105 1 6010

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

20**09**

Open to Public Inspection

2009, and ending For the 2009 calendar year, or tax year beginning 20 C Name of organization Citizens for Employer identification number Area s Please B Check if applicable Doing Business As : 1682685 Same Address change label or Number and street (or P O box if mail is not delivered to street address) Telephone number print or Room/suite ■ Name change (20b) ZI initial return City or town, state or country, and ZIP + 4 ☐ Terminated Instruc-Gross receipts \$ Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes Deva Samuels H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status **5**01(c) ()**∢** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ alactog. Ora H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other L Year of formation. M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: Mauntinums + educa Governance 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) O 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 1000 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) . 12.00 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - COMPANY Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). **a** Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 000 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). Revenue less expenses Subtract line 18 from line 12 28 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) Ø Total liabilities (Part X, line 26) Net assets or fund balances . Subtract line 21 from line Part II Signature Block 6 that I have examined tale naturn, neluting accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge Under penalties of perjury, I decla complete. Declaration of preparer Sign Signature of office Here Date Type or print name and title Date Check if Preparer's identifying number Preparer's selfsignature employed ▶ 🔲 Paid Preparer's Firm's name (or yours ΕIN ▶ Use Only if self-employed). address, and ZIP + 4 Phone no. 🕨 (May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🔲