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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 04-01-2013, and ending 03-31-2014

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization CITIZENS CLIMATE LOBBY
Number and street (or P O box, if mail is not delivered to street address) Room/suite
1330 ORANGE AVENUE ROOM/SUITE 300
City or town, state or province, country, and ZIP or foreign postal code
CORONADO, CA 92118

D Employer identification number

26-3521896

E Telephone number

(619) 435-7980

F Group Exemption Number

G Accounting Method [X] Cash [] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: CITIZENSCLIMATELOBBY.ORG

J Tax-exempt status (check only one) [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 77,411

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows include Revenue (Contributions, Program service, Membership dues, Investment income, etc.) and Expenses (Grants, Salaries, etc.). Total revenue is 77,411 and total expenses is 41,294. Net assets at end of year is 44,457.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	10,507	22 44,457
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	10,507	25 44,457
26 Total liabilities (describe in Schedule O)	2,167	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,340	27 44,457

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)




What is the organization's primary exempt purpose?
PROMOTION OF SOCIAL WELFARE BY CREATING THE POLITICAL WILL FOR A STABLE AND SUSTAINABLE CLIMATE AND BY EMPOWERING INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND POLITICAL POWER

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 HELD FOURTH ANNUAL INTERNATIONAL CONFERENCE IN WASHINGTON D C WITH OVER 350 PARTICIPANTS AND CONDUCTED OVER 400 MEETINGS ON CAPITOL HILL ON LOBBY DAY DURING THE CONFERENCE (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,662
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	15,662

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARSHALL SAUNDERS  PRESIDENT/MN	20 00	0		
JEAN SEAGER  SECRETARY	0 50	0		
GEORGE HETZEL  TREASURER	0 50	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2013) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes fields for Form 990-T, Form 1120-POL, and foreign account information.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here *****
Signature of officer
Date 2014-07-30
MARSHALL SAUNDERS PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: HOWARD SILBERMAN
Preparer's signature
Date: 2014-08-12
Check if self-employed
PTIN: P00053041
Firm's name: SILBERMAN LANGNER ASSOCIATES
Firm's EIN: 95-3309767
Firm's address: 6050 SANTO RD STE 130
SAN DIEGO, CA 921246103
Phone no: (858) 268-3330

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CITIZENS CLIMATE LOBBY

Employer identification number

26-3521896

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES TELEPHONE 1,780 POSTAGE 184 TRAVEL 63 CONFERENCE 3,830 OUTREACH 153 EDUCATION 12 BANK FEES 1,010 CA TAXES 10 TOTAL 7,042
FORM 990-EZ, PART II, LINE 26	CREDIT CARD PAYABLE 2,167 0
FORM 990-EZ, PART III	PROMOTION OF SOCIAL WELFARE BY CREATING THE POLITICAL WILL FOR A STABLE AND SUSTAINABLE CLIMATE AND BY EMPOWERING INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND POLITICAL POWER

TY 2013 Compensation Explanation

Name: CITIZENS CLIMATE LOBBY

EIN: 26-3521896

Person Name	Explanation
MARSHALL SAUNDERS	
JEAN SEAGER	
GEORGE HETZEL	