTIVE COMMITTEE CONDUCTS A REVIEW AND SETS THE SALARY OF THE CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL. THE EXECUTIVE DIRECTOR SETS THE SALARY OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZTION BASED ON THE BOARD OF DIRECTOR'S APPROVAL OF ANNUAL BUDGET FOR STAFF COMPENSATION. Name of the organization

CITIZENS UNION OF THE CITY OF NEW YORK

FORM 990, PAGE 6, PART VI, SECTION C, LINE 19 PUBLIC AVAILABILITY OF DOCUMENTS THE BY-LAWS, THE CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES AS WELL AS THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON OUR WEBSITE WWW.CITIZENSUNION.ORG. ALSO THE PUBLIC CAN REQUEST A COPY OF THE FINANCIALS FROM THE NY CHARITIES BUREAU.

FORM 990, PAGE 9 PART VIII, LINE 1C AND SCHEDULE R, LINE 2 (2) CITIZENS UNION FOUNDATION INC. AND CITIZENS UNION OF THE CITY OF NEW YORK HELD A JOINT FUNDRAISING ANNUAL AWARDS DINNER IN OCTOBER 2013. DONORS/ATTENDEES DESIGNATED ON THE EVENT TICKET WHAT PORTION OF THEIR CONTRIBUTIONS SHOULD BE GIVEN TO EACH ENTITY. IF A DONOR/ATTENDEE INDICATED ON THEIR TICKET THAT THEIR CONTRIBUTIONS SHOULD BE SPLIT BETWEEN THE TWO ENTITIES, THE CONTRIBUTIONS WERE HANDLED AS FOLLOWS: -IF MONIES WERE RECEIVED BY CHECK, IT WAS DEPOSITED INTO THE CU-CUF AWARDS DINNER ACCOUNT, WHICH WAS AN ACCOUNT SET UP TO BE USED AS A FLOW THROUGH ACCOUNT FOR THE SPLIT DINNER CONTRIBUTIONS. THE TOTAL AMOUNT OF MONEY THAT WAS DEPOSITED INTO THIS ACCOUNT WAS \$343,235. AFTER THE DINNER, VARIOUS TRANSFERS TOTALING \$171,617.50 WAS TRANSFERRED TO CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK AND \$171,617.50 WAS TRANSFERRED TO CITIZENS UNION OF THE CITY OF NEW YORK. -IF MONIES WERE RECEIVED VIA CREDIT CARD, IT WAS PROCESSED THROUGH CITIZENS UNION OF THE CITY OF NEW YORK AND THEN TRANSFERRED OVER TO CITIZENS UNION FOUNDATION OF THE CITY OF NEW YORK ACCOUNT. THE TOTAL AMOUNT RECEIVED VIA CREDIT CARD THAT WAS TO BE SPLIT WAS \$71,800. OF

THIS AMOUNT \$35,900 WAS TRANSFERRED TO CITIZENS UNION FOUNDATION OF THE

JSA

Name of the organization

CITIZENS UNION OF THE CITY OF NEW YORK

Page 2

CITY OF NEW YORK ACCOUNT.

FORM 990 PAGE 6 PART VI, SECTION A, #1A & 1B

MEMBERS OF THE GOVERNING BODY

40 BOARD MEMBERS ARE ELECTED INDEPENDENTLY. 14 BOARD MEMBERS ARE ALSO BOARD MEMBERS OF THE RELATED TAX-EXEMPT ORGANIZATION AND SERVE ON THE BOARD OF DIRECTORS OF BOTH ORGANIZATIONS. THESE 14 BOARD MEMBERS DO NOT GET TO VOTE FOR THE CANDIDATE PREFERENCES BUT CAN VOTE ON OTHER ISSUES.

#### FORM 990, SCHEDULE D, PART X, OTHER LIABILITIES

#### OTHER LIABILITIES

INCLUDED IN OTHER LIABILITIES IS \$16,360 OF DUE TO AFFILIATES. THE ORGANIZATION SHARES SPACE WITH A RELATED TAX-EXEMPT ORGANIZATION. IN ACCORDANCE WITH GAAP, THE RELATED TAX-EXEMPT ORGANIZATION RECORDS ITS RENT EXPENSE ON THE STRIGHT LINE METHOD WHICH RESULTS IN AN ACCRUED RENT LIABILITY REPRESENTING THE CUMULATIVE RENT EXPENSE RECORDED ON THE BOOKS IN EXCESS OF THE CUMULATIVE PAYMENTS MADE IN ACCORDANCE WITH THE LEASE AGREEMENT. THE MAJORITY OF THE DUE TO AFFILIATE LIABILITY BALANCE REPRESENTS THE AFFILIATED ORGANIZATION'S SHARE OF THE ACCRUED RENT LIABILITY.

FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSET THIS AMOUNT REPRESENTS TEMPORARY RESTRICTED NET ASSETS THAT HAVE BEEN RELEASED FROM RESTRICTION.

Name of the organization	Employer identification number
CITIZENS UNION OF THE CITY OF NEW YORK	13-4997570
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	ATTACHMENT 1
CITIZENS UNION OF THE CITY OF NEW YORK IS AN INDEPENDENT,	
NONPARTISAN, CIVIC ORGANIZATION OF MEMBERS WHO PROMOTE GOOD	
GOVERNMENT AND ADVANCE POLITICAL REFORM IN THE CITY AND STATE OF NE	3W
YORK. FOR MORE THAN A CENTURY, CITIZENS UNION HAS SERVED AS A	
WATCHDOG FOR THE PUBLIC INTEREST AND AN ADVOCATE FOR THE COMMON	
GOOD.	
IN PURSUIT OF ITS MISSION, CITIZENS UNION:	
ACTS AS A WATCHDOG ON THE ACTIONS OF CITY AND STATE GOVERNMENT TO	
ENSURE THAT IT VALUES ITS CITIZENS, ADDRESSES CRITICAL ISSUES, AND	
OPERATES IN A FAIR, OPEN, AND FISCALLY SOUND MANNER. IT COMMENTS	ON
IMPORTANT PUBLIC POLICY ISSUES AND HOLDS ELECTED OFFICIALS	
ACCOUNTABLE FOR THEIR ACTIONS AS ELECTED REPRESENTATIVES.	
SUPPORTS AND ADVANCES POLICIES AND LEGISLATION THAT REFORMS THE	
ELECTION SYSTEM, SUPPORTS SOUND DEMOCRATIC PRACTICE, IMPROVES THE	
FUNCTIONING OF GOVERNMENT, AND SERVES THE BROAD PUBLIC INTEREST	
RATHER THAN NARROW SPECIAL INTERESTS.	
EVALUATES AND RECOMMENDS CANDIDATES FOR ELECTED OFFICE. IT MAKES	
AVAILABLE THROUGH ITS WEBSITE CANDIDATE RESPONSES TO A QUESTIONNAIR	RE.
THE QUESTIONNAIRE CONSISTS OF UNFILTERED INFORMATION PROVIDED BY	
CANDIDATES IN RESPONSE TO QUESTIONS THAT ALSO ALLOWS THEM TO STATE	
REASONS AS TO WHAT THEY HOPE TO ACCOMPLISH, IF ELECTED. THROUGH	
PUBLICATION OF ITS HIGHLY REGARDED VOTERS' DIRECTORY, CU PROVIDES A	Δ
BALANCED NONPARTISAN ANALYSIS OF EACH OF THE CANDIDATES IT INTERVIE	WS
AND PROVIDES AN UNFILTERED SUMMARY OF THE CANDIDATES' RESPONSES TO	
THE QUESTIONNAIRE. IT ALSO INFORMS MEMBERS AND VOTERS ON WHICH	
CANDIDATES ARE THE MOST QUALIFIED, CAPABLE AND SUPPORTIVE OF THE	

Schedule O (Form 990 or 990-EZ) 2013

PAGE 42

Schedule O (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
CITIZENS UNION OF THE CITY OF NEW YORK	13-4997570
<u>A</u>	TTACHMENT 1 (CONT'D)
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	
ORGANIZATION'S MISSION TO HAVE A GOVERNMENT THAT IS GOOD, EFFECTIVE	
AND EFFICIENT. EVEN THOSE CANDIDATES WHO MAY NOT RECEIVE THE	

EFFECTIVELY AND SUPPORT THE ORGANIZATION'S GOOD GOVERNMENT AND POLITICAL REFORM GOALS RECEIVE FAVORABLE EVALUATIONS.

ORGANIZATION'S RECOMMENDATION BUT DEMONSTRATE A CAPACITY TO SERVE

ATTACHMENT 2

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ACTS AS A WATCHDOG ON THE ACTIONS OF CITY AND STATE GOVERNMENTS TO ENSURE THAT IT VALUES ITS CITIZENS, ADDRESSES CRITICAL ISSUES, OPERATES IN A FAIR, OPEN, AND FISCAL SOUND MANNER. IT COMMENTS ON IMPORTANT PUBLIC POLICY ISSUES AND HOLDS ELECTED OFFICIAL ACCOUNTABLE FOR THEIR ACTIONS AS ELECTED REPRESENTATIVES. SUPPORTS AND ADVANCES POLICIES AND LEGISLATION THAT REFORMS THE ELECTION SYSTEM, SUPPORTS SOUND DEMOCRATIC PRACTICE, IMPROVES THE FUNCTIONING OF GOVERNMENT, AND SERVES THE BROAD PUBLIC INTEREST RATHER THAN NARROW SPECIAL INTERESTS. EVALUATES AND RECOMMENDS CANDIDATES FOR ELECTED OFFICE. IT MAKES AVAILABLE THROUGH ITS WEBSITE CANDIDATE RESPONSES TO A QUESTIONNAIRE. THE QUESTIONNAIRE CONSISTS OF UNFILTERED INFORMATION PROVIDED BY CANDIDATES IN RESPONSE TO QUESTIONS THAT ALSO ALLOWS THEM TO STATE REASONS AS TO WHAT THEY HOPE TO ACCOMPLISH, IF ELECTED. THROUGH PUBLICATION OF ITS HIGHLY RESPECTED VOTERS' DIRECTORY, CU PROVIDES A BALANCED NONPARTISAN ANALYSIS OF EACH OF THE CANDIDATES IT INTERVIEWS AND PROVIDES AN UNFILTERED SUMMARY OF THE CANDIDATES' RESPONSES TO THE

Schedule O (Form 990 or 990-EZ) 2013	Page
Name of the organization	Employer identification number
CITIZENS UNION OF THE CITY OF NEW YORK	13-4997570

ATTACHMENT 2 (CONT'D)

QUESTIONNAIRE. CU ALSO INFORMS MEMBERS AND VOTERS AS TO WHICH CANDIDATES ARE THE QUALIFIED, CAPABLE AND SUPPORTIVE OF THE ORGANIZATION'S MISSION IN ORDER TO HAVE A GOVERNMENT THAT IS GOOD, EFFECTIVE AND EFFICIENT. EVEN THOSE CANDIDATES WHO MAY NOT RECEIVE THE ORGANIZATION'S RECOMMENDATION BUT DEMONSTRATE A CAPACITY TO SERVE EFFECTIVE SUPPORT THE ORGANIZATION'S GOOD GOVERNMENT AND POLITICAL REFORM GOALS RECEIVE FAVORABLE EVALUATIONS.

ATTACHMENT 3 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST INCOME 787. 787. TOTALS 787. 787.

FORM 990, PART VIII - EXCLUDED CON	TRIBUTIONS
DESCRIPTION	AMOUNT
ANNUAL DINNER	241,130.
SPRING EVENT	47,190.
TOTAL	288,320.

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ATTACHMENT 4

Name of the organization		Employer identific	eation number
CITIZENS UNION OF THE CITY OF NEW YOP	13-4997		
FORM 990, PART VIII - FUNDRAISING EVI	ENTS	<u>ATTACHMENT</u>	5
	GROSS	DIRECT	NET
DESCRIPTION	INCOME	EXPENSES	INCOME
ANNUAL DINNER	34,770.	45,284.	-10,514.
SPRING EVENT	9,660.	20,579.	-10,919.
TOTALS	44,430.	65,863.	-21,433.
		ATTACHMENT 6	
FORM 990, PART X - PREPAID EXPENSES 2	AND DEFERRED CHARGES	5	
		ENDING	
DESCRIPTION		BOOK VALU	E
PREPAID EXPENSES		1,	416.
TOTALS		1,	416.
		ATTACHMENT 7	
FORM 990, PART X - INVESTMENTS - PUB	נדמוע שפאהבה פבמופדי		
FORM 550, FART & INVESTMENTS FOR	LICHI INADED SECONI		
DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS		6,979.	FMV
EXCHANGE TRADED FUNDS		68,496.	FMV
TOTALS		75,475.	

Schedule O (Form 990 or 990-EZ) 2013

Page 2

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

See separate instructions.

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R (Form 990)

CITIZENS UNION OF THE CITY OF NEW YORK

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) CITIZENS UNION FOUNDATION, INC. OF THE CI 13-5549188							
299 BROADWAY NEW YORK, NY 10007	POLICY RESEAR	NY	501(C)(3)	7	N/A		Х
(2)	_						
_(3)	_						
_(4)	-						
_(5)	-						
_(6)	-						
_(7)	-						
For Paperwork Reduction Act Notice, see the Instructions for Form 990.			•		Schedule I	R (Form 9	90) 2013

OMP No. 1545 0047

13-4997570

Schedule R (Form 990) 2013

Employer ide	entification number
	Open to Public Inspection
	2013
	OMB No. 1545-0047

13-4997570

Schedule R (Form 990) 2013

Page **2** 

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

(a) Name, address, and EIN of	(b) Primary activity	<b>(c)</b> Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	<b>(g)</b> Share of end-of-		h) portionate	(i) Code V-UBI		<b>j)</b> eral or	(k) Percentage
related organization		domicile (state or foreign country)	entity	income (related, unrelated, excluded from tax under sections 512-514)	income	year assets	alloca	ations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		ownership
							Yes	No		Yes	No	
<u>(1)</u>	-											
(2)	-											
(3)	-											
<u>(4)</u>	_											
(5)	_											
(6)	-											
	-											

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percen- tage ownership	512(b conti	(i) ction b)(13) rolled tity?
								Yes	No
<u>(1)</u>									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

JSA 3E1308 1.000 Schedule R (Form 990) 2013

13-4997570

Schedule R (Form 990) 2013

Par	Transactions With Related Organizations Complete if the organization answered "	Yes" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	e related organizations list	ed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		X
b	Gift, grant, or capital contribution to related organization(s)			1b		X
С	Gift, grant, or capital contribution from related organization(s)			1c		X
d	Loans or loan guarantees to or for related organization(s)			1d		X
е	Loans or loan guarantees by related organization(s)			1e		X
f	Dividends from related organization(s)			1f		X
g	Sale of assets to related organization(s)			1g		X
h	Purchase of assets from related organization(s)			1h		X
i	Exchange of assets with related organization(s)			1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)			1k	X	
I.	Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	X	
ο	Sharing of paid employees with related organization(s)			10	X	
р	Reimbursement paid to related organization(s) for expenses			1p	X	
q	Reimbursement paid by related organization(s) for expenses			1q		
r	Other transfer of cash or property to related organization(s)			1r	X	
s	Other transfer of cash or property from related organization(s)			1s	X	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete				ds.	
	(a)	(b)	(c)	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method of de amount in		
		type (a-s)		anount in	voiveu	
(1)	CITIZENS UNION FOUNDATION, INC. OF THE CITY OF	P	166,213.	ACTUAL		
(2)						
(3)						
(4)						
<u> </u>						
(5)						
. ,						
(6)						
JSA				Schedule R (Fo	rm 990	) 2013
3E1309	9 1.000			-		

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Schedule R (Form 990) 2013

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity (state or foreign country)		income (related,		e) partners ction (c)(3) ations?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	<u> </u>
(1)	-												
(2)	-												
(3)	-												
(4)	-												
(5)													
(6)	_												
(7)	_												
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)	-												
(15)													
(16)	-												

JSA 3E1310 1.000 Schedule R (Form 990) 2013

Schedule R (F	Form 990) 2013	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

1. General Information
------------------------

For Fiscal Year Beginning	(mm/dd/yyyy) / / 2013 and Ending (mm/dd/yyyy)	//			
Check if Applicable: Address Change	Name of Organization: CITIZENS UNION OF THE CITY OF N	Employer Identification Number (EIN): 13-4997570			
Name Change	Mailing Address:	NY Registration Number:			
Initial Filing	299 BROADWAY SUITE 700	01-60-90			
Final Filing	City / State / Zip:	Telephone:			
Amended Filing	NEW YORK, NY, 10007	(212) 227-0342			
Reg ID Pending	Website:	Email:			
	WWW.CITIZENSUNION.ORG				
Check your organization's egistration category: X 7A only X EPTL only X DUAL (7A & EPTL) EXEMPT Find your registration category in the Charities Registry at <u>www.CharitiesNYS.com</u>					
2. Certification					
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.					
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.					

President or Authorized Officer:			
	Signature	Title	Date
	-		
Chief Financial Officer or Treasurer:			
	Signature	Title	Date

#### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

<u>3a. 7A filing exemption</u>: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

<u>3b. EPTL filing exemption</u>: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

#### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	X Yes	No X No	<ul><li>4a. Did your organization use a p</li><li>for fund raising activity in NY Sta</li><li>4b. Did the organization receive g</li></ul>	te? If yes, complete Schee	
5. Fee	7 \ f	iling fee:	EDTL filing foo	Total fae:	

See the checklist on the	7A filin	g fee:	EPTL fi	ling fee:	Total fe	e:	Make a single check or money order
next page to calculate your fee(s). Indicate fee(s) you are submitting here:	\$	25.	\$	50.	\$	75.	payable to: "Department of Law"

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3J3550 1.000

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments					
Check the schedules you must submit with your CHAR500 as described in Part 4:					
X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR)	X If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)				
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants					
Check the financial attachments you must submit with your CHAR500:					
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable					
X All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributo	ors).				
IRS Form 990-T if applicable					
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Acc	ountant's Review or Audit Report:				
X Review Report if you received total revenue and support greater than \$250,000 and	d up to \$500,000.				
Audit Report if you received total revenue and support greater than \$500,000					
No Review Report or Audit Report is required because total revenue and support is	less than \$250,000				
Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordation For more details, visit <u>www.CharitiesNYS.com</u> .	ance with the Non Profit Revitalization Act of 2013.				
Calculate Your Fee					
For 7A and DUAL filers, calculate the 7A fee:	Is my organization a 7A, EPTL or DUAL filer?				
\$0, if you marked the 7A exemption in Part 3a	<ul> <li>7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")</li> </ul>				
X \$25, if you did not mark the 7A exemption in Part 3a	- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct				
For EPTL and DUAL filers, calculate the EPTL fee:	activites for charitable purposes in NY.				
\$0, if you marked the EPTL exemption in Part 3b	- DUAL filers are registered under both 7A and EPTL.				
\$25, if the NET WORTH is less than \$50,000	Check your registration category and learn more about NY law at <u>www.CharitiesNYS.com</u>				
X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000	Where do I find my organization's NET WORTH?				
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	NET WORTH for fee purposes is calculated on: - IRS From 990 Part I, line 22				
	- IRS Form 990 EZ Part I line 21				
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	- IRS Form 990 PF, calculate the difference between				
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).				

### Send Your Filing

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

\$1500, if the NET WORTH is \$50,000,000 or more

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

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

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

#### 1. Organization Information

Name of Organization:

NY Registration Number:

2013 Open to Public

Inspection

#### 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
	MCEVOY CONSULTING	
X Professional Fund Raiser		
	Mailing Address:	Telephone:
Fund Raising Counsel	32 UNION SQUARE EAST	
	SUITE 406	212-228-7446
Commercial Co-Venturer	City / State / Zip:	
	NEW YORK, NY 10003	

#### 3. Contract Information

Contract Start Date:		Contract End Date:		-
Contract Start Date.		Contract End Date.		
	02/28/2013		11/30/2013	

#### 4. Description of Services

Services provided by FRP: FUNDRAISING AND EVENT COORDINATION FOR ANNUAL DINNER AND THE YOUNG LEADERSHIP EVENT.

### 5. Description of Compensation

Compensation arrangement with FRP: MONTHLY RETAINER FOR FUNDRAISING SERVICE	Amount Paid to FRP:
FOR ANNUAL DINNER AND THE YOUNG LEADERSHIP EVENT.	
	14,670.

### 6. Commercial Co-Venturer (CCV) Report

No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

### Definitions

Yes

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A Commercial Co-Venturer (CCV) is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated June 2014) Page 1

# Schedule 4b: Government Grants

NY Registration Number:

www.CharitiesNYS.com

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:

## 2. Government Grants

Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8	8
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: