

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 will need to contact you

Form **990-EZ**

**Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2019**

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

**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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2019 calendar year, or tax year beginning** , 2019, and ending , 20

<b>B</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	<b>C</b> Name of organization <input checked="" type="checkbox"/> <b>CITIZENS IN CHARGE</b>		<b>D</b> Employer identification number <input checked="" type="checkbox"/> <b>54-2051447</b>
	Number and street (or P O box if mail is not delivered to street address) <input checked="" type="checkbox"/> <b>13168 CENTERPOINTE WAY</b>	Room/suite <b>202</b>	<b>E</b> Telephone number <b>(703) 492-1776</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>WOODBIDGE, VA 22193</b>		<b>F</b> Group Exemption Number ▶ <input checked="" type="checkbox"/>

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**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. ▶ \$ **525**

**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	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<b>525</b>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
	<b>b</b> 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) . . . . .	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	<b>9</b>	<b>525</b>	
Expenses	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<b>7,000</b>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> . . . . .	<b>13</b>	<b>8,937</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<b>55</b>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<b>224</b>
	<b>16</b> Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> . . . . .	<b>16</b>	<b>964</b>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>17,180</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	<b>18</b>	<b>-16,655</b>
	<b>19</b> 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) . . . . .	<b>19</b>	<b>-509,096</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<b>0</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	<b>-525,751</b>

SCANNED MAY 13 2021

Handwritten notes and stamps: "07-21-20" and "2021" with a circular stamp.





**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

		Yes	No
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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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)? . . . . .		<input checked="" type="checkbox"/>
b	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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter. . . . .		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	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 . . . . .		<input checked="" type="checkbox"/>
c	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 . . . . . ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	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 . . . . .		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed ▶ <b>NONE</b>		
42a	The organization's books are in care of ▶ <b>MISSION FIRST OPERATIONS</b> Telephone no. ▶ <b>508-343-0668</b> Located at ▶ <b>PO BOX 850, DREXEL HILL, PA</b> ZIP + 4 ▶ <b>19026</b>		
b	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).		<input checked="" type="checkbox"/>
c	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 ▶ _____		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
d	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)? . . . . .		<input checked="" type="checkbox"/>
b	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 . . . . .		<input checked="" type="checkbox"/>

<b>46</b> 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 type="checkbox"/>	<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 . . . . .

<b>47</b> 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"/>	<input type="checkbox"/>	?
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .			?
48			
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .			
49a			
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .			
49b			

**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 . . . . . ▶ \_\_\_\_\_

**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.

<b>Sign Here</b> ?	Signature of officer: <i>Paul Jacob</i> Type or print name and title: <b>Paul Jacob, President</b>	Date: <b>July 9, 2020</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CARL L. OBERG</b>	Preparer's signature <i>Carl Oberg</i>	Date 04 / 17 / 2020	Check <input type="checkbox"/> if self-employed	PTIN <b>P02344136</b>
	Firm's name ▶ <b>MISSION FIRST OPERATIONS</b>			Firm's EIN ▶ <b>83-0840298</b>	
	Firm's address ▶ <b>PO BOX 850, DREXEL HILL, PA 19026</b>			Phone no <b>508-343-0668</b>	

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

Name of the organization

**CITIZENS IN CHARGE**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

**54-2051447**

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

DESCRIPTION	AMOUNT
TRAVEL	\$333
OFFICE EXPENSES	\$289
BANK CHARGES	\$342
<b>TOTAL</b>	<b>\$964</b>

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

ACTIVE CITIZENS TOGETHER - \$2,000

SIRACC, INC - \$5,000

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

DESCRIPTION	BEG OF YEAR	END OF YEAR
NOTE RECIEVABLE - CICF	\$34,088	\$25,995
NOTE RECIEVABLE	\$3,337	\$3,337
<b>TOTAL</b>	<b>\$37,425</b>	<b>\$29,332</b>

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

DESCRIPTION	BEG OF YEAR	END OF YEAR
NOTE PAYABLE - OTHER	\$70,500	\$70,500
NOTE PAYABLE - LIF	\$476,767	\$487,767
<b>TOTAL</b>	<b>\$547,267</b>	<b>\$558,267</b>

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