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Form	J	J	U

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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 information.

OMB No. 1545-0047 20 2 Open to Public Inspection

Department of the Treasury Internal Revenue Service				
A For the 2020 cale				
в	Check if	<b>C</b> Name		

Α	For the	e 2020 calendar year, or tax year beginning and en	ding				
В	Check if applicabl	C Name of organization D Employer identification number					
Г	Addre chang	CITIZENS FOR SELF-GOVERNANCE					
	Name Chang		TION	27-16572	03		
	nitial	Number and street (or P.0. box if mail is not delivered to street address) Ro	om/suite	E Telephone number			
	Final return		540-441-				
	termin	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,894,565.		
	Amen	ded HOUSTON, TX 77057		H(a) Is this a group re			
	Applic tion	F Name and address of principal officer:MARK MECKLER		for subordinates			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
_		empt status: 🚺 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1) or [	527	lf "No," attach a	list. See instructions		
		te: WWW.SELFGOVERN.COM		H(c) Group exemption			
		organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year of	of formation: 2010 M	State of legal domicile: ${f T}{f X}$		
P	art I	Summary		000000000000			
e	1	Briefly describe the organization's mission or most significant activities: TO PRC EDUCATION, AND TRAINING ON MATTERS RELATED		COMMUNICAT.	LON,		
Governance							
veri		Check this box <b>b</b> if the organization discontinued its operations or disposed		1 1	sets. 3		
ĝ		Number of voting members of the governing body (Part VI, line 1a)			2		
Activities &		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0		
itie		Total number of volunteers (estimate if necessary)			145000		
cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
A		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		. ,		Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		961,914.	1,622,566.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
Seve 3	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,244.	104,351.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		140,665.	167,648.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,130,823.	1,894,565.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		399,530.	731,300.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		702,733.	684,357. 0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	;	0.	0.		
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) <b>133,053</b>		1,684,047.	943,097.		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,786,310.	2,358,754.		
		Revenue less expenses. Subtract line 18 from line 12		-1,655,487.	-464,189.		
Jor vo			Be	ginning of Current Year	End of Year		
lanc	20	Total assets (Part X, line 16)		2,313,780.	1,895,138.		
Ass	21	Total liabilities (Part X, line 26)		270,354.	315,901.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,043,426.	1,579,237.		
P	art II	Signature Block					
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	nd stateme	ents, and to the best of my	knowledge and belief, it is		
true	e, correc	st, and complete. Deglaration of propager (other than officer) is based on all information of which	n preparer	has any knowledge.			
		Murk Mackler		11/3/2021			
Sig	jn	Signature of officer		Date			
He	re	MARK MÉCKLER, CEO					
		Type or print name and title	1.	ate Check	PTIN		
Pai	Ч	Print/Type preparer's name DENNIS K. WEISS, CPA Dennis K. Weiss, C	-	ONOON			
ומי	<b>u</b>		~ ^ I II	V / CI / / CI LI celf-omniovo	" <b>FATAAAT</b>		

	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid		Preparer's signature Dennis K. Weiss, CPA	L0/27/21 <sup>if</sup> self-employed P01330013		
-		T & ASSOCIATES, PLLC	Firm's EIN 🕨 30-0022324		
Use Only	Firm's address 💊 4660 N. BRETON C	OURT, SUITE 102			
	KENTWOOD, MI 495	08	Phone no.616-871-1233		
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🛄 No					
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2020)				

	990 (2020) CITIZENS FOR SELF-GOVERNANCE	27-1657203 Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE COMMUNICATION, EDUCATION, AND TRAINING ON	MATTERS RELATED
	TO SELF-GOVERNANCE.	
2	Did the organization undertake any significant program services during the year which were not listed on t	37
	prior Form 990 or 990-EZ? 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 serv	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and
40	revenue, if any, for each program service reported. (code: ) (Expenses \$ 1,773,772. including grants of \$ 731,300.)	
4a	(Code: )(Expenses 1, 7/3, 7/2 including grants of 2, 731, 300 ) COMMUNICATION, EDUCATION AND TRAINING RELATED TO SELF	(Revenue \$)
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ► 1,773,772.	)
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Form 990 (	2020)	CITIZ	ZENS	FOR
Part IV	Checklist	t of Required	Scheo	lules

CITIZENS FOR SELF-GOVERNANCE

			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?	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) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	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		х
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 donor-restricted endowments			
	or in 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, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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		Х
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		X
d	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
u	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		x
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	1-15		<u> </u>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	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 Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	
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Form 990 (	2020)	)) CITIZENS FOR SELF-GOV	ERNANCE
Part IV	Che	ecklist of Required Schedules (continued)	

CITIZENS FOR SELF-GOVERNANCE

1 41	Checkinst of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Tes	X
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 employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	x	
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? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			x
h	Schedule K. If "No," go to line 25a	24a 24b		_ A
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b	x	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	200		
-	"Yes," complete Schedule L, Part IV	28c		х
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
87	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
8	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	x	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12		res	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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Part V

			Yes	No	
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 2a 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X	
4a	A 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)?				
b	b If "Yes," enter the name of the foreign country ►				
<b>-</b>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>F</b> -		х	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u></u>	
C 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	90			
Ua	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	Ua			
5	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	0.5			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х	
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		х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х	
f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a				
U	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	u			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	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				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

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Form 990	(2020)
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#### CITIZENS FOR SELF-GOVERNANCE

Check if Schedule O contains a response or note to any line in this Part VI

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management			<u> </u>
		- -	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	의		
	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 on Schedule O.	2		
b		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	x	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	- 23	<u> </u>
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
- 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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r	——
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	x	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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		
b	Other officers or key employees of the organization	15b	Х	
	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 with a			v
	taxable entity during the year?	16a		X
a	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?	16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, CO, CT, GA, HI, KS, KY, L	A,MD	,MI	, MN
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))			
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	Ind fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CLIFTON LARSON ALLEN LLP - 317-574-9100			
	9365 COUNSELORS ROW STE 200, INDIANAPOLIS, IN 46240		000	(0.5.5.5.)
032006	SEE SCHEDULE O FOR FULL LIST OF STATES	Forn	1 <b>990</b>	(2020)

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key E	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key 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.

т

• 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an		recio	n/trus	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	mpen		(00-2/1033-10100)		and related
	below	Individual trustee or director	nstitutional trustee	L_	Key employee	est col	ar			organizations
	line)	Indivi	Institu	Officer	Keye	Highest compensated employee	Former			0
(1) MARK MECKLER	16.00									
PRESIDENT/CEO	24.00	Х		Х				91,428.	137,141.	23,834.
(2) PATTY MECKLER	17.00									
SR. VICE PRESIDENT OF EXTERNAL RELAT	23.00					Х		73,819.	103,046.	14.
(3) MICHAEL RUTHENBERG	16.00									
EXECUTIVE VICE PRESIDENT	24.00			Х				50,000.	75,000.	25,786.
(4) JONATHAN SCHNECK	1.00									
DIRECTOR OF COMMUNICATIONS	39.00					Х		3,088.	120,413.	22,102.
(5) SETH JEACOPELLO	10.00									
CHIEF TECHNOLOGY OFFICER	30.00					х		25,905.	77,716.	13.
(6) TIMOTHY MURPHY	8.00									
CFO	12.00			Х				30,876.	46,075.	23,456.
(7) TIM DUNN	1.00									•
DIRECTOR	2 0 0	Х						0.	0.	0.
(8) ERIC O'KEEFE	3.00							0	0	0
DIRECTOR		X						0.	0.	0.
				<u> </u>						
				<u> </u>						
				<u> </u>						
				-						<u> </u>
										·
		1								
		1								
032007 12-23-20		•	•	•	•					Form <b>990</b> (2020)

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	990 (2020) CITIZENS									27-1	657	203	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy I	ees			ghe	st C						
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	Pos heck	more erson	than is bot pr/trus	h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om the anizat d relat anizatio	e ion ed
					-	-								
			-		-	-								
					-	$\left  \right $								
			-		-	$\left  \right $								
	Subtotal								275,116.	559,3	-	9	5,2	
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)			<u></u>					0. 275,116.	559,3		9	5,2	0. 05.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed a	bove	e) wł	io r	received more than \$100	),000 of reportab	le		Mara I	0
3	Did the organization list any <b>former</b> officer,	-		-		-				2			Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	l ot		the organization		3	x	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> " <i>Yes</i> ," <i>com</i>	accrue compe	nsat	ion f	from	n any	/ unr	elat	ted organization or indiv	idual for services	5	4 5	Δ	x
Sec	tion B. Independent Contractors			0/ 31	ucn	perc	<u>. 100 </u>					5		
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business address				(B) Description of s		С	<b>(C</b> ompe		n				
	RAVES GARRETT,LLC, 1100 MAIN ST SUITE 700, KANSAS CITY, MO 64105				LEGAL & CONS SERVICES	ULTING		58	8,4	14.				
2	Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	ster	d above) who received n	nore than				
	\$100,000 of compensation from the organi	•					1		,	-		Form	<b>990</b> c	2020)

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Pa	rt V						
		Check if Schedule O contains a response or no	ote to any line		/D)	(A)	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f	2,566. ▶ 1 siness Code	.,622,566.			
even S		c [					
ogr		d					
Ę.		All other program service revenue					
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, a other similar amounts)	and	9,221.	9,221.		
	4	Income from investment of tax-exempt bond proce	-	4 200	4 000		
	5	Royalties	Personal	4,299.	4,299.		
		a Gross rents     6a       b Less: rental expenses     6b       c Rental income or (loss)     6c					
	7		(ii) Other 5 , 130 .				
Revenue		and sales expenses <b>7b</b>	0. 5,130. ▶	95,130.	95,130.		
Other		a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
		b Less: direct expenses 8b					
			····· ►				
		a Gross income from gaming activities. See         Part IV, line 19         b Less: direct expenses					
		c Net income or (loss) from gaming activities	►				
		a Gross sales of inventory, less returns and allowances					
		b Less: cost of goods sold 10b					
(0		c Net income or (loss) from sales of inventory Bus	siness Code				
Miscellaneous Revenue	11	a 90	00099	163,349.	163,349.		
illan vent		b					
Ber		cd All other revenue					
Σ		e Total. Add lines 11a-11d	<b>&gt;</b>	163,349.			
	12	Total revenue. See instructions		,894,565.	271,999.	0.	0.
03200	9 12-						Form <b>990</b> (2020

CITIZENS FOR SELF-GOVERNANCE

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Part IX Statement of Functional Expenses

CITIZENS FOR SELF-GOVERNANCE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Donot	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations		expenses	general expenses	expenses
	nd domestic governments. See Part IV, line 21	731,300.	731,300.		
	rants and other assistance to domestic	,	,		
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	Ũ				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,	275,116.	86,634.	137,730.	50 752
	ustees, and key employees	275,110.	00,034.	137,730.	50,752
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)		05 204	125 601	
	ther salaries and wages	271,017.	85,324.	135,691.	50,002
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)				
	ther employee benefits	79,438.	28,154.	39,290.	11,994
0 P	ayroll taxes	58,786.	19,610.	28,808.	10,368
<b>1</b> Fe	ees for services (nonemployees):				
аM	lanagement				
b Le	egal	620,257.	603,781.	16,476.	
	ccounting	45,865.		45,865.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
f In	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
-	blumn (A) amount, list line 11g expenses on Sch O.)	192,373.	189,490.	2,883.	
	dvertising and promotion	10,967.	. 80	10,887.	
	ffice expenses			.,	
	formation technology				
	oyalties				
		25,386.	15,442.	5,380.	4,564
		2373000	10,1120	3,3001	1,501
	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials	14,918.	6,742.	8,176.	
	onferences, conventions, and meetings	14,910.	0,742.	0,170.	
	ayments to affiliates	2 0 6 1		2 0.61	
	epreciation, depletion, and amortization	3,061.		3,061.	
		2,668.		2,668.	
	ther expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If				
lir	ne 24è amount exceeds 10% of line 25, column (A)				
	nount, list line 24e expenses on Schedule O.)	00 1 50	C		4 4 . 4
	UES & SUBSCRIPTIONS	22,178.	6,947.	10,917.	4,314
	IISCELLANEOUS	3,157.	258.	2,123.	776
с <u>Р</u>	OSTAGE & PRINTING	2,267.	10.	1,974.	283
d _					
e A	Il other expenses				
5 T	otal functional expenses. Add lines 1 through 24e	2,358,754.	1,773,772.	451,929.	133,053
6 Jo	<b>bint costs</b> . Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	Jucational campaign and fundraising solicitation.				
	heck here if following SOP 98-2 (ASC 958-720)				
	(				Form <b>990</b> (202

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33

Total liabilities and net assets/fund balances

2,313,780.

33

Cash - non-interest-bearing Savings and temporary cash investments

Check if Schedule O contains a response or note to any line in this Part X

	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,368.	4	11,532.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	ontributor, or 35%				
		controlled entity or family member of any of thes	se perso	ons		5	0.
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sect	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
4	9	Prepaid expenses and deferred charges			3,613.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	280,509.			
	b	Less: accumulated depreciation	10b	280,509.	3,062.	10c	0.
	11	Investments - publicly traded securities			1,868,399.	11	634,234.
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ		2,313,780.	16	1,895,138.	
	17	Accounts payable and accrued expenses	140,243.	17	78,471.		
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
iab		controlled entity or family member of any of the	se perso	ons		22	
-	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D		130,111.		237,430.	
	26	Total liabilities. Add lines 17 through 25			270,354.	26	315,901.
s		Organizations that follow FASB ASC 958, che	eck here				
alances		and complete lines 27, 28, 32, and 33.	0 0 1 0 1 0 0		4 550 005		
alar	27	Net assets without donor restrictions		2,043,426.	27	1,579,237.	
	28	Net assets with donor restrictions			28		
Net Assets or Fund E		Organizations that do not follow FASB ASC 9	ck here 🕨 🛄				
r F		and complete lines 29 through 33.					
tsc	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Ϋ́	31	Retained earnings, endowment, accumulated in			0 0 1 0 1 0 1	31	
Ne	32	Total net assets or fund balances		2,043,426.	32	1,579,237.	

(B) End of year

1,249,372.

1,895,138.

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(A) Beginning of year

437,338.

1

1

Part X Balance Sheet

Form	1 990 (2020) CITIZENS FOR SELF-GOVERNANCE	27-16	57203	Pag	ge <b>12</b>
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	1,894		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,358		
3	Revenue less expenses. Subtract line 2 from line 1	3	-464		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,043	3,4	26.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,579	9,2	37.
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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?		<b>2</b> b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

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032012 12-23-20

SCHEDULE A	
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	·EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047
1	2020
	Open to Public Inspection
Employer	identification number

Name of the	organization
-------------	--------------

			CITI	ZENS FOR S	ELF-GOVERNAN	CE			2	7-1657203
Pa	irt I		Reason for Public	Charity Status.	All organizations must c	omplete tł	nis part.) S	See instruction	ıs.	
The	orga	iniz	zation is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1			A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)( <sup>.</sup>	1)(A)(i).		
2			A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)							
3			A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).		
4		]	A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		_	city, and state:							
5			An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental u	unit describ	bed in
		_	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6			A federal, state, or local gov	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		-	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8			A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Part	t II.)				
9			An agricultural research org	ganization described	in section 170(b)(1)(A)(	<b>ix)</b> operate	ed in conju	unction with a	land-grant	college
			or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		_	university:							
10			An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, ai	nd gross receipts from
			activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	its support	from gross investment
			income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		-	See <b>section 509(a)(2).</b> (Cor	mplete Part III.)						
11			An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12			An organization organized a	and operated exclusion	ively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
			more publicly supported or	-						Check the box in
	_		lines 12a through 12d that				-		-	
а			Type I. A supporting orga	-	-	•				
			the supported organization			a majority (	of the dire	ctors or truste	ees of the s	supporting
			organization. You must o	-						
b			Type II. A supporting org	-				-		-
			control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
			organization(s). You mus							
С			Type III functionally inte						lly integrate	ed with,
			its supported organization							
d			Type III non-functionally	• • •					•	. ,
			that is not functionally int	<b>v</b>	<b>c</b> ,			•	d an attent	iveness
~			requirement (see instruct Check this box if the orga		•					
е			-					а туре ї, туре	п, туре п	
f	Ent	tei	the number of supported of	r Type III non-functionally integrated supporting organization.						
g			de the following information	•	ed organization(s)					
			Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
		_								
Fota	al									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

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### Schedule A (Form 990 or 990 EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

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#### Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4018603.	4657910.	2319810.	961,914.	1622566.	13580803.			
2	Tax revenues levied for the organ-									
	ization'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	1010600				1.0005.00				
4	Total. Add lines 1 through 3	4018603.	4657910.	2319810.	961,914.	1622566.	13580803.			
5										
	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,						0700004			
	column (f)						2782334.			
_	Public support. Subtract line 5 from line 4.						10798469.			
	ction B. Total Support	( ) 00 ( 0	(1) 00 (-	( ) 00 ( 0	( 1) 00 ( 0)	( )	(0.7.1.1			
	ndar year (or fiscal year beginning in)	(a)2016 4018603.	(b) 2017 4657910.	(c)2018 2319810.	(d) 2019 961,914.	(e) 2020	(f) Total 13580803.			
-	Amounts from line 4	4010003.	4057910.	2319010.	901,914.	1022300.	13300003.			
8										
	dividends, payments received on									
	securities loans, rents, royalties,				28,244.	9,221.	37,465.			
	and income from similar sources				20,244.	9,221.	57,405.			
9										
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	229,441.	27,981.	1996101.	140,665.	262 778	2656966.			
	assets (Explain in Part VI.)	229,441.	27,901.	1990101.	140,005.	202,110.	16275234.			
	Total support. Add lines 7 through 10	ata (aga ipatruati	222)			12	102/3234.			
	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th		,	fourth or fifth tax						
13	organization, check this box and <b>stor</b>				-					
Sec	ction C. Computation of Publ									
	Public support percentage for 2020 (			column (f))		14	66.35 %			
	Public support percentage from 2019						60.72 %			
	<b>33 1/3% support test - 2020.</b> If the o									
	stop here. The organization qualifies					, ,	► V			
b	33 1/3% support test - 2019. If the o		-							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes						or more,			
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization									
b	0 10% -facts-and-circumstances tes	t - 2019. If the org	anization did not o	check a box on line						
	more, and if the organization meets the	he facts-and-circur	nstances test, che	eck this box and <b>st</b>	op here. Explain in	n Part VI how the				
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🗌			
					Sche	edule A (Form 990	or 990-EZ) 2020			

032022 01-25-21

## Schedule A (Form 990 or 990-EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

### Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 20	20	(f) Total
	Gifts, grants, contributions, and		(3) = 0 11	(3) = 210	(2) = 0.10			
•	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
-	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
2	organization's tax-exempt purpose Gross receipts from activities that							
3	are not an unrelated trade or bus-							
	iness under section 513							
							<del>_</del>	
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
_	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge						<b></b> +	
	Total. Add lines 1 through 5		ļ				<del>_</del>	
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ction B. Total Support	( ) 00/0	(1) 00 (7	() 00/0	( ) 00/0			
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 20	20	<b>(f)</b> Total
	Amounts from line 6							
0a	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on							
2	Other income. Do not include gain					1		
-	or loss from the sale of capital							
2	assets (Explain in Part VI.)						-+	
	First 5 years. If the Form 990 is for th	e organization's f	ret eacond third	fourth or fifth tox	l	1 501(a)(2) ar		
7	check this box and stop here	C C		iourin, or mini tax			•	,, ►
sec	ction C. Computation of Publ							······ 🕨 🖵
	Public support percentage for 2020 (I			column (f))		15		%
	Public support percentage from 2019					16		%
	ction D. Computation of Invest							
	Investment income percentage for 20					17		%
8	Investment income percentage from 2					18		%
	33 1/3% support tests - 2020. If the						nd line 17	
	more than 33 1/3%, check this box a							
h	33 1/3% support tests - 2019. If the						1/3% <u>ગ</u>	► 🗔
IJ	line 18 is not more than 33 1/3%, che							
20								
	Private foundation. If the organizatio	п иш пот спеск а		a, UL ISD, CHECK I				or 990-EZ) 2020
1202	23 01-25-21			16	300		7 III 990 (	01 330-LLJ 2020
<u>ז</u> 1	L027 798302 1156	201	20.04030	CITIZENS 1	FOR SELF-	COVERN	IANC	1156 1
		202						

#### Schedule A (Form 990 or 990-EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

#### 27-1657203 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990 EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

1

2

No

Yes

2a

2b

За

3b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	L

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C.	Type II	Supporting	Organizations	

Part IV Supporting Organizations (continued)

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instructions).
---	--	--------------------------------	----------------------	-------------------------	----------------------	--------------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

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2020.04030 CITIZENS FOR SELF-GOVERNANC 1156\_\_\_1

# Schedule A (Form 990 or 990-EZ) 2020 CITIZENS FOR SELF-GOVERNANCE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI	(Form 990 or 990-EZ) 2020 CIT: Supplemental Information					27-1657203 Part III line 12:
	Part IV, Section A, lines 1, 2, 3b, 3 line 1; Part IV, Section D, lines 2 a	c, 4b, 4c, 5a, 6 nd 3; Part IV, S	6, 9a, 9b, 9c, 1 Section E, lines	1a, 11b, and 11c; I 1c, 2a, 2b, 3a, and	Part IV, Section B, d 3b; Part V, line 1;	lines 1 and 2; Part IV, Section C Part V, Section B, line 1e; Part \
	Section D, lines 5, 6, and 8; and P (See instructions.)	art V, Section	E, lines 2, 5, an	d 6. Also complete	e this part for any a	idditional information.
32028 01-25-2	21				Sc	hedule A (Form 990 or 990-EZ)
	798302 1156			21		GOVERNANC 1156

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

27-1657203
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	CITIZENS FOR SELF-GOVERNANCE	Z/-1
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

27-1657203

#### CITIZENS FOR SELF-GOVERNANCE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 33,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 331,400. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Х Person Payroll 55,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 357,400. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.04030 CITIZENS FOR SELF-GOVERNANC 1156\_\_\_1

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Employer identification number

27-1657203

#### CITIZENS FOR SELF-GOVERNANCE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** X 8 Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

2020.04030 CITIZENS FOR SELF-GOVERNANC 1156\_\_\_1

24

14331027 798302 1156

Name of organization

14331027 798302 1156

Employer identification number

27-1657203

CITIZENS FOR SELF-GOVERNANCE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- =		   \$	

25 2020.04030 CITIZENS FOR SELF-GOVERNANC 1156\_\_\_1

Page **4** 

me of organiz			Employer identific					
	FOR SELF-GOVERNANCE		27-16572					
art III Exe	clusively religious, charitable, etc., contribution m any one contributor. Complete columns (a) the	s to organizations described in	n section 501(c)(7), (8), or (10) that total more than \$	1,000 fo				
con	npleting Part III, enter the total of exclusively religious, char	ritable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.) <b>S</b>					
Us a) No.	e duplicate copies of Part III if additional spa	ace is needed.						
rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held				
Part I								
	-		<u> </u>					
[								
		(e) Transfer of g	jift					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transfere	e				
<u> </u>								
a) No. from		(a) ]]		a hald				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held				
	-							
	-							
	I	(e) Transfer of c						
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transfere	e				
<u> </u>								
a) No.								
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held				
<u> </u>	_							
	L	(a) Transfor of a						
	(e) Transfer of gift							
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transfere	e				
a) No.		I						
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift i	s held				
		(e) Transfer of g						
	Transferee's name address and							
	Transferee's name, address, and		gift Relationship of transferor to transfere	96				
	Transferee's name, address, and			e				
	Transferee's name, address, and			ee				
	Transferee's name, address, and			ee				

SCHEDULE C	CHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047			
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2020		
Department of the Treasury	Complete	if the organization is described	below. 🕨 Attach to	Form 990 or Form	990-EZ.	Open to Public		
Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the la	atest information.		Inspection		
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Cam	paign Act	ivities), then		
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.					
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	art I-B.			
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete	e Part I-A only.						
-		n Form 990, Part IV, line 4, or For						
	-	have filed Form 5768 (election unc		-	-			
	-	have NOT filed Form 5768 (electio						
-		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	nstructions) or Form	n 990-EZ	, Part V, line 35c (Proxy		
Tax) (See separate inst		tions: Complete Part III.						
Name of organization	, or (0) organiza	tions. completer art in.			Employe	r identification number		
name er ergamzation	CITIZEN	S FOR SELF-GOVERN	ANCE			27-1657203		
Part I-A Comple		anization is exempt unde		or is a section {				
		<u>,</u>						
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.				
		ures			►\$			
		ign activities						
		-						
Part I-B Compl	ete if the org	panization is exempt unde	r section 501(c)(3	3).				
		incurred by the organization unde						
		incurred by organization manager						
		n 4955 tax, did it file Form 4720 fo				Yes No		
						Ves No		
b If "Yes," describe in		anization is exempt unde	r contion 501(a)	overation	501(0)(	3)		
-	-	•		-		<i>.</i>		
		d by the filing organization for sect ization's funds contributed to othe	•		. ▶\$			
exempt function ac			-		►\$			
		s. Add lines 1 and 2. Enter here and						
					▶\$			
		<b>1120-POL</b> for this year?			·· ·	Yes No		
		nployer identification number (EIN)				ne filing organization		
		tion listed, enter the amount paid						
		omptly and directly delivered to a			separate s	egregated fund or a		
political action com	mittee (PAC). If	additional space is needed, provid	le information in Part l'	V.				
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political		
				filing organization funds. If none, ent		ntributions received and promptly and directly		
					0	delivered to a separate		
						political organization. If none, enter -0		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 CITIZENS FOR SELF-GOVERNANCE	27-1	657203 Page:
Part II-A Complete if the organization is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).		
A Check 🕨 🛄 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of excess lobbying expenditures).		
B Check 🕨 🔲 if the filing organization checked box A and "limited control" provisions apply.		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals

1a	Total lobbying expenditures to influence pub	4,010.			
b	Total lobbying expenditures to influence a lea	0.			
		d 1b)	4,010.		
	- · · · · · · · · · · · · · · · · · · ·		2,221,690.		
е		s 1c and 1d)	2,225,700.		
f	Lobbying nontaxable amount. Enter the amo		261,285.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	65,321.		
h	Subtract line 1g from line 1a. If zero or less, e	0.			
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.		
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720			
	reporting section 4911 tax for this year?	-		Yes	No

reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	<b>(e)</b> Total			
2a Lobbying nontaxable amount	363,957.	235,946.	279,876.	261,285.	1,141,064.			
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					1,711,596.			
c Total lobbying expenditures	10,806.	12,770.	5,154.	4,010.	32,740.			
d Grassroots nontaxable amount	90,989.	59,112.	69,969.	65,321.	285,391.			
e Grassroots ceiling amount (150% of line 2d, column (e))					428,087.			
f Grassroots lobbying expenditures	10,806.	12,770.	5,154.	4,010.	32,740.			

Schedule C (Form 990 or 990-EZ) 2020

Page 2

032042 12-02-20

#### Schedule C (Form 990 or 990-EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

#### 27-1657203 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5	), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (	b) Part		e 3, is
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		. 4		
5	Taxable amount of lobbying and political expenditures (See instructions)		. 5		
	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

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.

Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

#### CITIZENS FOR SELF-GOVERNANCE

_	CITIZENS FOR SELF-GOVERNANCE		27-1657203	
Par	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or A	ccounts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b	<b>b)</b> Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor	ed fund	ds	
	are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be			
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose			
	impermissible private benefit?			No
Par			line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
		a histoi	rically important land area	
			ied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a coi	nservation easement on the las	st
	day of the tax year.		Held at the End of the Tax	
а	Total number of conservation easements	- 1	2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic structure included in (a)	F	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structu			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	organi	ization during the tax	
	year ►		g	
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
-	violations, and enforcement of the conservation easements it holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons			
•				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservat	ion eas	sements during the year	
-			serie dannig the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(	h)(4)(B)	)(i)	
•	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense			
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial stateme			
	organization's accounting for conservation easements.			
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her S	Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
-1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement a	nd bala	ance sheet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these item			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and b		e sheet works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furth			
	provide the following amounts relating to these items:		· · · · · · · · · · · · · · · · · · ·	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		<b>N A</b>	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial			
<u>~</u>	the following amounts required to be reported under FASB ASC 958 relating to these items:	gun, þ	0.01.00	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
	Assets included in Form 990, Part X		► \$	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u></u>	Schedule D (Form 990)	2020
	1 12-01-20			_520
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14331027 798302 1156

2020.04030 CITIZENS FOR SELF-GOVERNANC 1156\_\_\_1

Sche	dule D (Form 990) 2020 CITIZEN	S FOR SELF	-GOVEI	RNANC	Е	2	7-16	57203	3 Pa	age <b>2</b>
Pa	t III Organizations Maintaining C	<b>Collections of A</b>	rt, Histo	rical Tr	easures, or Oth	ner Similaı	r Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	ny of the	following that make	significant u	se of its			
-	collection items (check all that apply):				<b></b>					
a L		C			hange program					
b	Scholarly research	e		ner						
C A	Preservation for future generations	allastions and avala	n how tho	further t	he examination's a	ampt purpos	a in Dar			
4 5	Provide a description of the organization's concerning the year, did the organization solicit of						e in Pan	L AIII.		
5	to be sold to raise funds rather than to be m							Yes		No
Pa	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			gamzatio			r arc rv,			
1a	Is the organization an agent, trustee, custod		diarv for co	ntribution	s or other assets no	ot included				
							Yes		No	
b	If "Yes," explain the arrangement in Part XIII									
			5					Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for eso	crow or cu	ustodial account lial	oility?	L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						<u></u>			
Pa	t V Endowment Funds. Complete i	f the organization ar	nswered "Y	es" on Fo						
		(a) Current year	(b) Prio	r year	(c) Two years back	(d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance			. ,						
2	Provide the estimated percentage of the cur	rent year end baland		column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с	· · · · · · · · · · · · · · · · · · ·	%								
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	ation that a	ro hold o	nd administered for	the organize	tion			
Ja		ssion of the organiz	alion that a	are neiu a		ine organiza	lion	Г	Yes	No
	by: (i) Unrelated organizations							3a(i)	100	110
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sch	edule R?				3b		
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV, li	ine 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	. ,	Accumulated epreciation		( <b>d)</b> Bool	k value	;
1a	Land									
	Buildings									
	Leasehold improvements		062.			79,06				0.
	Equipment	0.0.1	447.			201,44	7.			0.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	0c.)					0.

Schedule D (Form 990) 2020

032052 12-01-20

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
(a)	Description	(b) Book value

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Deut V Other Liebilities	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED EXPENSES AND OTHER	237,430.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	237,430.
0 1		

2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 CITIZENS FOR SELF-GOVERNA	ANCE	27-1	1657203 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements			1,894,565.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,894,565.
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.)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			1,894,565.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	monte With Evne	anses ner Retu	rn
	The continuation of Expenses per Addited I manolal oldited		moco per metu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		2,358,754.
1		2a.		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a.		
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. <b>2</b> a		
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a. <b>2</b> a <b>2</b> b		
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c		
2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 		
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a. 	1	2,358,754.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 	1	2,358,754.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a. 	1	2,358,754.
2 a b c d 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a 2b 2c 2d 2d 4a	1	2,358,754.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2d 2d 4a 4b	1	2,358,754.
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b 2c 2c 2d 4a 4b	1 2e 3 	2,358,754. 0. 2,358,754.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a. 2a 2b 2c 2c 2d 4a 4b	1 2e 3 	2,358,754. 0. 2,358,754. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

NO AMOUNTS HAVE BEEN IDENTIFIED, OR RECORDED, AS UNCERTAIN TAX POSITIONS.

032054 12-01-20

SCHEDULE I (Form 990)		9 Q 9 Q	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	er Assistand d Individual	ce to Organ s in the Uni	izations, ted States		OMB No. 1545-0047
-		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	answered "Yes"	on Form 990, Pai	rt IV, line 21 or 22.		
Department of the Treasury Internal Revenue Service			Go to www.irs	<ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>	n 990. · the latest inform	nation.		Upen to Fublic Inspection
Name of the organization	CITIZENS FOR	SELF	- GOVERNANCE					Employer identification number 27-1657203
Part I General Info								
1 Does the organizat	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the select	
	criteria used to award the grants or assistance?	2						X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use	es for monit	oring the use of grant i	of grant funds in the United States	l States.			
Part II Grants and (	Grants and Other Assistance to Domestic Organizations and I	stic Organiz	ations and Domestic	: Governments. Co	omplete if the orga	anization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient tha	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government		(q) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VANGUARD CHARITABLE TRUST PO BOX 9509 WADWICK DI 02889		23_2888152	50 2 2 2	л 1 л 000	c	21W		חארדם אגשמת ס'יייסדמייגט
	7-07			• nnn ' ctc		F M V		FATRIOT S DREAM FUND
1789 ALLIANCE 500 E. ST. JOHNS AV AUSTIN, TX 78752	AVE., SUITE 260 81-5	81-5232031	501(C)3	216,300.	0.	FMV		GENERAL OPERATING SUPPORT
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	/ernment org	janizations listed in the	e line 1 table				
3 Enter total number	Enter total number of other organizations listed in the line 1 table	he Instructi	table ons for Form 990.					Schedule I (Form 990) 2020

032101 11-02-20

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Schedule I (Form 990) 2020 CITIZENS FOR SE	ILF-GOVER	NANCE			27-1657203 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l juired in Part I, lir	ne 2; Part III, column	l (b); and any other ac	lditional information.	
SCHEDULE I, PART IV					
THE ORGANIZATION VERIFIES THE 501.C.	с	NONPROFIT STATUS	OF ALL	GRANTEES	
PRIOR TO ISSUING ANY GRANT FUNDS.					
		1			
032102 11-02-20		35			Schedule I (Form 990) 2020

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)
•	·	Compensated Employees		20	ZU	J
Dena	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
_		CITIZENS FOR SELF-GOVERNANCE	27-1	L65720	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
<b>1</b> a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for con					
		cation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ur, cnet)			
h						
D		on line 1a are checked, did the organization follow a written policy regarding payment or		41		
0	-			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	ers, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization'	c			
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant				
	·	ther organizations Approval by the board or compensation of	ommittee			
4	During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	-	ce payment or change-of-control payment?		4a		Х
b		ceive payment from a supplemental nonqualified retirement plan?				Х
с		ceive payment from an equity-based compensation arrangement?				Х
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	-					
	Only section 501(	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the	revenues of:				
а	The organization?			5a		Х
		zation?				Х
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the	0				
						X
		zation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		lid the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				Ĺ
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	) 2020

032111 12-07-20

Schedule J (Form 990) 2020 CITIZENS	ENG	FOR	SELF-GOVERNANCE	Щ	27-1657203	203		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	nploy	ees, and Highest (	Compensated Emp	loyees. Use duplica	tte copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.	e rep orm 99	orted on Schedule , 90, Part VII.	J, report compensa	tion from the organi	zation on row (i) and fro	m related organization	ns, described in the ins	tructions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	id indi	ividual must equal tl	he total amount of I	<sup>-</sup> orm 990, Part VII, S	iection A, line 1a, applic	able column (D) and (	(E) amounts for that inc	ividual.
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denenits	(m)-(l)(a)	in column (b) reported as deferred on prior Form 990
(1) MARK MECKLER		91,428.	.0	0	.0	9,534.	100,962.	0
PRESIDENT/CEO		137,141.	.0	.0	.0	300	Γ	.0
(2) PATTY MECKLER	Ξ	73,819.	.0		.0	.9		0.
SR. VICE PRESIDENT OF EXTERNAL RELAT (ii)		103,046.	.0	.0	.0	.8		.0
(3) MICHAEL RUTHENBERG	Ξ	50,000.	.0			10,314.		•0
EXECUTIVE VICE PRESIDENT	(ii)	75,000.	0.	0	.0	15,472.	90,472.	.0
	(i)							
-	(ii)							
	(i)							
	(ii)							
	Ξ							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
_	(ii)							
	Ξ							
	(ii)							
	Ξ							
	( <u>ii</u> )							
	Ξ							
-	(ii)							
	(i)							
_	(ii)							
	Ξ							
-	(ii)							
	(i)							
_	(ii)							
				7.6			Schedu	Schedule J (Form 990) 2020

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032112 12-07-20

Schedule J (Form 990) 2020 CITIZENS FOR SELF-GOVERNANCE	27-1657203 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.
PART I, LINE 3	
RELATED ORGANIZATION REVIEWS CEO'S COMPENSATION BASED ON: FORM 990S OF	
OTHER ORGANIZATIONS, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE	
BOARD OR A COMPENSATION COMMITTEE.	
	Schedule J (Form 990) 2020

SCHEDULE L		<b>Fransaction</b>										MB No.	1545-00	047
(Form 990 or 990-EZ)	Complete if the complete of					orm 990, Par art V, line 38a			6, 27	, 28a,		2	02	0
Department of the Treasury		► Atta to www.irs.gov/F				Form 990-E		act information				pen T spect	o Pub	lic
Internal Revenue Service Name of the organization		to www.irs.gov/F	ormaa		Istruc	tions and the		est mormation.	Fm	nlove	r ident	•		mber
Name of the organization		S FOR SELI	₹-GO	VER	NAN	CE					572			
Part I Excess B		actions (section 5					ectio	n 501(c)(29) orga						
		answered "Yes" on												
1 (a) Name of disqualif	ied person	(b) Relationship bet			lified	6	-) D	escription of tran	eactiv	n		(d)	Corre	cted?
		person and c	organiza	ation			<b>,</b> D		54011			<u> </u>	es	No
												_		
2 Enter the amount of	•	-	-			-	-	-						
										► \$				
3 Enter the amount of	tax, if any, on line	e 2, above, reimbur	sed by	the or	ganiza	tion				▶ \$				
Part II Loans to	and/or From	Interested Per	rsons											
		answered "Yes" on		-	. Part \	V. line 38a or	Forn	n 990. Part IV. lin	e 26:	or if th	ne ora:	anizati	ion	
	-	990, Part X, line 5,				,			,				_	
(a) Name of	(b) Relations			oan to or n the		) Original	(f	i) Balance due		) In		provec ard or	1 (1) **	/ritten
interested person	with organiza	ation of loan		ization?	princ	ipal amount			defa	ault?		nittee?	agree	ement?
			То	From					Yes	No	Yes	No	Yes	No
<del>-</del>						<b>•</b>								
Total Part III Grants or	Assistance	Benefiting Inte	reste	d Pe	rsons	<b>&gt;</b> \$								
		answered "Yes" on												
(a) Name of interes	0	(b) Relationship			· · ·	c) Amount of		(d) Type	of		(e	) Purp	ose o	f
	·	interested per	son an			assistance		assistanc				assist		
		the organiz	ation											
LHA For Paperwork Re	duction Act Not	ice, see the Instru	ctions	for Fo	rm 990	) or 990-EZ.		Sche	dule	L (Fo	rm 990	) or 9	90-EZ	2020

032131 12-09-20

#### Schedule L (Form 990 or 990-EZ) 2020 CITIZENS FOR SELF-GOVERNANCE

#### **Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		nip between interested nd the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
					Yes	No
PATRICIA MECKLER	WIFE OF	PRESIDENT/C	73,825.	EMPLOYED		Х
TONYA RUTHENBERG	WIFE OF	SECRETARY,	15,000.	EMPLOYED		Х

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PATRICIA MECKLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### WIFE OF PRESIDENT/CEO, MARK MECKLER

(A) NAME OF PERSON: TONYA RUTHENBERG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### WIFE OF SECRETARY, MICHAEL RUTHENBERG

Schedule L (Form 990 or 990-EZ) 2020

14331027 798302 1156

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service Name of the organization 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.



Employer identification number 27 - 1657203

CITIZENS FOR SELF-GOVERNANCE

FORM 990, PART VI, SECTION A, LINE 2:

PATRICIA MECKLER IS THE WIFE OF PRESIDENT/CEO, MARK MECKLER

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AT THE ANNUAL BOARD MEETING. LEGAL COUNSEL ROUTINELY MONITORS ORGANIZATIONAL EXPENSES FOR POSSIBLE CONFLICTS OF INTEREST AND DIRECTS SUCH CONFLICTS TO THE ATTENTION OF THE BOARD FOR RESOLUTION IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS APPOINTED LEGAL COUNSEL TO PERIODICALLY REVIEW AND REPORT ON THE COMPENSATION OF THE ORGANIZATION'S CEO, OFFICERS, AND KEY EMPLOYEES IN LIGHT OF THE COMPENSATION OFFERED TO SIMILARLY SITUATED ORGANIZATIONS. THE BOARD REVIEWS AND ADJUSTS THE COMPENSATION OF THE CEO, OFFICERS, AND KEY EMPLOYEES BASED ON COUNSEL'S FINDINGS. NO DIRECTORS WITH A CONFLICT OF INTEREST ARE ALLOWED TO PARTICIPATE IN THE BOARD'S DECISION. COUNSEL'S REPORT AND THE BOARD'S DECISIONS THEREON ARE DOCUMENTED IN THE BOARD'S MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR,CA,CO,CT,GA,HI,KS,KY,LA,MD,MI,MN,NH,NJ,NM,NY,OH,PA,RI,SC,TN,UT,VA,WV,WI

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

 032211
 11-20-20
 Schedule O (Form 990 or 990-EZ) 2020

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2020.04030 CITIZENS FOR SELF-GOVERNANC 1156\_\_\_1

lame of the organization CITIZENS F	OR SELF-GOVERN	IANCE		Employer identifica 27-16572	ntion num 03
FORM 990, PART VI, SECTI	ON C, LINE 19:				
THE ORGANIZATION'S GOVER			OF INTER	EST POLICY,	AND
FINANCIAL STATEMENTS ARE					
			<u></u>		
32212 11-20-20		42	Sche	edule O (Form 990 or	990-EZ) :

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Comp	Related Organizations and Unrelated Partnerships         Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▲ Attach to Form 990.         ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, ▶ Attach to Form 990. n990 for instructions and the late	rtnerships ine 33, 34, 35b, 36 st information.	3, or 37.	° <b>°</b>	OMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization	CITIZENS FOR	SELF-GOVERNANCE				Employer identification number 27-1657203	ication numbe 2 0 3
Part I Identificat	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.			
Name, adc of	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	ne End-of-year assets		(f) Direct controlling entity
Part II Identificat	Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year.	ations. Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	), Part IV, line 34, b	ecause it had one	or more related tax-ex	empt
of	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
CSG ACTION - 27-46 5850 SAN FELIPE, S HOUSTON, TX 77057	27-4648506 PE, SUITE 585 77057	ADVOCACY	TEXAS	501(C)(4)			
CONVENTION OF STATES ACTION 5850 SAN FELIPE, SUITE 580A HOUSTON, TX 77057	ATES ACTION - 47-2245708 SUITE 580A 57	ADVOCACY	TEXAS	501(C)(4)			×
DEFENDING LIBERTY INC 7670 OPPORTUNITY RD., SAN DIEGO, CA 92110	TY INC - 81-2322002 Y RD., STE 205 92110	ADVOCACY	MISSOURI	501(C)(4)			X
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2020

032161 10-28-20 LHA

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	ZENS FOR SI	SLF-GO	SELF-GOVERNANCE						27-1657203	57203	Page 2
part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	janizations Taxable thership during the t	<b>as a Partn</b> ax year.	<b>ership.</b> Complete if	the organiza	ation answered "Y	es" on Form 99	0, Part IV, line	e 34, becaus	e it had one or m	iore related	_
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(a)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) (k) General or Percentage managing ownership Ves No
Dart IV       Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	Janizations Taxable	as a Corpo	oration or Trust. Co	omplete if the	e organization ans	wered "Yes" or	h Form 990, P	art IV, line 3.	4, because it had	one or mo	ire related
_		ng the tax	rtax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	y Share of total p, income	of total me	(g) Share of Pe end-of-year o assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes N	۶
	s with one or more re	elated organizations listed	in Parts II-IV?			Þ
				е -		<b>د</b>  ۵
<b>b</b> Gift, grant, or capital contribution to related organization(s)				q		<b>ء</b>
c Gift, grant, or capital contribution from related organization(s)				<del>ب</del>	~	×
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d	<u>n</u>	×
e Loans or loan duarantees hu related organization(s)				4	^	×
				2	•	
					'	:
f Dividends from related organization(s)				₽	~	×
g Sale of assets to related organization(s)				1g	~	×
Purchase of assets from related organization(s)				4		×
				Ŧ	ŕ	×
				= ;	'r	: >
J Lease of lacinities, equipritent, or other assets to related organization(s)				=	•	4
				ŧ	r	×
				≤ :		4
I Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			-		<u>ا</u> لە
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			<b>1</b>	~	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1 1	~	X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	2	X
<b>b</b> Reimbursement paid to related organization(s) for expenses				<del>6</del>	×	
				10	×	
				•		
r Other transfer of cash or property to related organization(s)				÷	n	×
ത				1s	~	×
s for inform	ho must complete t	nis line, including covered	lation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved		
(1) CSG ACTION	đ	118,620.	ACTUAL AMOUNT INVOICED			
(2) CONVENTION OF STATES ACTION	д	709,743.	709,743.ACTUAL AMOUNT INVOICED			
(3) CSG ACTION	ð	29,676.	ACTUAL AMOUNT INVOICED			
(4)						
(5)						
(6)						I
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Page 4		evenue)	(j) (k) General or Percentage managing ownership <u>partner</u> ? Ves No				Schedule R (Form 990) 2020
1657203		ross r	(j) General or managing partner? Yes No				(Forr
57		s or gi	<b>K</b> <sup>B</sup> <sup>G</sup> <sup>G</sup> <sup>G</sup> <sup>C</sup>				lle R
27-16		oy total asset	(h) (i) (j) (j) (j) (j) (j) (j) (j) (j) (j) (j				Schedu
		asured t	(h) Dispropor- tionate allocations?				
	37.	nt of its activities (me	(g) Share of end-of-year assets				
	n 990, Part IV, line	re than five percen	(f) Share of total income				
	on Forr	cted mo	(e) Are all 501(c)(3) orgs.?				
E	zation answered "Yes"	he organization condu estment partnerships.	(c) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
SELF-GOVERNANCE	mplete if the organi	hip through which t ision for certain inve	(c) Legal domicile (state or foreign country)				
FOR	ole as a Partnership. Co	ntity taxed as a partners tructions regarding exclu	<b>(b)</b> Primary activity				
Schedule R (Form 990) 2020 CITIZENS	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity				

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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