

**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)

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2007 calendar year, or tax year beginning** , and ending

- B Check if applicable
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions

**C Name of organization**  
**CITIZENS IN CHARGE**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**2050 OLD BRIDGE ROAD, SUITE 103**

City or town, state or country, and ZIP + 4  
**LAKE RIDGE VA 22192**

**D Employer identification number**  
**54-2051447**

**E Telephone number**  
**703-492-1776**

**F Accounting method:**  Cash  Accrual  Other (specify)

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

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates  Yes  No

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** WWW.CITIZENSINCHARGE.ORG

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

**K** Check here  if the organization is not a 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.

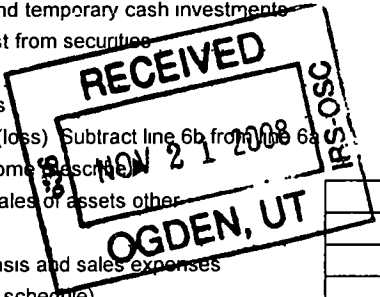
**I Group Exemption Number**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **163,191**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b	163,140			
	c	Indirect public support (not included on line 1a)	1c				
	d	Government contributions (grants) (not included on line 1a)	1d				
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ <u>163,140</u> noncash \$ _____ )	1e				163,140
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2				
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				51
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
c	Net rental income or (loss) Subtract line 6b from line 6a	6c					
7	Other investment income (attach schedule)	7					
8a	Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a					
b	Less cost or other basis and sales expenses	8b					
c	Gain or (loss) (attach schedule)	8c					
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d					
9	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 1b)	9a					
b	Less direct expenses other than fundraising expenses	9b					
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c					
11	Other revenue (from Part VII, line 103)	11					
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12				163,191	
13	Program services (from line 44, column (B))	13				1,250	
14	Management and general (from line 44, column (C))	14				37,164	
15	Fundraising (from line 44, column (D))	15					
16	Payments to affiliates (attach schedule)	16					
17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17				38,414	
18	Excess or (deficit) for the year Subtract line 17 from line 12	18				124,777	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19				-120,067	
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, 19, and 20	21				4,710	



SCANNED DEC 29 2008

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) <b>STMT 1</b> (cash \$ <b>1,250</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	1,250	1,250		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A				
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes	17		17	
30	Professional fundraising fees				
31	Accounting fees	625		625	
32	Legal fees	602		602	
33	Supplies	2,384		2,384	
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	33,140		33,140	
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize)				
a	<b>SEE STATEMENT 2</b>	396		396	
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	38,414	1,250	37,164	0

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **TO EXPAND AND PROTECT THE INITIATIVE PROCESS.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

**a 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 and allocations \$ **1,250** ) If this amount includes foreign grants, check here ▶  **1,250**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**1,250**

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing	8,812	45	3,539
	46 Savings and temporary cash investments	1,121	46	1,171
	47a Accounts receivable			
	b Less allowance for doubtful accounts		47c	
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments—land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		57c	
58 Other assets, including program-related investments (describe ▶ )			58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		9,933	59	4,710
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>		130,000	64b
	65 Other liabilities (describe ▶ )			65
66 <b>Total liabilities.</b> Add lines 60 through 65		130,000	66	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	-120,067	67	4,710
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	-120,067	73		4,710
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	9,933	74		4,710

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)** **N/A**

<b>a</b> Total revenue, gains, and other support per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b> Net unrealized gains on investments	<b>b1</b>		
<b>2</b> Donated services and use of facilities	<b>b2</b>		
<b>3</b> Recoveries of prior year grants	<b>b3</b>		
<b>4</b> Other (specify)	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify)	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** **N/A**

<b>a</b> Total expenses and losses per audited financial statements		<b>a</b>	
<b>b</b> Amounts included on line <b>a</b> but not Part I, line 17			
<b>1</b> Donated services and use of facilities	<b>b1</b>		
<b>2</b> Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b> Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b> Other (specify)	<b>b4</b>		
Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b> Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	
<b>d</b> Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b> Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b> Other (specify)	<b>d2</b>		
Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b> Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See 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 plans	(E) Expense account and other allowances
PAUL JACOB 2617 PHEASANT HUNT RD WOODBRIDGE VA 22192	PRESIDENT 0	0	0	0
ERIC O'KEEFE P.O. BOX 279 SPRING GREEN WI 53588	TREASURER 0	0	0	0
MIKE FORD 1750 TIMBER RIDGE RD, #116 AUSTIN TX 78741	DIRECTOR 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
DENNIS POLHILL 13952 DENVER WEST PKWY, SUITE 400 GOLDEN CO 80401	DIRECTOR 0	0	0	0
WILLIAM REDPATH 827 ANTHONY COURT, SE LEESBURG VA 20175	DIRECTOR 0	0	0	0
ROBERT RICHIE 6930 CARROLL AVE, SUITE 610 TAKOMA PARK MD 20912	DIRECTOR 0	0	0	0
JOHN THOMPSON P.O. BOX 5 MARSHFIELD MO 65706	DIRECTOR 0	0	0	0
M. DANE WATERS 266 MAIN STREET HAYDEN AL 35079	DIRECTOR 0	0	0	0

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes No

**75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **▶ 10**

**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

75b X

**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"

75c X

If "Yes," attach a statement that includes the information described in the instructions

**d** Does the organization have a written conflict of interest policy?

75d X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

**Part VI Other Information (See the instructions.)**

Yes No

**76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

76 X

**77** Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

77 X

**78a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

78a X

**b** If "Yes," has it filed a tax return on Form 990-T for this year?

78b

**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

79 X

**80a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

80a X

**b** If "Yes," enter the name of the organization **▶ CITIZENS IN CHARGE FOUNDATION** and check whether it is  exempt or  nonexempt

**81a** Enter direct and indirect political expenditures (See line 81 instructions) **81a** 0

**b** Did the organization file Form 1120-POL for this year? **81b** X

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )		
	N/A	82a	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
	N/A	83a	X
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
	N/A	83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	N/A	84a	
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A	84b	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		
	N/A	85a	
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
	N/A	85b	
85c	Dues, assessments, and similar amounts from members		0
85d	Section 162(e) lobbying and political expenditures		0
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		0
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		0
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A	85g	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A	85h	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955		
89b	501(c)(3) and 501(c)(4) orgs 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 a statement explaining each transaction		X
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
89d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
89e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed		NONE
90b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions )		0
91a	The books are in care of THE ORGANIZATION 2617 PHEASANT HUNT RD Located at WOODBRIDGE, VA	Telephone no	703-492-1776
		ZIP + 4	22192
91b	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	Yes	No
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X

**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c  Yes  No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

93 Program service revenue

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	51	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue. a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		51	0
105 Total (add line 104, columns (B), (D), and (E))					51

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

**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 any knowledge.

Signature of officer: *Paul Jacob* Date: 11/14/2008

Type or print name and title: **PAUL JACOB PRESIDENT**

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: \_\_\_\_\_ Check if self-prepared:  Preparer's SSN or PTIN (See Gen. Instr. X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **AELIANT ADVISORS, I  
P.O. BOX 638  
HUNTLEY, IL 60142-**

Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2007</b>
For calendar year 2007, or tax year beginning _____, and ending _____		

Name <b>CITIZENS IN CHARGE</b>	Employer Identification Number <b>54-2051447</b>
-----------------------------------	---

**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>U.S. TERM LIMITS</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>130,000</b>	<b>12/31/06</b>	<b>12/31/07</b>	<b>DEMAND</b>	<b>9.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>UNSECURED</b>	<b>WORKING CAPITAL</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>130,000</b>	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>130,000</b>	

## Federal Statements

Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
MISC CONTRIBUTIONS									
					\$ 1,250	\$	\$		
TOTAL									
					\$ 1,250	\$ 0	\$ 0		

## Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund-Raising</u>
EXPENSES	\$	\$	\$	\$
BANK SERVICE CHARGES	16		16	
CONSULTANT	150		150	
FILING FEES	230		230	
TOTAL	\$ <u>396</u>	\$ <u>0</u>	\$ <u>396</u>	\$ <u>0</u>