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)

2017

Department of the Treasury

| ▶ Do not enter social security numbers on this form as it may be made | public. |
|---|---------|
| ► Go to www irs gov/Form990 for instructions and the latest informa   | tion.   |

Open to Public

Form 990 (2017)

|   |             | rue Šervice       |                                      | www.irs.gov/Form990.for.instruc  | tions and the latest inf                                      | ormation.                  |              | Inspection                |
|---|-------------|-------------------|--------------------------------------|--|---|----------------------------|--------------|---------------------------|
| A                                       | For the     | e 2017 calend     | ending                               |  | , 20  |                            |              |                           |
| В                                       | Check if    | applicable        | C Name of organization The           | Citizen's Assembly,  | Inc.  | <del></del>                | D E          | mployer identification no |
|   | Address (   | change            | Doing business as                    |  |   |                            | 45           | -2260691                  |
| <u> </u>                                | Name ch     | ange              | Number and street (or PO bo          | ox if mail is not delivered to street address)   |   | Room/suite                 | 1            | elephone number           |
| ı                                       | nıval retu  | าเบ               | 840 First Stre                       | et N.E 3rd Floor   |   |                            |              | 02)248-5026               |
|   | inal retu   | ırn/terminated    |                                      | e, country, and ZIP or foreign postal code   | -,-,  | — L.,,,                    |              | Gross receipts            |
|   | \mended     | f return          | Washington, DC                       | • •  |   |                            | s            | _ :                       |
| $\overline{\sqcap}$                     | Application | on pending        | F Name and address of principal      |  |   | H(a) is this a group r     |              |                           |
| _                                       |             |                   | Same as C abov                       | •  | . \   | H(b) Are all subor         |              |                           |
| 1 1                                     | ax-exem     | opt status        | 501(c)(3) X 501(c) ( 4               |  | 527   | <del></del>                |              | (see instructions)        |
|   |             | ▶ N/A             | 201(0)(0) [23] 301(0)( 4             | ) 4 (maert 110) 4547(a)(1) 01  | . 321   | H(c) Group exen            |              |                           |
|   |             |                   | Corporation Trust Ass                | sociation Other  | 1   |                            | ·            |                           |
| Pa                                      |             | Summar            |                                      | Other P  | L Year of formation   | 2011 M State               | of legal don | nicite VA                 |
| <u></u>                                 | 1           |                   | ·                                    | ion or most significant activities   | 0 0-1-1-0   |                            |              |                           |
|   | '           | briefly descri    | be the organization's missi          | ion or most significant activities   | See Schedule O  | •                          |              |                           |
| Governance                              |             |                   |                                      |  | <del></del>   |                            |              |                           |
| nai                                     | 1           |                   |                                      | ***  |   |                            |              |                           |
| Ver                                     |             |                   |                                      |  |   |                            |              |                           |
| တိ                                      | 2           |                   |                                      | discontinued its operations or dis   |   | 1                          |              |                           |
| త                                       | 3           |                   |                                      | • , , ,  | •                       | L                          | 3            | 2                         |
| Activities                              | 4           |                   |                                      | s of the governing body (Part VI, I  |   | · · · · · · · ·            | 4            | 2                         |
| <u> </u>                                | 5           |                   |                                      | calendar year 2017 (Part V, line 2   | ?a) · · · · · · · ·   |                            | 5            | 4                         |
| Act                                     | 6           |                   | of volunteers (estimate if i         | • *  |   | <u> </u>                   | 6            |                           |
| •                                       | 7a          | Total unrelate    | ed business revenue from f           | Part VIII, column (C), line 12 -   |   | [                          | 7a           | 0                         |
|   | b           | Net unrelated     | business taxable income              | from Form 990-T, line 34 · ·   |   |                            | 7b           | 0                         |
| ine                                     |             |                   |                                      |  |   | Prior Year                 |              | Current Year              |
|   | 8           | Contributions     | and grants (Part VIII, line          | 1h) · · · · · · · · · · · · · · · · · · ·  | SEN (ED:  | 6,337,                     | 161          | 7,626,278                 |
|   | 9           | Program serv      | /ice revenue (Part VIII, line        | 2g)RE  | JEINED OF   | 16,                        | 367          | 8,950                     |
| Revenue                                 | 10          | Investment in     | ncome (Part VIII, column (A          | A), lines 3, 4, and 7d)  |   |                            |              | 0                         |
| Re                                      | 11          | Other revenue     | e (Part VIII, column (A), lin        | nes 5, 6d, 8c, 9c, 10c, ∰ 11e) A\  | 1.0 2018  |                            |              | 0                         |
|   | 12          | Total revenue     | e - add lines 8 through 11 (i        | must equal Part VIII, delamn (A), I  |   | 6,353,                     | 528          | 7,635,228                 |
|   | 13          |                   | ımılar amounts paid (Part I.         |  | DEN, UT   | 0,000,                     | -            | ., <u>003,223</u>         |
|   | 14          | Benefits paid     |                                      |  |   |                            |              |                           |
|   | 15          |                   | er compensation, employee            | 120,   | 004   | 126,198                    |              |                           |
| Expenses                                | 16a         |                   | fundraising fees (Part IX, c         |  |   | 131,                       |              |                           |
| ë                                       |             |                   | ing expenses (Part IX, colu          | · · ·  | 1,798,756   | 131,                       | 393          | 224,445                   |
| ă.                                      | i .         |                   | ses (Part IX, column (A), Iir        | · · · · · · · · · · · · · · · · · · ·  | 1,798,736   | F 207                      | -            | 7 (50 500                 |
| _                                       | 1           |                   |                                      | equal Part IX, column (A), line 25)  |   | 5,387,                     |              | 7,652,589                 |
|   |             |                   |                                      | 18 from line 12  |   | 5,640,                     |              | 8,003,232                 |
|   |             | Treveride less    | expenses Subtract fine               | TO IT OHT HITE 12  | · · · · · · · · · · · · · · · · · · ·                         | 713,                       |              | (368,004)                 |
| 6.010<br>Net Assets or<br>Fund Balances | 20          | Total accete (    | Part V. Ino 16)                      |  |   | Beginning of Current       |              | End of Year               |
| ည္တန္တင္တ                               | 21          |                   | Part X, line 16)                     |  |   | 316,                       |              | 198,829                   |
| 5 5 E                                   | 22          |                   | , ,                                  |  |   | 486,                       |              | 736,635                   |
| Par                                     | 1 2 2<br>†  | Signatur          |                                      | ine 21 from line 20  |   | (169,                      | 802)         | (537,806)                 |
|   |             |                   |                                      | m, including accompanying schedules and  |   |                            |              |                           |
| frue, c                                 | correct, a  | ind complete Deci | laration of preparer (other than off | im, including accompanying schedules and<br>ficer) is based on all information of which pr | statements, and to the best of me<br>eparer has any knowledge | ny knowledge and belief, i | IS           |                           |
| 5                                       |             | . 2               | 14 71                                |  | · · · · · · · · · · · · · · · · · · ·                         |                            | · ·          | / / / »                   |
| ືSign                                   | .           | <u> Da</u>        | My Kny                               |  |   |                            | <del></del>  | 64/18                     |
| .9                                      |             | Signature         | e of officer                         |  |   |                            | Date         |                           |
| Here                                    | •           |                   | Minton, Preside                      | ent  |   |                            |              |                           |
| <u> </u>                                |             | Type or p         | onnt name and title                  | $\sim 0.0$   |   |                            |              |                           |
| ><br>}                                  |             | Print/Type prep   | parer's name                         | Pregarent sopparare  | Date  | Check                      | if PTIN      | T                         |
| Paid                                    |             | Shad Ahr          | mad                                  | WI Ballacia C  | 7A 04-30-2018   | self-employe               | 3 P          | 01463778                  |
|   | arer        | <u> </u>          | ► AAL PC                             | - '   / / /  |   | Firm's EIN ▶               |              |                           |
| Use                                     | Only        | Firm's address    | ▶ 8230 Old                           | Courthouse Road, #21   | .0  | Phone no                   |              |                           |
|   |             | 1                 | Vienna V                             |  |   | 70                         | 3-893        | -9644                     |
| May tl                                  | ne IRS      | discuss this re   |                                      | own above? (see instructions)  |   |                            |              | · 🗌 Yes 🐰 No              |
|   |             |                   | on Act Notice, see the sep           |  |   | 20                         |              | Form 990 (2017)           |

| Forn | n 990 (2017) The Citizen's Assembly, Inc.   | 45-2260691  | Page 2        |
|------|---|-------------|---------------|
|      | rt III Statement of Program Service Accomplishments   |             |               |
|      | Check if Schedule O contains a response or note to any line in this Part III  |             | <u> </u>      |
| 1    | Bnefly describe the organization's mission  |             |               |
|      | See Schedule O.   |             |               |
|      |   |             |               |
|      |   |             |               |
| _    |   |             |               |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the  |             |               |
|      | pnor Form 990 or 990-EZ?  | · · · 🗌 Yes | No No         |
|      | If "Yes," describe these new services on Schedule O   | _           |               |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program  |             |               |
|      | services?   | ☐ Yes       | No No         |
|      | If "Yes," describe these changes on Schedule O  | <b>-</b>    |               |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as measured   | hv          |               |
| ·    | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other   |             |               |
|      | the total expenses, and revenue, if any, for each program service reported  | ,           |               |
|      | the total expenses, and revenue, if any, for each program service reported  |             |               |
| 4a   | (Code | S           |               |
| 70   |   |             | <del></del> ′ |
|      | See Schedule O.   |             |               |
|      |   |             |               |
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|      |   |             |               |
| 4b   | (Code) (Expenses S including grants of S) (Revenue  | s           | )             |
|      |   |             |               |
|      |   |             |               |
|      |   |             | -             |
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|      |   |             |               |
| 4c   | (Code) (Expenses S including grants of \$) (Revenue   | \$          |               |
| 7.0  | (Codd) (Experioes o) (Neverine  | <u> </u>    |               |
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|      |   |             |               |
|      |   |             |               |
| 4d   | Other program services (Describe in Schedule O )  |             | -             |
|      | (Expenses S including grants of S ) (Revenue S  | )           |               |
| 4e   | Total program service expenses ► 5,102,948  |             |               |
|      |   |             |               |

Form 990 (2017)
Part IV C 7) The Citizen's Assembly, Inc. Checklist of Required Schedules

|          |   |     | Yes | No  |
|----------|---|-----|-----|-----|
| 1,       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"           |     |     |     |
| _        | complete Schedule A · · · · · · · · · · · · · · · · · ·   | 1   |     | X   |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                       | 2   | Х   |     |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        |     |     |     |
|          | candidates for public office? If "Yes " complete Schedule C, Part I   | 3   |     | X   |
| 4        | Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)            |     | İ   |     |
|          | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     |     |
| 5        | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,            |     |     |     |
|          | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                   |     |     |     |
|          | Part III  | 5   |     | Х   |
| 6        | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors                 |     |     |     |
|          | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If             |     |     |     |
|          | "Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·  | 6   |     | Х   |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space,               |     |     |     |
|          | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                    | 7   |     | Х   |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |     | -   |     |
|          | complete Schedule D, Part III   | 8   |     | Χ   |
| 9        | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a         |     |     |     |
|          | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or            |     |     |     |
|          | debt negotiation services? If "Yes " complete Schedule D, Part IV   | 9   |     | Х   |
| 10       | Did the organization, directly or through a related organization, hold assets in temporarily restricted                 | ا ا |     | - 1 |
|          | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                            | 10  |     | Х   |
| 11       | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,            | -10 |     |     |
| •        | VII, VIII, IX, or X as applicable   |     |     |     |
| 2        | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes "                  |     |     |     |
| a        | complete Schedule D, Part VI  |     |     |     |
| <b>.</b> | ·   | 11a |     | X   |
| D        | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more          |     |     |     |
| _        | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                | 11b |     | X   |
| С        | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more           |     |     |     |
|          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                               | 11c |     | Χ   |
| đ        | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets        |     |     |     |
|          | reported in Part X, line 16? If "Yes " complete Schedule D, Part IX   | 11d |     | Χ   |
| е        | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | Χ   |
| f        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses |     |     |     |
|          | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |     | X   |
| 12a      | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     |     |     |     |
|          | Schedule D, Parts XI and XII · · · · · · · · · · · · · · · · · ·  | 12a | Χ   |     |
| b        | Was the organization included in consolidated, independent audited financial statements for the tax year? If            |     |     |     |
|          | "Yes." and if the organization answered "No" to line 12a then completing Schedule D, Parts XI and XII is optional       | 12b |     | Χ   |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13  |     | X   |
| 14a      | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a |     | Х   |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,                        |     |     |     |
|          | fundraising business, investment, and program service activities outside the United States, or aggregate                |     |     |     |
|          | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                          | 14b |     | Χ   |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or       |     |     |     |
|          | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | Χ   |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other              |     |     |     |
|          | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                               | 16  |     | Х   |
| 17       | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on          |     |     | 17  |
|          | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)                          | 17  | Х   |     |
| 18       | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on             | 17  | Λ   |     |
| -        | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 40  |     | v   |
| 19       | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?            | 18  |     | Х   |
|          | If "Yes " complete Schedule G. Part III   | 19  |     | Х   |
|          |   |     |     |     |

Part IV

Page 4

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A) line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Χ Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Х through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes" complete Schedule L. Part I 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Χ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ disqualified persons? If "Yes." complete Schedule L. Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes" complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes" 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? ....... 35a If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b Χ 36 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38

# 17) The Citizen's Assembly, Inc. Statements Regarding Other IRS Filings and Tax Compliance Part V

|         | Check if Schedule O contains a response or note to any line in this Part V   | • • • • | · · ·     |  |
|---------|--|---------|-----------|--|
| ٠,      |  |         | Yes       | No   |
| 1a      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |         |           |  |
| b       | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | ļ       | ļ         |  |
| С       | Did the organization comply with backup withholding rules for reportable payments to vendors and   | ا ،     | .,        |  |
|         | reportable gaming (gambling) winnings to prize winners?  | 1c      | X         |  |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |         |           |  |
|         | Statements, filed for the calendar year ending with or within the year covered by this return  | ۵.      | .,        |  |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b      | <u>X</u>  | <del></del>                                      |
| 1.      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2-      |           | v  |
| 3a<br>∟ | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a      |           | X  |
| b<br>4a | The state of the s | 3b      |           |  |
| 4a      | 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)?   | 4a      | -         | Х  |
| h       | If "Yes," enter the name of the foreign country  | -70     |           |  |
| D       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  | 1       |           |  |
|         | (FBAR)   |         |           |  |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a      |           | Х  |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b      |           | <del></del>                                      |
| c       | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c      |           |  |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100 000, and did the   |         |           |  |
|         | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a      | Х         |  |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | -       |           |  |
|         | gifts were not tax deductible?   | 6b      | X         |  |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |         |           |  |
| а       | Did the organization receive a payment in excess of S75 made partly as a contribution and partly for goods   |         | Ì         |  |
|         | and services provided to the payor?  | 7a      |           |  |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b      |           |  |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |         |           |  |
|         | required to file Form 8282?  | 7c      |           |  |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |         |           | ļ  |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e      |           | <b> </b> -                                       |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f      |           | <u> </u>   |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g      |           |  |
| h<br>o  | If the organization received a contribution of cars boats, airplanes or other vehicles, did the organization file a Form 1098-C?   | 7h      |           | <del> </del>                                     |
| 0       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 8       |           |  |
| 9       | sponsoring organization have excess business holdings at any time during the year?   | -       |           | <del>                                     </del> |
| a       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a      | ļ         | !  |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b      |           |  |
| 0       | Section 501(c)(7) organizations. Enter   |         |           | ·  |
| а       | Initiation fees and capital contributions included on Part VIII, line 12   |         |           | 1  |
| b       | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |         |           |  |
| 1       | Section 501(c)(12) organizations Enter   |         |           |  |
| а       | Gross income from members or shareholders  |         |           |  |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources   |         |           | 1  |
|         | against amounts due or received from them )  |         |           |  |
| 2a      | Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?  | 12a     |           |  |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  |         |           |  |
| 3       | Section 501(c)(29) qualified nonprofit health insurance issuers  |         |           | <u> </u>   |
| а       | Is the organization licensed to issue qualified health plans in more than one state?   | 13a     |           | <b></b>  |
|         | Note. See the instructions for additional information the organization must report on Schedule O   |         |           | -  |
| b       | Enter the amount of reserves the organization is required to maintain by the states in which   |         |           | }  |
| _       | the organization is licensed to issue qualified health plans   |         |           |  |
| c<br>4a | Enter the amount of reserves on hand   | 14a     | <b></b> - | +  |
| b       | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14a     |           | <del>                                     </del> |
|         | 11 700, Tido It filed a Form 720 to report mese payments in Two, provide an explanation in schedule O  |         | 000 (     | 2017)  |

Form 990 (2017) The Citizen's Assembly, Inc Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 2 If there are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Χ Χ Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes" provide the names and addresses in Schedule O q . . . . . . . . . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Χ Χ 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed West Virginia 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

20

| Form 990 (20                  | 17) The Citizen's Assembly, Inc.   | 45-2260691     | -<br>Page <b>7</b> |
|-------------------------------|--|----------------|--------------------|
| Part VII                      | Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors  |                | es, and            |
|                               | Check if Schedule O contains a response or note to any line in this Part VII   | <u></u>        | · · · 🛛            |
| Section'A.                    | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  |                |                    |
| 1a Complete<br>organization's | this table for all persons required to be listed. Report compensation for the calendar year ending with or tax year.   | within the     |                    |
|                               | of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations) regardless a Enter -0- in columns (D), (E), and (F) if no compensation was paid                        | s of amount of |                    |
|                               | of the organization's current key employees, if any See instructions for definition of "key employee" organization's five current highest compensated employees (other than an officer, director, trustee, or ke | ey employee)   |                    |

- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) Name and Title                   | (B) Average hours per week (list any hours for related organizations below dotted line) | box | unles | Pos<br>eck m<br>ss per | son is | na both a e Highest componsated employee | n | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|---|-----|-------|------------------------|--------|--|---|--|--|--|
| (1) Barry Hinton President           | 17.00   | Х   |       | Х                      |        |  |   | 40,000   | 0  | (  |
| 2) Tim Roberts Treasurer / Secretary |   | Х   |       |                        |        |  |   | 0  | 0  |  |
| 3)                                   |   |     |       |                        |        |  |   |  |  |  |
| 4)                                   |   |     | !     |                        |        |  |   |  |  |  |
| 5)                                   |   |     |       |                        |        |  |   |  |  |  |
| 6)                                   |   |     |       |                        |        |  |   |  |  |  |
| 7)                                   |   |     |       |                        |        |  |   |  |  | <u></u>  |
| 8)                                   |   |     |       |                        |        |  |   |  |  |  |
| 9)                                   |   |     |       |                        |        |  |   |  |  |  |
| 10)                                  |   |     |       |                        |        |  |   |  |  |  |
| (11)                                 |   |     |       |                        |        |  |   |  |  |  |
| 12)                                  |   |     |       |                        |        |  |   |  |  |  |
| (13)                                 |   |     |       |                        |        |  |   |  |  |  |
| (14)                                 |   |     |       |                        |        |  |   |  |  |  |

| Name a                    | A)<br>and tide   | (B) Average hours per week (list any                           | box, u<br>office                  | r and                 | a dira  | icn<br>ire tn<br>on is | an one<br>both an<br>trustee) | i      | (D)<br>Reponable<br>compensation<br>from | (E) Reconable compensation from related | _         | (F)<br>sumated<br>nount of<br>other                    |          |
|---------------------------|--|--|-----------------------------------|-----------------------|---------|------------------------|-------------------------------|--------|--|---|-----------|--|----------|
|                           |  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional frustee | Officer | Key employee           | Highest compensated omployee  | Former | the<br>organization<br>(W-2/1059-MISC)   | organizations<br>(W-2/1099-MISC)        | org<br>an | pensati<br>rom tne<br>anizatio<br>d relate<br>anizatio | en<br>ed |
| (15)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (16)                      |  |  |                                   |                       |         | -                      |                               |        |  |   |           |  |          |
| (17)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (18)                      |  |  | <del>,,</del>                     |                       |         |                        |                               |        |  |   |           |  |          |
| (19)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (20)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (21)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (22)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (23)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (24)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| (25)                      |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
| c Total from continuat    | ion sheets to Part VII, Section                                  | n A  |                                   |                       |         |                        |                               | •      | 40,000                                   | 0                                       |           |  | 0        |
| 2 Total number of individ | duals (including but not limited ion from the organization       |  |                                   |                       |         |                        |                               |        |  | 0                                       |           |  |          |
| <u> </u>                  | st any former officer, director,  If "Yes," complete Schedule J  |  |                                   | oloye                 | e, or   | hig                    | hest c                        | omp    | pensated                                 |   | 3         | Yes  | No<br>X  |
| organization and relat    | ed on line 1a, is the sum of repled organizations greater than s | \$150 000? If  |                                   |                       |         |                        |                               |        |  |   | 4         |  | X        |
| for services rendered     | on line 1a receive or accrue co                                  |  |                                   | -                     |         |                        | _                             |        | on or individual                         |   | 5         |  | Х        |
|                           | r your five highest compensate organization. Report compenses    |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
|                           | (A) Name and business address                                    |  |                                   |                       |         |                        |                               |        | (B) Description of                       |   |           | (C)<br>censatio  | on       |
|                           |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
|                           |  |  |                                   |                       |         |                        |                               |        |  |   |           |  |          |
|                           | endent contractors (including t                                  |  |                                   | ose I                 | ısted   | abo                    | ove) w                        | rho    |  |   |           |  |          |

|  |          | Check if Schedule O contains a response or n                                 | ote to any line in this | s Part VIII          |  |   | [  |
|--|----------|--|-------------------------|----------------------|--|---|--|
| •  |          |  |                         | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| 2 s  | 1a       | Federated campaigns 1a   |                         |                      |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b        | Membership dues 1b   |                         |                      |  |   |  |
| ع ۾  | c        | · · ·  |                         |                      |  |   |  |
| infts<br>ar A  | d        |  |                         |                      |  |   |  |
| S, E   | e        |  |                         |                      |  |   |  |
| r Si   | f        | All other contributions, gifts, grants,                                      |                         |                      |  |   |  |
| the th   | Ì        | and similar amounts not included above 1f                                    | 7 626 279               |                      |  |   |  |
| 9  |          | Noncash contributions included in lines 1a-1f S                              | 7,626,278               |                      |  |   |  |
| S g  | h        |  |                         | 7,626,278            |  |   |  |
|  | <u> </u> |  | Business Code           | 7,020,278            |  | <del></del>                             |  |
| an e   | 2a       | Other Income   | 541860                  | 8,950                | 8,950                                  |   |  |
| eve  | b        |  | 341880                  | 8,930                | 8,930                                  |   |  |
| 8  | c        |  | -                       |                      |  |   |  |
| ڲٚ   | d        |  |                         |                      |  |   |  |
| Š  | P        |  |                         |                      |  |   |  |
| Program Service Revenue                                | f        | All other program service revenue · · · · · ·                                |                         |                      |  |   |  |
| Ā  | l        | Total. Add lines 2a-2f   |                         | 8,950                |  |   |  |
|  |          |  |                         | 8,930                |  |   |  |
|  |          | Investment income (including dividends, interest, and other similar amounts) |                         |                      |  |   |  |
|  | 4        | Income from investment of tax-exempt bond proce                              |                         |                      |  |   |  |
|  | 5        | Royalties · · · · · · · · · · · · · · · · · · ·                              |                         |                      |  |   |  |
|  |          | (i) Real   | (ii) Personal           |                      |  |   |  |
|  | 6a       | Gross rents  | (ii) i eisonai          |                      |  |   |  |
|  |          | Less rental expenses · · · ·   |                         |                      |  |   |  |
|  |          | Rental income or (loss) · · ·  |                         |                      |  |   |  |
|  |          | Net rental income or (loss)  |                         |                      |  |   |  |
|  |          | ` '  |                         |                      |  |   |  |
|  | ra       | Gross amount from sales of assets other than inventory                       | (II) Other              |                      |  |   |  |
|  | <b>.</b> |  |                         |                      |  |   |  |
|  | b        | Less cost or other basis and sales expenses                                  |                         |                      |  |   |  |
|  | С        | Gain or (loss)   |                         |                      |  |   |  |
|  |          | Net gain or (loss)   |                         |                      |  |   |  |
| nue  |          | Gross income from fundraising  |                         |                      | -                                      |   |  |
|  |          | events (not including \$   |                         |                      |  |   |  |
| Rev  |          | of contributions reported on line 1c)  |                         | ł                    |  |   |  |
| Other Reve   |          | See Part IV, line 18 · · · · · · · a   |                         |                      |  |   |  |
| ŧ  |          | Less direct expenses b   |                         |                      |  |   |  |
|  |          | Net income or (loss) from fundraising events •                               |                         |                      |  |   |  |
|  |          | Gross income from gaming activities  |                         |                      |  |   |  |
|  |          | See Part IV, line 19 · · · · · · · a   |                         |                      |  |   |  |
|  |          | Less direct expenses b   |                         |                      |  |   |  |
|  |          | Net income or (loss) from gaming activities                                  |                         |                      |  |   |  |
|  |          | Gross sales of inventory, less   |                         |                      |  |   |  |
|  |          | returns and allowances a   |                         |                      | ľ                                      |   |  |
|  |          | Less cost of goods sold b  |                         |                      |  |   |  |
|  |          | Net income or (loss) from sales of inventory · ·                             |                         |                      |  |   |  |
|  |          | Miscellaneous Revenue  | Business Code           |                      |  |   |  |
|  | 11a      |  |                         |                      |  |   |  |
|  | b        |  |                         |                      |  |   |  |
|  | С        |  |                         |                      |  |   |  |
|  | d        | All other revenue  |                         |                      |  |   |  |
|  | е        | Total Add lines 11a-11d  |                         |                      |  |   | -  |
|  | 12       | Total revenue See instructions   | <b>.</b>                | 7,635,228            | 8,950                                  | 0                                       | 0  |

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b. 9b. and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members . . . . . . . 5 Compensation of current officers, directors, trustees, and key employees ..... 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . Other salaries and wages . . . . . . . . . . . . . . . 114,401 73,985 14,594 25,822 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11,797 7,629 1,505 2,663 11 Fees for services (non-employees) а b 2,271 2,271 С 22,194 22,194 d Lobbying Professional fundraising services See Part IV, line 17 224,445 224,445 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 12 17,750 17,750 13 Office expenses . . . . . . . 1,768 1,144 225 399 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Other expenses litemize expenses not covered 24 above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Postage and Shipping 3,329,683 2,153,369 424,755 751,559 Printing and Publications 1,010,524 199,327 352,688 1,562,539 c Professional Fees 769,929 643,080 126,849 d List Rental and Maintenance 292,680 189,282 37,336 66,062 e All other expenses 1,653,775 1,023,935 272,472 357,368 25 Total functional expenses Add lines 1 through 24e 8,003,232 5,102,948 1,101,528 1,798,756 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🗵 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 283,276 132,318 2 2 3 3 Pledges and grants receivable, net ....... 4 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 Notes and loans receivable, net Assets 8 8 9 66,511 9 Prepaid expenses and deferred charges 33,422 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10c Less accumulated depreciation . . . . . . . . . . . 10b b 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 ...... 14 14 15 15 16 16 Total assets Add lines 1 through 15 (must equal line 34) . . 316,698 198,829 17 17 486,500 736,635 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors Labilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L . . . . . . . . . . . . . . . . 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 ....... 486,500 736,635 Organizations that follow SFAS 117 (ASC 958), check here 🕒 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 27 27 (169,802)(537,806) 28 28 Temporanly restricted net assets .......... 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds ........ 31 31 Paid-in or capital surplus or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 (169,802)(537,806) 34 34 316,698 198,829

|     |   | 45-226069 | 1    | <u> </u> | age 12 |
|-----|---|-----------|------|----------|--------|
| Pa  | rt XI Reconciliation of Net Assets  |           |      |          |        |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                   |           |      |          | · 🔲    |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | . 1       | 7,6  | 635,2    | 228    |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | . 2       | 8,0  | 003,2    | 232    |
| 3   | Revenue less expenses Subtract line 2 from line 1   | . 3       | (:   | 368,0    | 004)   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | . 4       | (:   | 169,8    | 802)   |
| 5   | Net unrealized gains (losses) on investments  | . 5       |      |          |        |
| 6   | Donated services and use of facilities  | . 6       |      |          |        |
| 7   | Investment expenses   | . 7       |      |          |        |
| 8   | Prior period adjustments  | . 8       |      |          |        |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | . 9       |      |          | 0      |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |           |      |          |        |
|     | 33, column (B))   | . 10      | (:   | 537,8    | 806)   |
| Pa  | rt XII Financial Statements and Reporting   |           |      |          |        |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |           |      |          | · 🔲    |
|     |   |           |      | Yes      | No     |
| 1   | Accounting method used to prepare the Form 990 🔲 Cash 🐰 Accrual 🔲 Other                                       |           |      |          |        |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |           |      |          |        |
|     | Schedule O  |           |      |          | ļ      |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?               |           | 2a   |          | Х      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |           |      |          |        |
|     | reviewed on a separate basis, consolidated basis, or both   |           |      |          |        |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |           |      |          |        |
| b   | Were the organization's financial statements audited by an independent accountant?                            |           | 2b   | X        |        |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |           |      |          |        |
|     | separate basis, consolidated basis, or both   |           |      |          |        |
|     |   |           |      |          |        |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |           |      |          |        |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |           | 2c   |          | X      |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |           |      |          |        |
|     | Schedule O  |           |      |          |        |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |           |      |          |        |
|     | the Single Audit Act and OMB Circular A-133?  |           | 3a   |          | Х      |
| b   | If "Yes" did the organization undergo the required audit or audits? If the organization did not undergo the   |           |      |          |        |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |           | 3b   |          |        |
| EEA |   |           | Form | 990 (2   | 2017)  |

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990

OMB No 1545-0047

2017

Open to Public

|      | Revenue Service     | ► Go to www irs.gov/f  | orm990 for instruc      | tions and the latest inform             | nation.        | Inspection                                       | n           |
|------|---------------------|--|-------------------------|---|----------------|--|-------------|
| Name | of the organization |  |                         |   | Emp            | oloyer identification number                     |             |
| The  | e Citızen'          | s Assembly, Inc.   |                         |   | 4              | 5-2260691  |             |
| Pai  |                     | tions Maintaining Donor Advis                                  | ed Funds or Oth         | er Similar Funds or Ac                  | counts.        |  |             |
|      | Complete            | if the organization answered "Ye                               | es" on Form 990, I      | Part IV, line 6                         |                |  |             |
|      |                     |  | (a) Dono                | or advised funds                        | (b             | ) Funds and other accounts                       |             |
| 1    | Total number at en  | nd of year   |                         |   |                |  |             |
| 2    | Aggregate value of  | f contributions to (during year)                               |                         |   |                |  |             |
| 3    | <del>-</del>        | f grants from (during year)                                    |                         |   |                |  |             |
| 4    | Aggregate value at  | t end of year  |                         |   |                |  |             |
| 5    | Did the organizatio | in inform all donors and donor advisors                        | s in writing that the a | ssets held in donor advised             |                |  |             |
|      | -                   | nization's property, subject to the orga                       | -                       |   |                |  | s No        |
| 6    |                     | n inform all grantees, donors, and dor                         |                         |   | ed             | _  | _           |
|      |                     | purposes and not for the benefit of the                        |                         |   |                |  |             |
|      | •                   | •  |                         |   |                |  | s No        |
| Pai  |                     | vation Easements.  |                         |   |                |  |             |
|      |                     | e if the organization answered "Y                              | es" on Form 990.        | Part IV. line 7                         |                |  |             |
| 1    | <u></u>             | servation easements held by the organ                          |                         |   |                | <del></del>                                      |             |
|      |                     | f land for public use (e g, recreation c                       |                         | Preservation of a histor                | rically import | tant land area                                   |             |
|      | Protection of n     |  | . caaca,                | Preservation of a certifi               |                |  |             |
|      | Preservation of     |  |                         |   |                |  |             |
| 2    |                     | through 2d if the organization held a q                        | ualified conservation   | contribution in the form of a           | a conservatio  | nn   |             |
| _    | •                   | ast day of the tax year  | damied corison ration   |   | - CONCENTEN    | Held at the End of the                           | Tax Year    |
| а    |                     | nservation easements   | <b></b>                 |   | 2a             | Ticia de dio Ena oi dio                          | 142 1041    |
| b    |                     |  |                         |   | <del></del>    | <del>                                     </del> |             |
| c    | · •                 | vation easements on a certified historic                       |                         |   |                |  |             |
| d    |                     | vation easements included in (c) acqui                         |                         | (-/                                     |                | <u> </u>   |             |
| u    |                     |  |                         |   | 2d             |  |             |
| 3    |                     | vation easements modified, transferred                         |                         |   |                | dunna the  |             |
| 3    |                     | ration easements modified, transferred                         | i, released, extinguis  | siled, or terminated by the or          | ryamzauom      | during the                                       |             |
| 4    | tax year ►          | hara property subsent to accomplish                            |                         |   |                |  |             |
| 4    |                     | where property subject to conservation                         |                         |   |                |  |             |
| 5    |                     | tion have a written policy regarding the                       |                         | , inspection, handling of               |                | Ye   | s No        |
| c    |                     | orcement of the conservation easeme                            |                         |   |                | _  | :5   NO     |
| 6    | Stall and volunteer | hours devoted to monitoring inspecti                           | ng, nanoling of viola   | dons, and emorcing conserv              | ration easen   | nents during the year                            |             |
| 7    | Amount of oursess   |  | معمدالمعامة بالمعاد     | and anforming consequent                | - cacamanta    | during the year                                  |             |
| 7    |                     | es incurred in monitoring, inspecting, f                       | andling of violations   | , and enforcing conservation            | i easements    | s during the year                                |             |
| 0    | ► S                 |  | ahawa aakafi tha raa    | nuramenta of acobor 170/b)              | \/ 4\/\P\/\\   |  |             |
| 8    |                     | vation easement reported on line 2(d)                          | •                       |   |                | 1 Ye   | s No        |
| 9    | and section 170(h)  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                          |                         | to revenue and evaces of                |                | _  | ;5   NO     |
| 9    |                     | be how the organization reports conse                          |                         |   |                |  |             |
|      |                     | I include, if applicable, the text of the formation assembles  | bothote to the organi   | zation's illiancial statements          | s mai descin   | nes trie   |             |
| Par  |                     | ounting for conservation easements zations Maintaining Collect | ione of Art His         | torical Treasures of                    | r Other S      | imilar Assats                                    |             |
| ı aı |                     | te if the organization answered "                              |                         |   | Other 5        | illillai Assets.                                 |             |
| 1a   |                     | elected, as permitted under SFAS 116                           |                         |   | et and halan   | non shoot  | <del></del> |
| Ia   |                     | ical treasures, or other similar assets                        |                         |   |                |  |             |
|      |                     |  | ·                       |   |                | ce oi  |             |
| L    |                     | vide, in Part XIII, the text of the footnot                    |                         |   |                |  |             |
| b    | -                   | elected, as permitted under SFAS 116                           | •                       |   |                |  |             |
|      |                     | ical treasures, or other similar assets                        |                         | tion, education, or research            | in turtneran   | ce of  |             |
|      | •                   | vide the following amounts relating to                         |                         |   |                |  |             |
|      | • •                 | •  |                         | • |                | <del></del>                                      |             |
| _    |                     | d in Form 990, Part X  |                         |   |                |  |             |
| 2    |                     | received or held works of art, historica                       |                         |   | gain, provide  | e the  |             |
|      | _                   | required to be reported under SFAS 1                           | • •                     | _                                       |                |  |             |
| а    |                     | on Form 990, Part VIII, line 1                                 |                         |   |                |  |             |
| b    | Assets included in  | Form 990, Part X   | <u> </u>                | · · · · · · · · · · · · · · · · · · ·   |                | ▶\$  |             |

| Sched | ule D (Form 990) 2017 The Citizen's A                                  | Assembly,       | Inc.               |                |                       | 45-2260                                 | 691          | Page 2      |
|-------|--|-----------------|--------------------|----------------|-----------------------|---|--------------|-------------|
| Pa    | rt III Organizations Maintaining C                                     |                 |                    | storical Ti    | reasures, or Ot       | her Similar Ass                         | ets (contil  | nued)       |
| 3     | Using the organization's acquisition, accession,                       |                 |                    |                |                       |   |              | <del></del> |
|       | collection items (check all that apply)                                | and amer 100    | oras, cricoit an   | , 0            | g                     |   |              |             |
| ,     | <u>~</u>   | ء ہ             | 7                  |                | •••                   |   |              |             |
| a     | Public exhibition  | a f             | =                  | change progra  | ams                   |   |              |             |
| þ     | Scholarly research   | e L             | Other              |                | ·                     |   |              |             |
| С     | Preservation for future generations                                    |                 |                    |                |                       |   |              |             |
| 4     | Provide a description of the organization's collect                    | tions and exp   | lain how they f    | urther the org | janization's exempt j | ourpose in Part                         |              |             |
|       | XIII   |                 |                    |                |                       |   |              |             |
| 5     | During the year, did the organization solicit or rec                   | ceive donatioi  | ns of art, histor  | ical treasures | , or other similar    |   |              |             |
|       | assets to be sold to raise funds rather than to be                     |                 | -                  |                |                       |   | . Tyes       | ∏No         |
| Pa    | rt IV   Escrow and Custodial Arrang                                    |                 | <u></u>            | J- : :-        | <del></del>           | <del></del>                             |              |             |
|       | Complete if the organization ar  |                 | es" on Forr        | n 990 Par      | t IV line 9, or re    | ported an amou                          | nt on Forn   | n           |
|       | 990, Part X, line 21   |                 | 00 0111 011        |                | .,,,                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |             |
| 10    | <del></del>  |                 |                    |                |                       |   | <del></del>  |             |
| 1a    | Is the organization an agent, trustee, custodian of                    |                 |                    |                |                       |   |              | П.,.        |
|       | ·  |                 |                    |                |                       |   | · U Yes      | ∐ No        |
| ь     | If "Yes," explain the arrangement in Part XIII and                     | complete the    | : following table  | •              |                       |   |              |             |
|       |  |                 |                    |                |                       | Amo                                     | ount         |             |
| C     | Beginning balance  |                 |                    |                |                       | lc                                      |              |             |
| d     | Additions during the year  |                 |                    |                | 7                     | ld                                      |              |             |
| е     | Distributions during the year  |                 |                    |                |                       | le                                      |              |             |
| f     | Ending balance   |                 |                    |                |                       | ıf İ                                    |              |             |
| 2a    | Did the organization include an amount on Form                         |                 |                    |                |                       |   | . T Yes      | No          |
| _     |  |                 |                    |                |                       |   | _            | ==          |
| Do    | If "Yes" explain the arrangement in Part XIII Chirt V Endowment Funds. | eck nere if the | explanation n      | as been prov   | ided on Part XIII     | <del> </del>                            | <u>····</u>  | <u>· []</u> |
| Га    |  |                 |                    | . 000 D-       | 4 D / Los - 40        |   |              |             |
|       | Complete if the organization ar  | nswerea n       | es on Forr         | n 990, Par     | tiv, line iu          | <del></del>                             | <del></del>  |             |
|       |  | (a) Current     | vear (b)           | Prior year     | (c) Two years back    | (d) Three years back                    | (e) Four yea | ars back    |
| 1a    | Beginning of year balance  |                 |                    |                |                       |   | L            |             |
| b     | Contributions  | _               |                    |                |                       |   |              |             |
| С     | Net investment earnings, gains, and                                    |                 |                    |                |                       |   |              |             |
|       | losses   |                 |                    |                |                       |   |              |             |
| а     | Grants or scholarships   |                 |                    |                | <del> </del>          | <del> </del>                            | <del> </del> |             |
| đ     | · · · · · · · · · · · · · · · · · · ·                                  |                 |                    |                |                       |   | +            |             |
| е     | Other expenditures for facilities and                                  |                 |                    |                |                       |   |              |             |
|       | programs   |                 |                    |                |                       |   | ļ            |             |
| f     | Administrative expenses  |                 |                    |                |                       |   |              |             |
| g     | End of year balance · · · · · · · · ·                                  |                 |                    |                |                       |   |              |             |
| 2     | Provide the estimated percentage of the current                        | year end bala   | ance (line 1g, c   | oiumn (a)) he  | eld as                |   |              |             |
| а     | Board designated or quasi-endowment                                    |                 | %                  |                |                       |   |              |             |
| b     | Permanent endowment ► %  |                 |                    |                |                       |   |              |             |
| С     | Temporarily restricted endowment                                       | %               |                    |                |                       |   |              |             |
|       | The percentages on lines 2a, 2b, and 2c should                         | egual 100%      |                    |                |                       |   |              |             |
| 3a    | Are there endowment funds not in the possession                        | •               | nization that ar   | a hald and ad  | Iministered for the   |   |              |             |
| - u   | organization by  | in or the organ | iization that an   | e neia ana aa  | ministered for the    |   | Ye           | es No       |
|       | • ,  |                 |                    |                |                       |   | r            | 3 110       |
|       | (i) unrelated organizations · · · · · · ·                              |                 |                    |                |                       |   | 3a(ı)        |             |
|       | (II) related organizations · · · · · · · · ·                           |                 |                    |                |                       |   | 3a(11)       |             |
| b     | If "Yes" on 3a(ii), are the related organizations lis                  | •               |                    |                |                       |   | 3b           |             |
| 4     | Describe in Part XIII the intended uses of the org                     |                 | ndowment fund      | is             |                       |   |              |             |
| Pai   | rt VI Land, Buildings, and Equipm                                      | ent.            |                    |                |                       |   |              |             |
|       | Complete if the organization ar  | nswered "\      | es" on Forr        | n 990, Par     | t IV, line 11a S      | ee Form 990, Pa                         | rt X, line 1 | 10          |
|       | Description of property  | (a) C           | ost or other basis | (b) Cost of    | or other basis (c     | :) Accumulated                          | (d) Book va  | alue        |
|       |  | ``,             | (investment)       | 1              | (other)               | depreciation                            | • •          |             |
| 1a    | Land   |                 | <u> </u>           |                |                       |   |              |             |
|       |  |                 |                    |                |                       |   |              |             |
| b     | Buildings  |                 |                    |                |                       |   |              |             |
| C     | Leasehold improvements   | • • •           |                    |                |                       |   |              |             |
| d     | Equipment  | • • •           |                    | <u> </u>       |                       |   |              |             |
| e     | Other  |                 |                    |                |                       |   |              |             |
| Tota  | I Add lines 1a through 1e (Column (d) must equ                         | al Form 990     | Part X, column     | (B), line 10c  | )                     |   |              |             |

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| Schedule D (Form | n 590) 2017 The Citizen's A   | ssembly, Inc.        | 45-226  | 0691           | Page         |
|------------------|---|----------------------|---|----------------|--------------|
| Part VII         | Investments - Other Securities.                                       |                      |   |                |              |
|                  | <ul> <li>Complete if the organization answered</li> </ul>             | l "Yes" on Form 990, | Part IV, line 11b See Form 990,                         | Part X, line 1 | 2            |
|                  | (a) Description of security or category (including name of security)  | (b) Bock value       | (c) Method of valuation<br>Cost or end-of-year market v |                |              |
| (1) Financial    | denvatives  |                      | <del>-  </del>  |                |              |
| • •              | eld equity interests  |                      |   |                |              |
| (3) Other        |   |                      |   |                |              |
| (A)              |   |                      |   |                |              |
| (B)              |   |                      |   |                |              |
| (C)              |   |                      |   |                |              |
| (D)              |   |                      |   |                |              |
| (E)              |   |                      |   |                |              |
| (F)              |   |                      |   |                |              |
| (G)              |   |                      |   | <del>_</del>   |              |
| (H)              |   |                      |   | <del> </del>   |              |
|                  | n) must equal Form 990, Part X, col. (B) line 12.)                    |                      |   |                |              |
| Part VIII        | Investments - Program Related.  Complete if the organization answered | L"Yes" on Form 990   | Part IV line 11c. See Form 990                          | Part X line 1  | 3            |
|                  | (a) Description of investment   | (b) Book value       | (c) Method of valuation                                 | 1              | <u></u> -    |
| (1)              | <del></del>   |                      | Cost or end-of-year market v                            | alue           |              |
| (2)              |   | <del></del>          |   |                |              |
| (3)              |   |                      |   |                |              |
| (4)              |   |                      |   |                |              |
| (5)              |   |                      |   |                |              |
| (6)              |   |                      |   |                |              |
| (7)              |   |                      |   |                |              |
| (8)              |   |                      |   |                |              |
| (9)              |   |                      |   |                |              |
|                  | ) must equal Form 990 Part X, col. (B) line 13.)                      |                      |   |                |              |
| Part IX          | Other Assets.   |                      | D . IV. 14 1 0 5 000                                    | D-4V 1 4       | _            |
|                  | Complete if the organization answered                                 | res on Form 990,     | Part IV, line 11d See Form 990,                         | Part X, line 1 | <u> </u>     |
| _ <del></del>    | (a) De  | senption             |   | (b) Book value | <del>}</del> |
| (1)              |   |                      |   |                |              |
| (2)              |   | <del></del>          |   |                |              |
| (3)              |   | <del></del>          |   |                |              |
| (4)              |   |                      |   |                |              |
| (5)              |   |                      |   |                |              |
| (6)<br>(7)       |   |                      | <del></del>   |                |              |
| (8)              |   |                      |   |                |              |
| (9)              |   |                      | <del></del>   |                |              |
|                  | in (b) must equal Form 990 Part X, col (B) line 15)                   |                      |   |                |              |
| Part X           | Other Liabilities.  | ·                    |   |                |              |
|                  | Complete if the organization answered                                 | l "Yes" on Form 990, | Part IV, line 11e or 11f See Forn                       | n 990, Part X  | .,           |
|                  | line 25   |                      | <del></del>   |                |              |
| 1.               | (a) Description of liability  | (b) Book value       |   |                |              |
| <del></del>      | income taxes  |                      |   |                |              |
| (2)              |   |                      |   |                |              |
| (3)              |   |                      |   |                |              |
| (4)<br>(5)       |   |                      |   |                |              |
| (6)              |   |                      |   |                |              |
| (7)              |   |                      |   |                |              |
| (8)              |   |                      |   |                |              |
| (0)              |   |                      | <del> </del>  |                |              |

Total (Column (b) must equal Form 990 Part X, col (B) line 25)

<sup>2</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII . . . . . . . . .

|                                 | dule D (Form 990) 2017 The Citizen's Assembly, Inc.  | 45-226069  | 1 Page 4  |
|---------------------------------|--|--|-----------|
| Pa                              | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per  | er Return.                                       |           |
|                                 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   |  |           |
| 1.                              | Total revenue, gains, and other support per audited financial statements   | 1  | 7,635,228 |
| 2                               | Amounts included on line 1 but not on Form 990, Part VIII, line 12   |  | 7/555/225 |
| а                               | Net unrealized gains (losses) on investments   |  |           |
| b                               | Donated services and use of facilities   | ⊣  |           |
|                                 | Table   Tabl |  |           |
| C                               | <del>                                      </del>  |  |           |
| d                               |  | -  |           |
| е                               | Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | 2e   |           |
| 3                               | Subtract line 2e from line 1   | 3  | 7,635,228 |
| 4                               | Amounts included on Form 990, Part VIII, line 12, but not on line 1  |  |           |
| а                               | Investment expenses not included on Form 990, Part VIII, line 7b 4a  | _  |           |
| b                               | Other (Describe in Part XIII )   |  |           |
| С                               | Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·  | 4c   |           |
| 5                               | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5  | 7,635,228 |
| Pai                             | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses   |  |           |
|                                 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a   | po   | •         |
| 1                               | Total expenses and losses per audited financial statements   | 1 1  |           |
| 2                               |  | <del>                                     </del> | 8,003,232 |
|                                 | Amounts included on line 1 but not on Form 990, Part IX, line 25   |  |           |
| а                               | Donated services and use of facilities   | _  |           |
| b                               | Pnor year adjustments  | _  |           |
| С                               | Other losses   | _  |           |
| d                               | Other (Describe in Part XIII )   |  |           |
| е                               | Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·  | 2e   |           |
| 3                               | Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·   | 3  | 8,003,232 |
| 4                               | Amounts included on Form 990, Part IX, line 25, but not on line 1  |  |           |
| а                               | Investment expenses not included on Form 990, Part VIII, line 7b 4a  |  |           |
| b                               | Other (Describe in Part XIII )   |  |           |
| _                               | Add lines 4a and 4b  | 4c   |           |
| С                               |  |  |           |
|                                 |  | ·  | 0 003 333 |
| 5                               | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| 5<br>Pai                        | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |
| <b>5</b><br><b>Pal</b><br>Provi | Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)  | 5  | 8,003,232 |

Schedule D (Form 990) 2017

EEA

#### **SCHEDULE G** (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

▶ Go to www irs gov/Form990 for the latest instructions

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

| Name of the organization   |                      |                           |                 |                            | Employer ide                             | ntification number  |  |
|--|----------------------|---------------------------|-----------------|----------------------------|--|---------------------|--|
| The Citizen's Assembly, Inc.    Part I   Fundraising Activities. Complete if the organization answered "Yes" on Form 9 |                      |                           |                 |                            | 45-22                                    | 45-2260691          |  |
| Part I Fundraising Activities  | . Complete if        | _                         |                 | swered "Yes" on            | Form 990, Part IV                        | , line 17           |  |
| Form 990-EZ filers are no  |                      |                           |                 |                            |  |                     |  |
| 1 Indicate whether the organization rais   | ed funds through     |                           |                 |                            |  |                     |  |
| a 🕍 Mail solicitations   |                      |                           |                 | of non-government gra      | nts                                      |                     |  |
| b Internet and email solicitations   |                      |                           |                 | of government grants       |  |                     |  |
| c 🔲 Phone solicitations  |                      | g 🗌                       | Special fund    | fraising events            |  |                     |  |
| d 🔲 In-person solicitations  |                      |                           |                 |                            |  |                     |  |
| 2a Did the organization have a written or  | oral agreement v     | with any indivi           | idual (includii | ng officers, directors, ti | rustees,                                 |                     |  |
| or key employees listed in Form 990,   | Part VII) or entity  | in connection             | n with profes   | sional fundraising serv    | ices? 🔣 Ye                               | s 🗌 No              |  |
| b If "Yes," list the 10 highest paid individ   | luals or entities (f | undraisers) p             | ursuant to a    | greements under which      | n the fundraiser is to be                |                     |  |
| compensated at least \$5,000 by the o  | rganization          |                           |                 |                            |  |                     |  |
|  |                      |                           |                 |                            |  |                     |  |
| (i) Name and address of individual   |                      | (III) Did fundraiser have |                 | (iv) Gross receipts        | (v) Amount paid to                       | (vi) Amount paid to |  |
| or entity (fundraiser)   | (ii) Activity        | custody or control of     |                 | from activity              | (or retained by)<br>fundraiser listed in | (or retained by)    |  |
|  |                      | contrib                   | utions?         |                            | col (ı)                                  | organization        |  |
|  |                      | Yes                       | No              |                            |  |                     |  |
| 1 Chain Bridge Collective,   |                      |                           | 1 1             |                            |  |                     |  |
| 3050 Chain Bridge Ro, 22030  |                      |                           | X               | 7,626,278                  | 224,445                                  | 7,401,833           |  |
| 2  |                      |                           |                 |                            |  |                     |  |
|  |                      |                           |                 |                            |  |                     |  |
| 3  |                      |                           |                 |                            |  |                     |  |
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| 4  |                      |                           |                 |                            |  |                     |  |
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| 5  |                      |                           |                 |                            |  |                     |  |
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| 6  |                      |                           |                 |                            |  |                     |  |
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| 7  |                      | ŀ                         |                 |                            |  |                     |  |
|  |                      |                           | 1               |                            |  |                     |  |
| 8  |                      |                           |                 |                            |  |                     |  |
|  |                      |                           |                 |                            |  |                     |  |
| 9  |                      |                           |                 |                            |  |                     |  |
|  |                      |                           |                 |                            |  |                     |  |
| 10   |                      |                           |                 |                            |  |                     |  |
|  |                      |                           |                 |                            |  |                     |  |
|  |                      |                           |                 |                            |  |                     |  |
| Total  |                      |                           |                 | 7,626,278                  | 224,445                                  | 7,401,833           |  |
| 3 List all states in which the organization  | is registered or li  | censed to sol             | licit contribut | ions or has been notific   | ed it is exempt from                     |                     |  |
| registration or licensing  |                      |                           |                 |                            |  |                     |  |
|  |                      | <u></u>                   |                 |                            |  |                     |  |
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|  |                      |                           |                 |                            |  |                     |  |

| art  | Fundraising Events. Compl  |   | answered "Yes" on Fo   | orm 990, Part IV, line 18,                             |  |
|--|--|---|--|--|--|
|  | <ul> <li>than \$15,000 of fundraising e<br/>gross receipts greater than \$</li> </ul>  |   | d gross income on Fori   | m 990-EZ, lines 1 and 6b                               | List events with                               |
|  | gioss receipts greater trial 5   | (a) Event #1  | (b) Event #2   | (c) Other events                                       | (d) Total events<br>(add col (a) through       |
|  |  | (event type)  | (event type)   | (total number)   | col (c))                                       |
|  |  |   |  |  |  |
| 1  | Gross receipts   |   |  |  |  |
| ^  | Lana Cantab danas  |   |  |  |  |
| 2  | Gross income (line 1 minus   |   |  |  |  |
| Ŭ  | line 2) · · · · · · · · · · · ·  |   |  |  |  |
|  |  |   |  |  |  |
| 4  | Cash prizes  |   | ·  |  |  |
|  |  |   |  |  |  |
| 5  | Noncash prizes · · · · · ·   |   |  |  |  |
| _  | Sant/facility and a  |   |  |  |  |
| 6  | Rent/facility costs  |   |  | -  |  |
| 7  | Food and beverages   |   |  |  |  |
| •  | 1 ood and beverages  |   |  |  |  |
| 8  | Entertainment  |   |  |  |  |
|  |  |   |  |  |  |
| 9  | Other direct expenses  |   |  |  |  |
| 11   | ,  | from line 3 column (d)<br>ganization answered "   |  | rt IV, line 19, or reported                            | more   |
| 11   | Net income summary Subtract line 10  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 11   | Net income summary Subtract line 10  Gaming. Complete if the organization.   | from line 3 column (d)<br>ganization answered "   | Yes" on Form 990, Pai  |  |  |
| 11<br>t I                                  | Net income summary Subtract line 10  Gaming. Complete if the orgenteers than \$15,000 on Form 990-E  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 11   | Net income summary Subtract line 10  Gaming. Complete if the organization.   | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 11<br>1 1                                  | Net income summary Subtract line 10  Gaming. Complete if the orgenteers than \$15,000 on Form 990-E  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 11<br>1                                    | Net income summary Subtract line 10  Gaming. Complete if the orgenters than \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 11<br>1 1                                  | Net income summary Subtract line 10  Gaming. Complete if the orgenters than \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 1 2  | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 1 2  | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 1 2 3 4                                    | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | rt IV, line 19, or reported                            | (d) Total gaming (add                          |
| 11 rt l                                    | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo   | Yes" on Form 990, Pai  | (c) Other gaming                                       | (d) Total gaming (add                          |
| 1 2 3 4                                    | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  | from line 3 column (d)<br>ganization answered "<br>EZ, line 6a  | Yes" on Form 990, Par  | (c) Other gaming                                       | (d) Total gaming (add                          |
| 11 1 2 3 4 5                               | Net income summary Subtract line 10  Gaming. Complete if the orgen than \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo   | Yes" on Form 990, Pai  | (c) Other gaming                                       | (d) Total gaming (add                          |
| 11<br>1 2<br>3 4<br>5                      | Net income summary Subtract line 10  Gaming. Complete if the orgen than \$15,000 on Form 990-E  Gross revenue  | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes% No  | Yes" on Form 990, Pai  | (c) Other gaming  Yes %  No                            | (d) Total gaming (add                          |
| 11<br>1 2<br>3<br>4<br>5<br>7              | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2  | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes%  No  through 5 in column (d)  | Yes" on Form 990, Pai  | (c) Other gaming  Yes%  No                             | (d) Total gaming (add                          |
| 11 rt l 2 3 4 5 6                          | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes%  No  through 5 in column (d)  | Yes" on Form 990, Pai  | (c) Other gaming  Yes%  No                             | (d) Total gaming (add                          |
| 11 2 3 4 5 6 7 8                           | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 in Net gaming income summary Subtractions.                             | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes % No  through 5 in column (d)  | Yes" on Form 990, Pai  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No         | (c) Other gaming  Yes%  No                             | (d) Total gaming (add                          |
| 11 1 2 3 4 5 6 7 8 Ei                      | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2  | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes  | Yes" on Form 990, Pai  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No         | (c) Other gaming  Yes%  No                             | (d) Total gaming (add col (a) through col (c)) |
| 2<br>3<br>4<br>5<br>6<br>7<br>8<br>Etc. 1s | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Noncash prizes  Volunteer labor  Direct expense summary Add lines 2  Net gaming income summary Subtract the state(s) in which the organization licensed to conduct gar | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes  | Yes" on Form 990, Pai  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No         | (c) Other gaming  Yes%  No                             | (d) Total gaming (add col (a) through col (c)) |
| 11 1 2 3 4 5 6 7 8 Eis                     | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Noncash prizes  Volunteer labor  Direct expense summary Add lines 2  Net gaming income summary Subtract the state(s) in which the organization licensed to conduct gar | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes%  No  through 5 in column (d)  et line 7 from line 1, column in conducts gaming activities in each of the series of t  | Yes" on Form 990, Pai  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No         | (c) Other gaming  Yes%  No                             | (d) Total gaming (add col (a) through col (c)) |
| 11 2 3 4 5 6 7 8 Eisif                     | Net income summary Subtract line 10  Gaming. Complete if the orgethan \$15,000 on Form 990-E  Gross revenue  Cash prizes  Noncash prizes  Noncash prizes  Volunteer labor  Direct expense summary Add lines 2  Net gaming income summary Subtract the state(s) in which the organization licensed to conduct gar | from line 3 column (d) ganization answered " EZ, line 6a  (a) Bingo  Yes %  No  through 5 in column (d)  et line 7 from line 1, column a conducts gaming activities in each of the second column and conducts in each of the second column and conducts gaming activities in each of the second column and conducts gaming activities in each of the second column and conducts gaming activities in each of the second column and column activities in each of the second column and column activities in each of the second column and column activities in each of the second  Yes" on Form 990, Pai  (b) Pull tabs/instant bingo/progressive bingo  Yes % No  nn (d) | t IV, line 19, or reported  (c) Other gaming  Yes % No | (d) Total gaming (add col (a) through col (c)) |

## SCHEDULE O

Department of the Treasury

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

### 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

Open to Public

Inspection
Employer identification number

| The Citizen's Assembly, Inc.                                      | 45-2260691                |
|---|---------------------------|
| 01. Committee meeting documentation (Part VI, line 8b)            |                           |
| The Citizen's Assembly, Inc. does not have any committee.         |                           |
| 02. Form 990 governing body review (Part VI, line 11)             |                           |
| The President reviews the Form 990 and approves for filing.       |                           |
| 03. Conflict of interest policy compliance (Part VI, line 12c)    |                           |
| Every Director, Officer and other Employees are required to discl | ose if any conflict of    |
| interest exists   |                           |
| 04. CEO, executive director, top management comp (Part VI, line   | 15a)                      |
| The Board approves the compensation.                              |                           |
| 05 Other officer or key employee compensation (Part VI, line 1    | 5b                        |
| The Board approves the compensation.                              |                           |
| 06. Governing documents, etc, available to public (Part VI, line  | e 19)                     |
| The documents are avilable upon request.                          |                           |
| 07. General explanation attachment                                |                           |
| Form 990 Part I Line 1 & Part III Line 1                          | ·                         |
| To educate the general public about, and defend, the right, respo | ensibility and duty to    |
| Detition the government for redress of grievances, as set forth i | n the First Amendement to |
| the United States Constitution; specifically, to help empower the | Pmerican public through   |

| Schedule O (Form 990 or 990-EZ) (2017)                                       | Page 2                         |
|--|--------------------------------|
| Name of the organization   | Employer identification number |
| The Citizen's Assembly, Inc.   | 45-2260691                     |
| a multi-media, interactive educational program designed to enable the public | to reach out                   |
| to its elected and appointed officials, air their concerns, and advocate the | eir positions.                 |
|  |                                |
| Form 990 - Part III Line 4a  |                                |
|  |                                |
| As part of their Direct Mail Campaign, in 2017 The Citizens' Assembly, Inc.  | sent out the                   |
| following number of educational letters and correspondence to concerned citi | zens across                    |
| America under these specific campaigns:                                      |                                |
| The National Somereighty Center 30,314                                       |                                |
| Safe Borders Coalition 31,869  |                                |
| Senior Securit, Alliance 2,233,784   |                                |
| The Seniors Trust 9,047,941  |                                |
| U.S. Freedom Fund 43,151   |                                |
| Total: 11,337,059  |                                |
| The Citizens' Assembly, Inc. also collected the following number of petition | ns for delivery                |
| to Washington, DC for these specific campaigns.                              |                                |
| The National Sovereighty Center 1,765  |                                |
| Safe Borders Coalition 3,176   |                                |
| Senior Security Alliance214,932  |                                |
| The Seniors Trust 806,136  |                                |
| J.S. Freedom Fund 4,986  |                                |
| Total· 1,030,995   |                                |
|  |                                |
|  |                                |

| Name of the organization   |                    | Employer identification number |
|--|--------------------|--------------------------------|
| The Citizen's Assembly, Inc.   |                    | 45-2260691                     |
| ·  |                    |                                |
| Form 990 - Part VI, Section C, Line 17 / Schedule G - Part I, Lin  | ne 3               |                                |
|  |                    |                                |
|  |                    |                                |
| Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connect  | cicut, Distr       | ict of                         |
|  |                    |                                |
| Columbia, Florida, Georgia, Hawaii, Illinois, Yansas, Fentucki, N  | Mar,l              | and,                           |
| Massachusetts, Minnesota, Mississippi, Missouri, New Hampshire, N  | lew Jerse/,        | New Mexico,                    |
|  |                    |                                |
| <u>New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, E</u>   | <u>ennsylvania</u> | , P.hode                       |
| Island, South Carolina, Tennessee, Utah, Virginia, Washington, We  | or Virginia        | Wicconcin                      |
| 1914 - 19 | st virgimia        | , Wisconsin                    |
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