CIT	ICOM				
ł		•	Short Form		OMB No 1545-1150
For	m 99	0-EZ	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)		2009
Dep	artment o	of the Treasury nue Service	 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements 		Open to Public Inspection
A			rear, or tax year beginning, and ending		<u> </u>
в		applicable Plea		Employe	r identification number
	Address	change use			
	Name ch	nange labe	THE CITER COMMITTERS IN T	62-1	667628
	Initial ret			Telepho	ne number
	Termina	tion Spe		615-	341-0068
	Amende		ruc- City or town, state or country, and ZIP + 4	Group E	Exemption
_		on pending tion		Number	
	Sec			thod X	Cash Accrual
			TENNESSEEPRATERBREAKFAST. COM H Check Frequired to atta	if the org ch Schedu	anization is not le B (Form 990,
<u>1</u>		~ & `			
n					ulali \$25,000. A
				 ▶ \$	39,520
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	1			1	25,000
	2	Program service	revenue including government fees and contracts	2	
	3	Membership due	es and assessments	3	<u>_</u>
	4	Investment incoi	me	4	· · · · · · · · · · · · · · · · · · ·
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eve:	a				
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	c	•		6c	-21,181
	7a	-			
		Less cost of goo	ods sold 7b		
	l c	Gross profit or (I		7c	
ò		•		8	1,340
ب	9			9	5,159
Ш	10			10	
	11	•		11	2,750
Ц 28	13		s and other navments to independent contractors	<u>12</u> 13	2,150
Z	14		utilities and maintenance	14	
¶ ¶	15		tions, postage, and shipping	15	·
Ō	16	Other expenses		16	5,976
	17	Total expenses		17	8,726
ú	18	Excess or (defic	it) for the year (Subtract line 17 from line 9) OGDEN UT	18	-3,567
sets	19		nd balances at beginning of year (from line 27, column (A)) (must agree with		10 004
t As		· •		19	13,234
Ne	20	-		20	0 667
-				21	9,667
	<u>a(LII</u>	Daidfille		1 330-EZ	(B) End of year
22	Cash. s	savings, and invest		22	9,667
		-		23	-,
			▶)	24	
		•	13,234	25	9,667
			e ▶)0	26	0
				27	9,667
Fo	r Privac	y Act and Paperv	work Reduction Act Notice, see the separate instructions.	\bigcirc	Form 990-EZ (2009)
0.4	a completed Schedule A (Form 980 or 990-E2). Other (specch) Webste: WWW.TENNESSEEPRAYERBREAKPAST.COM H Creeck I Tax-exempt status (beck only ways) X, Sol (1) (1, 3), (1) (insert, no). 4947(a)(1) or. 527 C Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts. if Sol000 or more, file Form 990 inset of file a complete or Addities 5b, 6b, and 7b, loine B ol determin gross receipts. if Sol000 or more, file Form 990 inset of file a complete or Addities 5b, 6b, and 7b, loine B ol determing ango overment fees and contracts Membership dues and assessments Investment income 1 Contributions, gifts, grants, and samilar amounts received Sa Sa 2 Program service revenue including government fees and contracts Sa 3 Membership dues and assessments Investment income 5a Cross amount from sale of assets other than inventory Sa 5b Less cost or other basis and sales expenses Sb c Gans revenue (not including \$		~ *		

CITICOM						
Form 990-EZ (2009) THE C	ITIZENS COMMITTEE	62	-1667628			Page 2
	rogram Service Accomplishment	the second se)	Exr	Denses
What is the organization's primary ex					•	for section
SEE STATEMENT 3				5	01(c)(3) a	nd 501(c)(4)
	ing out the organization's exempt purposes.	In a clear and concise		0	rganizatio	ins and section
	led, the number of persons benefited, or othe			4	947(a)(1)	trusts; optional
each program title					or others)	
28		······································			T	
				ł		
(Grants \$) If this amount includes foreign grants	s. check here	► Ī	_; 28a		
29					1	
(Grants \$) If this amount includes foreign grants	s. check here	▶ :	' 29a		
30			·		1	
(Grants \$) If this amount includes foreign grants	s, check here		- 30a	.)	
31 Other program services (attach					1	
(Grants \$) If this amount includes foreign grant			- 31a		8,726
32 Total program service expens				▶ 32		8,726
	rectors, Trustees, and Key Employees. Lu	st each one even if not co	mnensated (See th			
		(b) Title and average	(c) Compensation	(d) Contr	ibutions to	(e) Expense
(a)	Name and address	hours per week devated to position	(If not paid, enter -0)	employee be deferred cor		account and other allowances.
HOWARD GENTRY	NASHVILLE	PRESIDENT	enter -0)	deletted out	npensauun	_diler allowances.
	TN 37234	3.00	0		0	
127 NINTH AVENUE NORTH CONNIE SPURLIN	NASHVILLE	SECRETARY				<u> </u>
			0.750			
127 NINTH AVENUE NORTH THOMAS R. BOYD	TN 37234 NASHVILLE	6.00	2,750		0	0
		TREASURER				
127 NINTH AVENUE NORTH	TN 37234	1.00	0		0	C
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form 950 E2 (200) THE CITIZENS COMMITTEE 62-1657528 Page3 Part V Other Information (Note the statement requirements in the instructions for Part V.) Yes Not 30 Dot the organization angage in any activity not previously reported to the IRS7 II "Yes," attach a detailed description of each activity. Yes Not 31 Det the organization again any activity not previously reported to the IRS7 II "Yes," attach a detailed description for thoses activities, such as brain expertion of an income a Form 90-T Det the organization har nome form 90-T Det the organization inform 90-T Det the organization index port you har requirements? Ja X 32 Det the organization index port you har requirements? Ja X Ja X 33 Det the organization index port you hard bart of Schedule N Ja Ja X 33 Det the organization index port you hard bart of Schedule N Ja Ja X 34 Exist and the detail details parts of Schedule N Ja Ja Ja 35 IX Ja Ja Ja Ja Ja 36 Details organization in Form 112-POL to the year? Ja Ja Ja Ja	CHIC	юм				
3 Det the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 X 34 Were any changes mide to the organization of governing documents? If "Yes," attach a detailed description of each activity. 33 X 35 If an organization and income from busiess activities, such as busie reported on lines 2, 6b, and 7a (among others), but not reported or form 500, Tighta) a statement explaining why the digenization did a origin offs 01, but not reported or form 500, Tighta) a statement explaining why the digenization did a origin offs 01, but not provide a governing the generation of the system? 35a X 35a X 35a X 35a X 35b 35a X 35a X 35b 35a X 35a X 35b 35b 35b 35a X 35a X 35b Dott the organization fore Work points requirements? 35a X 35b Dott the organization fore Work on or male any back activities to any officer, circler, trustee, or key employee or wree any such loans made an a prior year and still outstanding at the end of the prior discreted by this return? 35a X 35c Dott the organization fore Work on a provide still anotation engage in any section 4936 excess benefit 35a X 35c Section 501(c)(3) anganizations. Enter amount of fax misped in an excess fax m	_				F	age 3
33 Det be organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 X 44 Were say changes made to the organization of governing documents? If "Yes," attached a conformed copy of the changes 34 X 35 Det be organization have included business group of the changes 34 X 36 Det be organization have included business group of the changes 35 X 37 Ent be organization have included business group of the changes 35 X 38 Det be organization network include business group of the changes 35 X 39 Det be organization have included business group of the changes 36 X 39 Det be organization change and include business group of the change 36 X 39 Det be organization for form 1120-POL for this year? 37 X 38 X 39 Det be organization the organization for or markes to a discolution in the stat > 38 X 39 Det discognization for or marke any kanking at the odi of the period covered by this return? 37b X 30 Det discognization the organization the index and period to the organization during the yeat undex setion 4512	_ <u>Pa</u>	rt V Other Information (Note the statement requirements in the instructions for	<u>Part V.)</u>			
description of each activity 33 X Were any changes made to the organizing or governing documents? If Yes," attached a conformad copy of the changes 34 X 11 Were any changes made to the organizing or governing documents? If Yes," attached a conformad copy of the changes 34 X 25 If the organization har more from 1000055 activities, such as those exported on time 2, Es, and 7a (among dines), but not reported on form 590, T, attach is attained texplaning why the organization did not report the income on Form 590. T 35a X 36 Dot the organization undergo any copy tax requirements? 35a X 37b Dot the organization undergo any contrast explaning why the organization of res 1000 are requirements? 35a X 37b Ener anomalic explaning, and provide a phyclanethies? 37a 36b 37a 37b Dot the organization form 50m, or marke any form site, any 0ffer, director, fusiced, rustee, or key employee or wree any such foans made in a pror year and still outstanding at the dire of of the period covered by this return? 37b X 37b Gross recepts, included on time 9, for public use of club footies 38b 38b 38b 37c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year or some form 502 / model 38b 38b 37c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax mosed on any of the organization duri	, ,,	Bud the exception encode in any activity not previously reported to the IRS2 if "Vec." attach a detailed		[Yes	
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a corm \$90,7, attach a statement explaining why the organization during report the mome on Form \$90.1 355. b the organization have unmelate business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 356. b the organization indergo a loquidation, discussion of \$1,000 or more or was it subject to section 6033(e) notices, reporting, and proxy tax requirements? 356. b the organization indergo a loquidation, discussion the mission or significant disposition of net assets during the year? 376. c Did the organization of the form 1120-POL for this year? 378. 320. Did the organization indergo and sull outstanding at the end of the period covered by this return? 378. b the first complete Schedule L, Part I and enter the total amount movied 389. 38. 321. Section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year under section 491.		the changes		34		<u>x</u>
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375 Enteranount of polical expenditures, direct or indirect, as described in the instr ↓ 37a 37b X 38 Did the organization for rorm 1120-POL for this year? 37b X 37b X 39 Did the organization for rorm 1120-POL for this year? 37b X 37b X 39 Did the organization form rorm, or mak any local so, any officer, director, trustee, or key employee or were any such leans made in a pror year and still outstanding at the end of the period covered by this return? 38b X 39 Section 501(c)(2) organizations. Enter 38b 39b 39b <td>36</td> <td>-</td> <td></td> <td>1 20</td> <td></td> <td>v</td>	36	-		1 20		v
b Dot the organization file Form 1120-POL for this year? 37b X 38a Dot the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such hoars made in a prory year and stall outstanding at the end of the period covered by this return? 37b X 38a Dot the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such hoars made in a prory year and the the total amount wolved 38b 38b X 39a Section 501(c(3) organizations. Enter amount of tax imposed on the organization during the year under section 4912 ▶			7-	30		^
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40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4311 ▶			·	-1	}	
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transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction has not been reported on any of the organization's pror Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T Section 79 (FYes," complete Form 886-T Section 4947(b)(1) nonexempt charitable trusts filing Form 990-EZ in tieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(b)(1) nonexempt charitable trusts filing Form 990-EZ in tieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Section 4947(b)(1) nonexempt charitable trusts filing Form 990 must be completed instead of Form 990-EZ in the organization within the meaning of section 512(b)(13)? If		section 4911 , section 4912 , section 4955		.		
person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 290-E27 If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed > <u>NONE</u> 42a The organization's books are in care of > LYNN MORROW 901 18TH AVENUE SOUTH Located at > NASHVILLE, TN Located at > NASHVILLE, TN See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. account)? If "Yes," enter the name of the foreign country: > Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 45 44 45	b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess being the organization of	nefit			
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	••			44	{	x
"Yes," Form 990 must be completed instead of Form 990-EZ 45 X	45		lf	<u> </u>	1	<u> </u>
		"Yes," Form 990 must be completed instead of Form 990-EZ		45		X

Form 990-EZ (2009)

CITICON	M						
Form 99	90-EZ (2009) THE CITIZENS COMMITTEE		62	-1667628			Page 4
Part							
•	501(c)(3) organizations and section 4947(a)(1) non	exemp	t charitable	e trusts must a	nswer questior	ns 46-49b)
	and complete the tables for lines 50 and 51.					Yes	
	bid the organization engage in direct or indirect political campaign activities or andidates for public office? If "Yes," complete Schedule C, Part I	n benair (or or in oppos			46	<u>No</u> X
	bid the organization engage in lobbying activities? If "Yes," complete Schedul	e C. Part	: 11			47	x
	s the organization operating a school as described in section 170(b)(1)(A)(II)			hedule E		48	X
	of the organization make any transfers to an exempt non-charitable related of		-			49a	X
b if	"Yes," was the related organization a section 527 organization?					49b	
	Complete this table for the organization's five highest compensated employee						
e	mployees) who each received more than \$100,000 of compensation from the		tation If there Title and average	(c) Compensation	ne." (d) Contributions to	(e) Expe	
	(a) Name and address of each employee paid more than \$100,000) î h	ours per week	(c) compensation	employee benefit plans &	account	and
NONE			rated to position		deferred compensation	other allow	ances
NONE							
			<u> </u>				
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f T	Total number of other employees paid over \$100,000		•		····		
\$ 	(a) Name and address of each independent contractor paid more than \$100,000	ə."	(b)	Type of service	(c) (Compensation	
NONE	2						
		···					
							<u> </u>
<u> </u>							<u> </u>
	Total number of other independent contractors each receiving over \$100,000		L				
u i	otal number of other independent contractors each receiving over \$100,000						<u>.</u>
	Under penalties of perjury, I declare that I have examined this return, including	g accomp	anying schedule	s and statements, and	d to the best of my kno	wiedge	
.	and belief, it is true, correct, and complete Declaration of preparer (other than	n officer) is	s based on all in	formation of which pre	eparer has any knowle	dge	
Sign	Momar K. Begel Vneas	may	The City	ms 11/1	010		
Here	Signature okoficer Road Reaching	T	1 (1)	Me ate	thee		
	Type or print name and title	, [/	u Unise	ws comm	6 Nec		
		•	Date	Check If	Preparer's Iden	Itifying Number (See instr)
Paid	Preparer's signature		plal	/ D Self-	P0008	0291	
Prepa		IP. P		employed		5-049	1842
Use C		-			Phone		4
	address, and ZIP + 4 BRENTWOOD, TN 37027					5-373-3	3771
May the	e IRS discuss this return with the preparer shown above? See instructions				>	Yes	: No
					Fo	orm 990-E	Z (2009)

SCHED	•	Puł	olic Charity Status	and	Puhli	c Su	pno	rt		OMB No	1545-00)47_
(Form 99(、	0 or 990-EZ)		te if the organization is a secti 4947(a)(1) nonexem	on 501(c)(3) organi	zation o				20	09)
	t of the Treasury	► At	tach to Form 990 or Form 990-	•			ructions	5 .			to Pub ection	
	venue Service he organization	THE CITIZENS							oyer ident - 1667	ification num		
Part I	Reas		Status (All organizations	mustic	omplete	this p	art.) S				<u> </u>	
			e it is (For lines 1 through 11, chi			<u> </u>						
1	A church, con	vention of churches, or ass	ociation of churches described in	section 1	70(b)(1)(/	A)(i).						
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	A hospital or a	a cooperative hospital servic	e organization described in sect	ion 170(b)	(1)(A)(iii)	•						
4	A medical res	-	l in conjunction with a hospital de	escribed in	section 1	170(b)(1))(A)(iii).	Enter th	ie hospita	al's name,		
5	•	on operated for the benefit o (1)(A)(Iv). (Complete Part	if a college or university owned o II)	r operated	by a gove	ernmenta	al unit de	scribed	in			
6	A federal, sta	e, or local government or g	overnmental unit described in se	ction 170(b)(1)(A)(v	/).						
7	An organizati	on that normally receives a	substantial part of its support fror	n a govern	mental ur	ut or fror	n the ge	neral pu	blic			
		ection 170(b)(1)(A)(vi). (C										
8	•		70(b)(1)(A)(vi). (Complete Part I	•		_						
9 X	-) more than 33 1/3 % of its supp				-					
	-		<pre>ipt functions—subject to certain e id unrelated business taxable inc</pre>	-					r its			
	••		0, 1975 See section 509(a)(2).	•		r tax) ii	om busi	nesses				
10		-	exclusively to test for public safet	• •		a)(4)						
11	-		exclusively for the benefit of, to p	•			carry ou	it the				
	-		ed organizations described in ser						tion			
			he type of supporting organizatio									
	а Туре	I b Type II	c	ally integra	ited	d	Тур	e III–Ot	her			
е	By checking t	his box, I certify that the org	anization is not controlled directly	y or indirec	tly by one	or more	e disqual	ified				
	persons other	than foundation managers	and other than one or more publ	cly suppor	ted organ	zations	describe	ed in sei	ction			
		ection 509(a)(2).										
f			rmination from the IRS that it is a	a Type I, Ty	/pe II, or `	Type III s	supportir	g				
	•	check this box			e							
g	-	-	tion accepted any gift or contribu-	tion from a	ny of the							
	following per		atrola, athar alana ar tagathar u			(بر) مراجع						<u> </u>
	•••••		ontrols, either alone or together w f the supported organization?	liin person:	s describe	ea in (ii)				44.00	Yes	No
		member of a person describ								11g(i) 11g(ii)		
	• • •		lescribed in (i) or (ii) above?							11g(ill)		<u> </u>
h	• •		ne supported organization(s).								<u> </u>	
(I) Name	e of supported	(ii) EIN	(iii) Type of organization	1	organization		ou notify		is the	(viı) Am		
org	anization		(described on lines 1–9 above or IRC section	1 1	sted in your document?		nization in of your		tion in col ized in the	supp	troc	
			(see Instructions))	governing	1		port?	U	<u>5</u> ?			
				Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	M						
Scheo	Jule A (Form 990 or 990-EZ) 2009 THE	CITIZENS	COMMITTE	E	62	-1667628	Page 2
						the second s	
Sect	ion A. Public Support						
_	uide A (Form 990 or 990-EZ) 2003 THE CITIZENS COMMITTEE 62-1667628 Page 2 11 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) on A. Public Support ont A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total and rear (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Tar revenues leved for the organizator's parefil and either pad to or expended on its behall is behall intervenues leved for the organizator's parefil and either pad to or expended on its behall is behall intervenues levend for the organizator's parefil and either pad to or expended on its behall is behall intervenues levend for the organizator's parefil and either pad to respended on its behall is behall intervenues levend for the organizator's parefil and either pad to constructions the organizaton's parefil and either pad to constructions the organizaton's parefil and either pad to consect 3% of the amount store the pad to consect 3% of the amount store the pad to consect 3% of the amount store the pad to consect 3% of the amount store the pad to consect 3% of the amount store the pad to consect 3% of the amount store the pad to consect 3% of the amount store the pad to consect 4% of the amount store the pad to consect 4% of the amount store the pad to consect 4% of the amount store the pad to consect 4% of the amount s						
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	L	L	L	<u> </u>		
		<u></u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11		L		L	l	┸━━━┲━━╃╴	
12							
13	-	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
<u> </u>				· · ·			· · ·
		<u> </u>				<u> </u>	
14 4 5			•	(†))			
15					400.00		%
16a				3, and line 14 is 33	1/3 % or more, ch	eck this dox	-
				40 11 45	00.4/0.0/		₽.1
b					is 33 1/3 % or mor	e, check this	
47-			-				P
17a							
						v now the	
h					-	no 15 in 10% or	
b		-					
							► (¹¹)
18	-				•	netructions	

Schedule A (Form 990 or 990-EZ) 2009

CHIC	СОМ							
•	•		TTTTTTTT	COMMITTE	7	62	1667628	Dece 2
_	dule A (Form 990 or 990-EZ) 2 art III Support Sched					02-	100/020	Page 3
•		y if you checked						
	tion A. Public Support							
Ca	lendar year (or fiscal year begin	nning in) 🕨 📃	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	ot include		l				
	any "unusual grants ")		9,500	25,000	21,000	26,500	25,000	107,000
2	Gross receipts from admissions, n sold or services performed, or faci furnished in any activity that is rela organization's tax-exempt purpose	ilities ated to the	16,180	29,390	12,120	19,145	13,180	90,015
3	Gross receipts from activities that unrelated trade or business under							
4	Tax revenues levied for the organi benefit and either paid to or expen its behalf	ization's nded on						
5	The value of services or facili furnished by a governmental organization without charge							
6	Total. Add lines 1 through 5		25,680	54,390	33,120	45,645	38,180	197,015
7a	Amounts included on lines 1, received from disqualified per		4,500					4,500
b	Amounts included on lines 2 and 3							
	from other than disqualified perso exceed the greater of \$5,000 or 1							
	amount on line 13 for the year	/8 01 1148						
с	Add lines 7a and 7b		4,500					4,500
8	Public support (Subtract line line 6)	e 7c from						192,515
	tion B. Total Support							
	llendar year (or fiscal year begin	nning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, c		25,680	54,390	33,120	45,645	38,180	197,015
TUa	payments received on securit rents, royalties and income fro sources	ties loans,						
b	Unrelated business taxable in section 511 taxes) from busin acquired after June 30, 1975	nesses						
	Add lines 10a and 10b							
11	Net income from unrelated bu activities not included in line 1 whether or not the business is carried on	10Б,					0	
12	Other income Do not include loss from the sale of capital a (Explain in Part IV)	· ·				360	1,340	1,700
13	Total support. (Add lines 9,	10c, 11,						
44	and 12)		25,680	54,390	33,120	46,005	39,520	198,715
14	First five years. If the Form 9 organization, check this box a	•	zation 5 first, s	econa, mira, iourin	, or mun tax year as	a section 501(c)(3)	▶ 5.
Sec	tion C. Computation of		t Percentag	je	·····			
15	Public support percentage for	r 2009 (line 8, colum	n (f) divided by	/ line 13, column (f))		15	96.88 %
<u>16</u>	Public support percentage fro						16	97.27 %
_	tion D. Computation of							
17 18	Investment income percentag Investment income percentag				iumn (f))		17	<u>%</u> %
19a	33 1/3 % support tests—200	09. If the organization	on did not chec	k the box on line 14			and line	<u>⁄₀</u> ► X
b	17 is not more than 33 1/3 %, 33 1/3 % support tests—200			-				₽ (A .)
	line 18 is not more than 33 1/3						nization	
<u>20</u>	Private foundation. If the org	ganization did not cl	neck a box on l	ine 14, 19a, or 19b	, check this box an	d see instructions	<u> </u>	<u> </u>

DAA

Schedule A (F	orm 990 or 990-EZ) 2009_	THE	CITIZENS	COMMITTEE	62-1667628	Page 4
Part IV	Supplemental Info	rmation	. Complete thi	s part to provide	the explanations required by Part II, line 10;	
•	Part II, line 17a or	17b; and	d Part III, line	12. Provide any o	other additional information. See instructions.	

\$

PART III, LINE 12 - OTHER INCOME DETAIL

MISCELLANEOUS

1,700

CITICOM

			Special Event	s Schedule			
Form 9	90						2009
		For calendar year 2009, or ta	ax year beginning	, and	ending		
Name						Employer Id	entification Number
THE CIT	TIZENS	COMMITTEE				62-166	7628
		(A)	(B)	(C)	Others		Total
Gross receipts	5	13,180	0	0		0	13,180
Less contrib	outions	0	0	0	<u></u>	0	0
Gross revenue		13,180	0	0	·····	0	13,180
Less direct		34,361	0	0		0	34,361
Net income (le	oss)	-21,181	0	0		0	-21,181
Description.	(A)	PRAYER BREAKI	FAST				
	(8)	<u> </u>					
	(C)						
	Others						
	Oners						
			<u>. </u>	`			
		- <u></u>		<u> </u>			
		<u></u>					
		<u> </u>					
		<u> </u>					
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			<u> </u>				

CITIÇOM THE CITIZENS COMMITTEE 62-1667628 Federal Statements FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	 Amount
MISCELLANEOUS RECEIPTS	\$ 1,340
TOTAL	\$ 1,340

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

Description	Amount
EXPENSES	\$
POSTAGE & BOX RENTAL	70
TELEPHONE	184
BANK CHARGES	61
INVITATIONS	1,620
DIRECT MAIL SERVICES	130
POSTAGE FOR INVITATIONS	720
PRINTING	1,721
MISCELLANEOUS	1,470
TOTAL	\$5,976

Statement 3 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

THE CITIZENS COMMITTEE IS A PUBLIC CHARITY ESTABLISHED FOR RELIGIOUS PURPOSES WHOSE ONLY EVENT IS THE ANNUAL TENNESSEE PRAYER BREAKFAST. THE PURPOSE OF THIS GATHERING IS TO ENCOURAGE AND SUPPORT THE GOVERNOR, GENERAL ASSEMBLY, THE JUDICIARY OF TENNESSEE AND OTHER STATE LEADERS THROUGH PRAYER. PARTICIPANTS TYPICALLY INCLUDE THE GOVERNOR, STATE AND FEDERAL REPRESENTATIVES, MAYORS, CITY COUNCIL MEMBERS AND MANY OTHER ELECTED OFFICIALS AS WELL AS TOP BUSINESS LEADERS AND EVERYDAY CITIZENS.

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

SEE STATEMENT 3

		2005	\$ 4,500 \$ 4,500					
		2006	۵ ۵					
	ualified Persons	2007	0					
Federal Statements	upport from Disq	2008	ν'ν"					
Federal S	Schedule A, Part III, Line 7a - Support from Disqualified Persons	2009	х х О О					
CITICOM THE CITIZENS COMMITTEE 62-1667628 FYE: 12/31/2009	Schedule	Donor Name	TOTAL					

CITICOM THE CITIZENS COMMITTEE 62-1667628 Federal Statements FYE: 12/31/2009

Special Events Direct Expenses

Description	Amount
COLUMN A PRAYER BREAKFAST	\$
DIRECT EXPENSES-FUNDRAISI	34,361
SUBTOTAL	34,361
TOTAL	34,361
DIDECT EVDENCES OTHER THAN FUNDAICING EVDENCES	

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990-EZ, PAGE 1, LINE 6B.