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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

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

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.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

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

C Name of organization CITIZENS IN CHARGE
Number and street (or P O box, if mail is not delivered to street address) Room/suite
13168 CENTERPOINTE WAY ROOM/SUITE 202
City or town, state or province, country, and ZIP or foreign postal code
WOODBRIDGE, VA 22193

D Employer identification number 54-2051447

E Telephone number (703) 492-1776

F Group Exemption Number

G Accounting Method 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: WWW.CITIZENSINCHARGE.ORG

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

K Form of organization 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 \$11,112

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 11,112 and total expenses is 63,476.

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	3,487	22 15,833
23 Land and buildings		23
24 Other assets (describe in Schedule O)	49,511	24 50,827
25 Total assets	52,998	25 66,660
26 Total liabilities (describe in Schedule O)	186,500	26 252,526
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-133,502	27 -185,866

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?

TO PROTECT AND EXPAND THE INITIATIVE AND REFERENDUM PROCESS

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 CONTINUED TO SUPPORT EFFORTS TO PROTECT AND EXPAND THE INITIATIVE AND REFERENDUM PROCESS COMMUNICATED WITH THE GENERAL PUBLIC ABOUT THE NEED FOR AN OPEN AND ACCESSIBLE INITIATIVE AND REFERENDUM PROCESS AND LEADERS WHO SUPPORT CITIZENS' RIGHT TO PETITION THEIR GOVERNMENT THEY ALSO CONTINUED TO BUILD AN INFORMAL NETWORK AND VARIOUS BROAD-BASED COALITIONS TO SUPPORT THE MOVEMENT FINALLY, THEY RESEARCHED AND IDENTIFIED PRO-INITIATIVE SUPPORTERS ACROSS THE COUNTRY TO PROVIDE A RESOURCE BASE

(Grants \$) If this amount includes foreign grants, check here **28a** 11,030

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 11,030

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
See Additional Data Table				

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 structure. Includes fields for Form 990-T, Form 1120-POL, and foreign account information.

Yes 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 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"

Table with 5 columns: (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"

Table with 3 columns: (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

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 (PAUL JACOB PRESIDENT) and Date (2014-11-13)

Paid Preparer Use Only: Print/Type preparer's name (JAIME L WILFONG), Preparer's signature, Date (2014-11-13), Check self-employed, PTIN (P01061901), Firm's name (BRINK KEY & CHLUDZINSKI PC), Firm's EIN (38-3061223), Firm's address (1300 WEST CENTRE AVENUE SUITE 200, PORTAGE, MI 49024), Phone no (269) 321-9200

May the IRS discuss this return with the preparer shown above? See instructions

Additional Data

Software ID:
Software Version:
EIN: 54-2051447
Name: CITIZENS IN CHARGE

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
PAUL JACOB PRESIDENT	2 00	0		
WILLIAM REDPATH DIRECTOR	1 00	0		
ERIC O'KEEFE DIRECTOR	1 00	0		
JOHN TILLMAN DIRECTOR	1 00	0		
DENNIS POLHILL DIRECTOR	1 00	0		

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.

2013

**Open to Public
Inspection**

Name of the organization
CITIZENS IN CHARGE

Employer identification number

54-2051447

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES 484 2,348 120 1,910 LEASED EMPLOYEES 43,110 NON-INVESTMENT DEPRECIATION 574 TOTAL 48,546
FORM 990-EZ, PART II, LINE 24	EQUIPMENT 4,490 4,490 LESS ACCUMULATED DEPRECIATION 3,916 4,490 OTHER RECEIVABLE 3,337 3,337 NOTE RECEIVABLE - RELATED PARTY 45,600 47,490 TOTAL 49,511 50,827
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 500 2,175 UNSECURED NOTES AND LOANS PAYABLE 186,000 171,000 NOTE PAYABLE - RELATED PARTY 0 79,351
FORM 990-EZ, PART III, LINE 28	CONTINUED TO SUPPORT EFFORTS TO PROTECT AND EXPAND THE INITIATIVE AND REFERENDUM PROCESS COMMUNICATED WITH THE GENERAL PUBLIC ABOUT THE NEED FOR AN OPEN AND ACCESSIBLE INITIATIVE AND REFERENDUM PROCESS AND LEADERS WHO SUPPORT CITIZENS' RIGHT TO PETITION THEIR GOVERNMENT THEY ALSO CONTINUED TO BUILD AN INFORMAL NETWORK AND VARIOUS BROAD-BASED COALITIONS TO SUPPORT THE MOVEMENT FINALLY, THEY RESEARCHED AND IDENTIFIED PRO-INITIATIVE SUPPORTERS ACROSS THE COUNTRY TO PROVIDE A RESOURCE BASE

TY 2013 Compensation Explanation

Name: CITIZENS IN CHARGE

EIN: 54-2051447

Person Name	Explanation
PAUL JACOB	
WILLIAM REDPATH	
ERIC OKEEFE	
JOHN TILLMAN	
DENNIS POLHILL	