

Click on the question-mark icons to display help windows
The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

OMB No 1545-1150

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITIZENS IN CHARGE		D Employer identification number 54-2051447
	Number and street (or P.O. box, if mail is not delivered to street address) 13168 CENTEPOINTE WAY	Room/suite 202	E Telephone number 703-492-1776
	City or town, state or province, country, and ZIP or foreign postal code WOODBIDGE, VA 22193		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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **134,825**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	134,825
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	
	4	Investment income	
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events:	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less: cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	134,825	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	30,000
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	14,525
	14	Occupancy, rent, utilities, and maintenance	648
	15	Printing, publications, postage, and shipping	378
	16	Other expenses (describe in Schedule O)	5,286
17	Total expenses. Add lines 10 through 16	50,837	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	83,988
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	-593,084
	20	Other changes in net assets or fund balances (explain in Schedule O)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	-509,096

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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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed NONE
42a The organization's books are in care of MISSION FIRST OPERATIONS Telephone no. 508-343-0668 Located at PO BOX 850, DREXEL HILL, PA ZIP + 4 19026
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions

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	Yes	No
		46	<input checked="" type="checkbox"/>

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

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	Yes	No
		47	<input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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
NONE				

f Total number of other employees paid over \$100,000 0

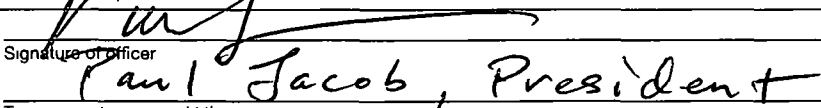
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

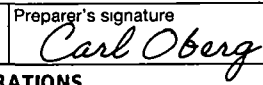
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations 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 4/20/20
	Type or print name and title Carl Jacob, President	

Paid Preparer Use Only	Print/Type preparer's name CARL L. OBERG	Preparer's signature 	Date 04 / 17 / 2020	Check <input type="checkbox"/> if self-employed	PTIN P02344136
	Firm's name MISSION FIRST OPERATIONS			Firm's EIN 83-0840298	
	Firm's address PO Box 850, DREXEL HILL, PA 19026			Phone no 508-343-0668	

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

CITIZENS IN CHARGE

Employer identification number

54-2051447

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION **AMOUNT**

ADVERTISING **\$500**

TRAVEL **\$1741**

OFFICE EXPENSES **\$2817**

BANK CHARGES **\$228**

TOTAL **\$5,286**

FORM 990-EZ, PART I, LINE 10 - GRANTS

ACTIVE CITIZENS TOGETHER - \$25,000

SIRACC, INC - \$5,000

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION **BEG OF YEAR** **END OF YEAR**

NOTE RECIEVABLE - CICF **\$54,000** **\$34,088**

NOTE RECIEVABLE **\$3,337** **\$3,337**

TOTAL **\$57,337** **\$37,425**

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION **BEG OF YEAR** **END OF YEAR**

NOTE PAYABLE - OTHER **\$98,000** **\$70,500**

NOTE PAYABLE - LIF **\$514,267** **\$476,767**

NOTE PAYABLE - CICF **\$41,858** **\$0**

TOTAL **\$654,125** **\$547,267**

Name of the organization

Employer identification number

CITIZENS IN CHARGE

54-2051447

FORM 990-EZ, PART III -

ORGANIZATION'S EXEMPT PURPOSE. TO PROTECT AND EXPAND THE INITIATIVE AND REFERENDUM PROCESS

PROGRAM SERVICE ACCOMPLISHMENT:

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 GOVERNMENTS. ALSO CONTINUED TO BUILD AN INFORMAL NETWORK AND VARIOUS BROAD-BASED COALITIONS TO SUPPORT THE MOVEMENT. RESEARCHED AND IDENTIFIED PRO-INITIATIVE SUPPORTERS ACROSS THE COUNTRY TO PROVIDE A RESOURCE BASE