

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 black lung benefit trust or private foundation)

OMB No 1545-1150

2006

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning _____, **and ending** _____

| | | | |
|--|--|--|--|
| B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions. | 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) Room/suite 12934 HARBOR DRIVE 111 | E Telephone number 703-492-1776 |
| | | City or town, state or country, and ZIP + 4 LAKE RIDGE VA 22192 | F Group Exemption Number ▶ |
| | | | |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website. ▶ **WWW.CITIZENSINCHARGE.ORG**

J Organization type (check only one)- 501(c) (**4**) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **12,049**

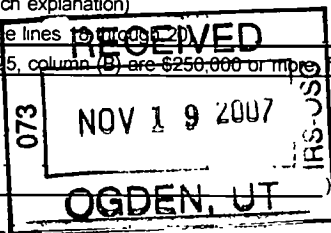
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions)

| | | | | |
|------------|--|--|--------|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 12,000 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 49 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 5c | |
| | 6 | Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| b | Less direct expenses other than fundraising expenses | 6b | | |
| c | Net income or (loss) from special events and activities (line 6a less line 6b) | 6c | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (line 7a less line 7b) | 7c | | |
| 8 | Other revenue (describe ▶ _____) | 8 | | |
| 9 | Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 12,049 | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 | 10 | 1,999 |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 2 |
| | 13 | Professional fees and other payments to independent contractors | 13 | 664 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 560 |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe ▶ SEE STATEMENT 2) | 16 | 692 |
| | 17 | Total expenses (add lines 10 through 16) | 17 | 3,917 |
| Net Assets | 18 | Excess or (deficit) for the year (line 9 less line 17) | 18 | 8,132 |
| | 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) | 19 | -128,199 |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | Net assets or fund balances at end of year (combine lines 18 through 20) | 21 | -120,067 |

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 51 of the instructions)

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 1,801 | 9,933 |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ _____) | | |
| 25 Total assets | 1,801 | 9,933 |
| 26 Total liabilities (describe ▶ SEE STATEMENT 3) | 130,000 | 130,000 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | -128,199 | -120,067 |



SCANNED DEC 14 2007

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2006)

DAA

64
21

Part III Statement of Program Service Accomplishments (See page 51 of the instructions)

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

What is the organization's primary exempt purpose?

TO EXPAND AND PROTECT THE INITIATIVE PROCESS.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

| | | | |
|----|---|-----|--------------|
| 28 | EDUCATION AND SUPPORT FOR THE ESTABLISHMENT AND PROTECTION OF INITIATIVE AND REFERENDUM RIGHTS IN STATES WHERE THESE RIGHTS ARE BEING RESTRICTED OR DO NOT EXIST. (Grants \$ 1,999) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 2,549 |
| 29 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 2,549 |

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions)

| (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 |
|----------------------|--|---|---|--|
| SEE STATEMENT 4 | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirement in General Instruction V.)

| | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | X |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement) | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0 | | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 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 unpaid at the start of the period covered by this return? | 38a | X |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | |
| 39 501(c)(7) organizations Enter. | | |
| a Initiation fees and capital contributions included on line 9 | 39a | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | |

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0**
- d Enter amount of tax on line 40c reimbursed by the organization **0**
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

| | Yes | No |
|-----|-----|----------|
| 40b | | X |
| 40e | | X |

41 List the states with which a copy of this return is filed **NONE**

42a The books are in care of **THE ORGANIZATION** Telephone no **703-492-1776**

12934 Harbor Dr. #111

ZIP + 4 **22192**

Located at **WOODBIDGE, VA**

- b At any time during the calendar year, did the organization have an interest over a financial account in a foreign country (such as a bank account, security account)?
- If "Yes," enter the name of the foreign country
- See the instructions for exceptions and filing requirements for Form TD F 90199-01
- c At any time during the calendar year, did the organization maintain an office in a foreign country?
- 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 990 and enter the amount of tax-exempt interest received or accrued during the year

Please Sign Here

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 knowledge.

Paul Jacob
Signature of officer

PAUL JACOB
Type or print name and title

Paid Preparer's Use Only

Preparer's signature *[Signature]*

Firm's name (or yours if self-employed), **ALLIANT ADVISORS, INC.**

address, and ZIP + 4 **P.O. BOX 638 HUNTLEY, IL 60142-0638**

EIN **36-3473124**

Phone no **847-669-1040**

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

| Name Address | Relationship to Org | Class of Activity | | | | | |
|--------------------|------------------------|----------------------------|-----------------|--------------------|---------------|--------------|---------------|
| | Date of Gift | Description of Property | Cash Contrib | NonCash Contrib | Book Value | BV Explan | FMV Explan |
| MISC CONTRIBUTIONS | | | \$ 1,999 | \$ | \$ | | |
| TOTAL | | | \$ 1,999 | \$ 0 | \$ 0 | | |

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| <u>Description</u> | <u>Amount</u> |
|----------------------|---------------|
| | \$ |
| EXPENSES | |
| BANK SERVICE CHARGES | 142 |
| CONSULTANT | 550 |
| TOTAL | \$ <u>692</u> |

Statement 3 - Form 990-EZ, Part II, Line 26 - Other Liabilities

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|----------------------------------|------------------------------|------------------------|
| MORTGAGE AND OTHER NOTES PAYABLE | \$ 130,000 | \$ 130,000 |
| TOTAL | \$ <u>130,000</u> | \$ <u>130,000</u> |

Federal Statements

Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

| <u>Name and Address</u> | <u>Title</u> | <u>Average Hours</u> | <u>Compensation</u> | <u>Benefits</u> | <u>Expenses</u> |
|---|--------------|----------------------|---------------------|-----------------|-----------------|
| PAUL JACOB 2617 PHEASANT HUNT RD WOODBIDGE VA 22192 | PRESIDENT | 0 | 0 | 0 | 0 |
| MIKE FORD 1750 TIMBER RIDGE RD, #116 AUSTIN TX 78741 | TREASURER | 0 | 0 | 0 | 0 |
| HARRY LONSDALE 13083 DEKENS COURT BLYTHE CA 92225 | DIRECTOR | 0 | 0 | 0 | 0 |
| STEVEN R. MERICAN 3840 VARDON COURT, SUITE 200 WOODRIDGE IL 60517 | DIRECTOR | 0 | 0 | 0 | 0 |
| ERIC O'KEEFE P.O. BOX 279 SPRING GREEN WI 53588 | DIRECTOR | 0 | 0 | 0 | 0 |
| DENNIS POLHILL 14142 DENVER WEST PKWY, SUITE 185 GOLDEN CO 80401 | DIRECTOR | 0 | 0 | 0 | 0 |
| WILLIAM REDPATH 827 ANTHONY COURT, SE LEESBURG VA 20175 | DIRECTOR | 0 | 0 | 0 | 0 |
| ROBERT RICHIE P.O. BOX 60037 WASHINGTON DC 20012 | DIRECTOR | 0 | 0 | 0 | 0 |
| JOHN THOMPSON P.O. BOX 5 MARSHFIELD MO 65706 | DIRECTOR | 0 | 0 | 0 | 0 |

Federal Statements

Statement 4 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)

| <u>Name and Address</u> | <u>Title</u> | <u>Average Hours</u> | <u>Compensation</u> | <u>Benefits</u> | <u>Expenses</u> |
|--|--------------|----------------------|---------------------|-----------------|-----------------|
| M. DANE WATERS P.O. BOX 6306 LEESBURG VA 20178 | DIRECTOR | 0 | 0 | 0 | 0 |