Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

| A                 | For the                         | e 2017 calendar year, or tax year beginning , and ending   |  |                                    |                           |  |  |  |  |  |
|-------------------|---------------------------------|--|--|------------------------------------|---------------------------|--|--|--|--|--|
| В                 | Check if                        | applicable: C Name of organization   | D  | Employe                            | r identification number   |  |  |  |  |  |
|                   | Address                         | s change   |  |                                    |                           |  |  |  |  |  |
|                   | Name ch                         | hange CITIZENS FOR A SOUND GOVERNMENT  |  | 45-0                               | 924894                    |  |  |  |  |  |
|                   | Initial retu                    | Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite                              | E  | E Telephone number                 |                           |  |  |  |  |  |
|                   | Final ret                       | turn/terminated 403 S. REED COURT  |  | 303-332-6539                       |                           |  |  |  |  |  |
|                   | Amended                         |  | F  | Group E                            | xemption                  |  |  |  |  |  |
|                   |                                 | on pending LAKEWOOD CO 80226   |  | Number                             |                           |  |  |  |  |  |
|                   |                                 | nting Method: X Cash   | Check  | if th                              | ne organization is not    |  |  |  |  |  |
|                   |                                 | ite: WWW.CITIZENSFORASOUNDGOVERNMENT.ORG   | •  |                                    | Schedule B                |  |  |  |  |  |
| J                 | Tax-exe                         | empt status (check only one) — 501(c)(3) 🗶 501(c)( 4 ) ◀ (insert no.) 4947(a)(1) or 527                              | (Form 9                                      | 990, 990-E                         | Z, or 990-PF).            |  |  |  |  |  |
| K                 | Form o                          | of organization: X Corporation Trust Association Other   |  |                                    |                           |  |  |  |  |  |
| L                 | Add line                        | es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets |  |                                    | 100 100                   |  |  |  |  |  |
| (Pa               | rt II, colu                     | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ   | vi, militari etti (markendi etti della latti | The same of the party of the party | 130,100                   |  |  |  |  |  |
| F                 | Part I                          | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see t   |  |                                    | 1321                      |  |  |  |  |  |
|                   |                                 | Check if the organization used Schedule O to respond to any question in this Part I                                  |  | <del></del>                        |                           |  |  |  |  |  |
|                   | 1                               | Contributions, gifts, grants, and similar amounts received   |  | 1                                  | 130,100                   |  |  |  |  |  |
|                   | 2                               | Program service revenue including government fees and contracts  |  | 2                                  |                           |  |  |  |  |  |
|                   | 3                               | Membership dues and assessments  |  | 3                                  |                           |  |  |  |  |  |
|                   | 4                               | Investment income  |  | 4                                  |                           |  |  |  |  |  |
|                   | 5a                              | Gross amount from sale of assets other than inventory 5a   |  |                                    |                           |  |  |  |  |  |
|                   |                                 |  |  |                                    |                           |  |  |  |  |  |
|                   | С                               | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                              |  | 5c                                 |                           |  |  |  |  |  |
|                   | 6                               | Gaming and fundraising events  |  |                                    |                           |  |  |  |  |  |
|                   | a                               | Gross income from gaming (attach Schedule G if greater than  |  |                                    |                           |  |  |  |  |  |
| ne                | V - (3437)                      | \$15,000) <u>6a</u>  |  |                                    |                           |  |  |  |  |  |
| Ven               | b                               | Gross income from fundraising events (not including) of contributions  |  |                                    |                           |  |  |  |  |  |
| Re                | North A                         | from fundraising events reported on line 1) (attach Schedule G if the  |  |                                    |                           |  |  |  |  |  |
|                   | and the second                  | sum of such gross income and contributions exceeds \$15,000)6b   |  |                                    |                           |  |  |  |  |  |
|                   | C                               | Less: direct expenses from gaming and fundraising events 6c  |  |                                    |                           |  |  |  |  |  |
|                   | d                               | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract                            |  |                                    |                           |  |  |  |  |  |
|                   |                                 | line 6c)   |  | 6d                                 |                           |  |  |  |  |  |
|                   |                                 | Gross sales of inventory, less returns and allowances  |  |                                    |                           |  |  |  |  |  |
|                   | b                               | Less: cost of goods sold 7b  |  |                                    |                           |  |  |  |  |  |
|                   | C                               | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                       |  | 7c                                 |                           |  |  |  |  |  |
|                   | 8                               | Other revenue (describe in Schedule O)   |  | 8                                  | 400 400                   |  |  |  |  |  |
|                   | THE RESERVE THE PERSON NAMED IN | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   |  | 9                                  | 130,100                   |  |  |  |  |  |
|                   | 10                              | Grants and similar amounts paid (list in Schedule O)   |  | 10                                 | 59,000                    |  |  |  |  |  |
|                   | 11                              | Benefits paid to or for members  |  | 11                                 | FAAA                      |  |  |  |  |  |
| S                 | 12                              | Salaries, other compensation, and employee benefits  |  | 12                                 | 5,000                     |  |  |  |  |  |
| nse               | 13                              | Professional fees and other payments to independent contractors  |  | 13                                 | 91,322                    |  |  |  |  |  |
| cbe               | 14                              | Occupancy, rent, utilities, and maintenance  |  | 14                                 |                           |  |  |  |  |  |
| Ш                 | 15                              | Printing, publications, postage, and shipping  |  | 15                                 |                           |  |  |  |  |  |
|                   | 16                              | Other expenses (describe in Schedule O)  |  | 16                                 | 38,106                    |  |  |  |  |  |
| Non-parameter (A) | 17                              | Total expenses. Add lines 10 through 16  |  | 17                                 | 193,428                   |  |  |  |  |  |
| ທ                 | 18                              | Excess or (deficit) for the year (Subtract line 17 from line 9)  |  | 18                                 | -63,328                   |  |  |  |  |  |
| set               | 19                              | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with                         |  |                                    |                           |  |  |  |  |  |
| As                |                                 | end-of-year figure reported on prior year's return)  |  | 19                                 | 186,223                   |  |  |  |  |  |
| Vet.              | 20                              | Other changes in net assets or fund balances (explain in Schedule O)   |  | 20                                 | 100 000                   |  |  |  |  |  |
| SAUSSAUSSA        | 21                              | Net assets or fund balances at end of year. Combine lines 18 through 20  |  | 21                                 | 122,895                   |  |  |  |  |  |
| Fo                | r Paper                         | rwork Reduction Act Notice, see the separate instructions.   |  |                                    | Form <b>990-EZ</b> (2017) |  |  |  |  |  |

| Form 990-EZ (2017) CITIZENS FOR A SOUN   | The state of the s | ŒNT 45-0                  | 924894  |                | Page 2                                     |
|--|--|---------------------------|---|----------------|--|
| Part II Balance Sheets (see the instructions for   |  |                           |   |                |  |
| Check if the organization used Schedule C  | ) to respond to a  | 1                         |   | <del></del>    |  |
| 22 Cach covings and investments  |  | (A) E                     | leginning of year   |                | (B) End of year                            |
| 22 Cash, savings, and investments  |  |                           | 186,223   |                | 122,895                                    |
| 23 Land and buildings 24 Other assets (describe in Schedulo O)   |  |                           | 0   | 23             |  |
| 24 Other assets (describe in Schedule O) 25 Total assets   |  |                           | 186,223   | 24             | 122 005                                    |
| 26 Total liabilities (describe in Schedule O)  |  |                           | 100,223   |                | 122,895                                    |
| 27 Net assets or fund balances (line 27 of column (B) must   | agree with line 21)  |                           | 186,223   | 26             | 122 005                                    |
| Part III Statement of Program Service Acc  | omplishments   | (see the instructions     | for Part III)   | 21             | 122,895                                    |
| Check if the organization used Schedule C  | ) to respond to a  | any question in this P    | art III X   |                | Expenses                                   |
| What is the organization's primary exempt purpose?   |  |                           |   | (R             | equired for section                        |
| SEE SCHEDULE O   |  |                           |   | 50             | 1(c)(3) and 501(c)(4)                      |
| Describe the organization's program service accomplishments for  | or each of its three   | e largest program service | es,   | org            | ganizations; optional for                  |
| as measured by expenses. In a clear and concise manner, descriptions benefited, and other relevant information for analysis.   |  | provided, the number of   |   | oth            | ners.)                                     |
| persons benefited, and other relevant information for each program 28 RESEARCH OF AND DEVELOPMENT AND PROMOTION  |  |                           |   |                |  |
| · · · · · · · · · · · · · · · · · · ·  | OF A BALLOT I  | SSUE IN COLORADO          | TO  |                |  |
| REFORM THE REDISTRICTING PROCESS.  | *  |                           |   |                |  |
| (Grants \$ 50,500) If this amount includes   | · · · · · · · · · · · · · · · · · · ·  |                           |   |                | 00 000                                     |
| 20 DECEMBEL OF AN EDVICE TO THE TOTAL OF THE |  |                           |   | 28a            | 83,986                                     |
| STATE OF CALIFORNIA.   | BLIC OFFICIALS   | RECORDS IN THE            |   |                |  |
|  | <i> ,</i>  |                           |   |                |  |
|  | s foreign grants, ch   | neck here                 |   | 29a            | 30,000                                     |
| 30 RESEARCH OF AND EDUCATION ON ISSUES AND PU  | BLIC OFFICIAL  | S' RECORDS IN OTH         | IER   |                |  |
| VARIOUS STATES AND CITIES  | ,  |                           |   |                |  |
| (Grants \$ 500 ) If this amount includes   |  |                           | ا   |                |  |
| (Grants \$ 8,500) If this amount includes  31 Other program services (describe in Schedule O)  | s toreign grants, cr   | neck here                 |   | 30a            | 8,500                                      |
| (Grants \$ ) If this amount includes   | foreign grante ob  | ook horo                  |   | 04             |  |
| 32 Total program service expenses (add lines 28a through 3   | 1al  | IECK HEIE                 |   | 31a            | 122 406                                    |
| Part IV LIST OF UTTICERS Directors Trustage and Kay  | Employees /list  | anch and own if not an    |   | 32 the ir      | 122,486                                    |
| Check if the organization used Schedule O to res   | sportu to arry quest   | tion in this Part IV      |   |                |  |
| (a) Name and title   | (b) Average<br>hours per week<br>devoted to position   | compensation              | (d) Health ben contributions to en benefit plans, deferred comper | nployed<br>and | (e) Estimated amount of other compensation |
| ALAN PHILP   |  | (ii iiot paia, citer -o-) | deletted compet   | isauoii        |  |
| PRESIDENT  | 15.00  | 5,000                     |   | C              | 0  |
| REEVES BARBOUR   |  |                           |   |                |  |
| DIRECTOR   | 1.00   | 0                         |   | C              | 0  |
| JEFF BURTON  |  |                           |   |                |  |
| DIRECTOR   | 2.00   | 0                         |   | 0              | 0  |
|  |  |                           |   |                |  |
|  |  |                           |   |                |  |
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| AA   |  |                           |   |                | Form 990-EZ (2017)                         |

| orm 990-EZ (2017) | CITIZENS | FOR | A | SOUND | GOVERNMENT |
|-------------------|----------|-----|---|-------|------------|
|-------------------|----------|-----|---|-------|------------|

| instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.  Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a letailed description of each activity in Schedule O  Vere any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | 33  | Yes   | No   |
|---|---|---|--|
| letailed description of each activity in Schedule O<br>Vere any significant changes made to the organizing or governing documents? If "Yes," attach a conformed   | 33  |   | 1  |
| Vere any significant changes made to the organizing or governing documents? If "Yes," attach a conformed  | 33  |   |  |
|   |   |   | X  |
| copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the   |   |   |  |
|   | 34  |   | Y  |
| change on Schedule O (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year from business   | 34  |   | 22   |
| activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a   |   | X  |
| f "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b   |   |  |
| Vas the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,   |   |   |  |
| eporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c   |   | X  |
| Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets  | Omito vesserine de Mil  |   |  |
| luring the year? If "Yes," complete applicable parts of Schedule N  | 36  |   | X  |
| Enter amount of political expenditures, direct or indirect, as described in the instructions  |   |   |  |
| Oid the organization file Form 1120-POL for this year?  | 37b   |   | X  |
| Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were   | 113147  | 1560 y 10740 y  |  |
| any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  | 38a   |   | X  |
| "Yes," complete Schedule L, Part II and enter the total amount involved   | n See o   | a distribution  | all of the charge  |
| Section 501(c)(7) organizations. Enter:   |   |   |  |
| nitiation fees and capital contributions included on line 9   | - seeding   |   | n krajina d  |
| Gross receipts, included on line 9, for public use of club facilities   |   |   | - 16 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   |
| Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:   | 7-56-02   | **************************************  |  |
| ection 4911 ►; section 4912 ►; section 4955 ►   | 1 - 6 - 4   |   |  |
|   |   |   |  |
|   |   |   |  |
|   | 40b   |   | X  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
|   |   |   |  |
| ***************************************   |   |   |  |
|   | 40-   |   | v  |
|   | 40e   |   |  |
|   | -33   | 2-6   | 530  |
| 403 S REED COURT  |   |   |  |
|   | .20   | Van   | No   |
|   | 12h   | 162   | Y  |
|   | 420   |   | 33   |
|   |   |   |  |
|   |   |   |  |
|   | 42c   |   | X  |
| "Yes," enter the name of the foreign country:   |   |   |  |
| Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here   |   |   |  |
| and enter the amount of tax-exempt interest received or accrued during the tax year 43  |   |   |  |
|   |   | Yes   | No   |
| oid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be   |   |   |  |
| •   | 44a   |   | X  |
|   |   |   |  |
|   | 44b   |   | X  |
|   | 44c   |   | X  |
|   | AAA   |   |  |
|   |   |   | 90   |
|   | 45a   |   | X  |
|   |   |   |  |
|   | 4 = 1   |   | v  |
| orm 990-EZ (see instructions)   | Carrier was a service of  | )-EZ  | A  |
|   | E "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter:    Section 501(c)(7) organizations. Enter: | ErYes," complete Schedule L, Part II and enter the total amount involved section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4915 ▶ section 501(c)(3) corganizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 xxxess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year hat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 00 organizations and the first organization approach of the first organization and first organization have an interest in or a signature or other authority over the organization and first organization maintain an office outside the United States?  1 Yes, "enter the name of the foreign country: beset the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and financial Account in a foreign country: beset organization first organization and first organization maintain any donor advised funds duri | If "Yes," complete Schedule L. Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter.  Section 501(c)(7) organizations. Enter.  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under:  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958  Xesses benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year  that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed in organization managers or disqualified persons during the year under sections 4912,  955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed in organization managers or disqualified persons during the year under sections 4912,  955, and 4958  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line  On reimbursed by the organization  Unorganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter  anasaction? If "Yes," complete Form 8886-T  40e  10 reganization's books are in care of ▶ ALAN FHTLP  Telephone no. ▶ 303−332−6.  403 S REED COURT  CO ZIP 4 ▶ 8022.6  11 ANEXMODO  CO ZIP 4 ▶ 8022.6  12 ANEXMODO  CO ZIP 4 ▶ 8022.6  12 ANEXMODO  Any any time during the celendar year, did the organization have an interest in or a signature or other authority on the section of the cell of the decidency of the decidency |

| Form         | 990-EZ (2017)    | CITIZENS  | FOR .         | A                       | SOUND  | GOVERNM  | ENT        | 45-09                 | 24894        |  |  |   | F   | Page 4 |
|--------------|------------------|---|---------------|-------------------------|--|--|------------|-----------------------|--------------|--|--|---|---|--------|
| 46           | Did the orga     | nization engage, directs s for public office? If "\     | ly or indired | ctly<br>lete            | , in political   | campaign activit   | ies on be  | half of or in op      | position     |  |  | 46                                      | Yes   | No     |
|              | rt VI Se         | ection 501(c)(3) of section 501(c)(3) of and 51.        | organizat     | tio                     | ns only  |  |            |                       |              |  | for line   | 1                                       |   |        |
| -            | Ch               | neck if the organizati                                  | on used S     | Sch                     | nedule O t   | o respond to a   | ny quest   | tion in this Pa       | rt VI        |  |  | *****                                   |   |        |
| 47           |                  | nization engage in lobb                                 |               | ties                    | or have a  | section 501(h) el  | ection in  | effect during th      | e tax        |  |  | 47                                      | Yes   | No     |
|              |                  | zation a school as des                                  |               | ecti                    | ion 170(b)(1   | I)(A)(ii)? If "Yes,"   | complete   | Schedule E            |              |  |  | 48                                      |   | T      |
|              |                  | nization make any tran                                  |               |                         |  |  | organiza   | tion?                 |              |  |  | 49a                                     |   |        |
|              |                  | the related organization                                |               |                         |  |  |            |                       |              |  |  | 49b                                     |   |        |
|              |                  | s table for the organization who each received more     |               |                         |  |  |            |                       |              |  | key  |   |   |        |
|              |                  | Name and title of each                                  |               |                         |  | (b) Average<br>hours per week<br>devoted to position   | (c)        | Reportable npensation | (d) Hea      | Ith benefits,<br>ns to employe<br>plans, and<br>compensation | CI   | stimated<br>er com                      |   |        |
|              |                  |   |               | ,                       |  |  |            |                       | deletted     | Compensation   |  |   |   |        |
|              |                  |   |               |                         |  |  |            |                       |              |  |  |   |   |        |
|              |                  |   |               |                         |  |  |            |                       |              |  |  |   |   |        |
|              |                  |   |               | • • • •                 |  |  |            |                       |              |  |  |   |   |        |
|              |                  |   |               | •••                     |  |  |            |                       |              |  |  |   |   |        |
| f            | Total number     | of other employees p                                    | aid over \$1  | 100,                    | ,000   |  |            | <b>&gt;</b>           |              |  |  |   |   |        |
|              |                  | s table for the organization from the                   |               |                         |  | nsated independ  | ent contra | actors who eac        | h received   | more than  |  |   |   |        |
|              | \$100,000 of (   | compensation from the                                   | organizatio   | on.                     | If there is r  | none, enter "None  | <u>}."</u> |                       |              |  |  | <del></del>                             |   |        |
|              | (a) Na           | ame and business addres                                 | s of each in  | dep                     | endent contr   | actor  |            | (b) Type              | e of service |  | (c) (  | Comper                                  | nsation   | l .    |
| * * * * * *  | *********        |   |               |                         |  |  |            |                       |              |  |  |   |   |        |
|              |                  | ******************                                      | .,,,,,,,,,,,  |                         |  |  |            |                       |              |  |  | *************************************** |   |        |
| • • • • •    | ******           |   |               |                         |  |  |            |                       | •            |  |  |   |   |        |
| * * * * *    | ************     | •                 |               |                         |  |  | ,          |                       |              |  |  |   |   |        |
| ۸<br>        | Total number     | of other independent                                    |               |                         |  |  |            |                       |              |  |  |   |   |        |
| 52           | Did the organ    | ization complete Sche                                   | dule A? No    | ote:                    | All section  | 501(c)(3) organi   | zations m  |                       |              |  | <b>→</b> □   | Yes                                     |   | No     |
| <b>Jnder</b> | penalties of per | rjury, I declare that I have plete. Declaration of prep | examined t    | this                    | return, includ   | ling accompanying  | schedules  | s and statements      | and to the   | best of my kr  | nowledge   |   |   |        |
| Sian         | _                |   |               |                         |  |  |            |                       |              |  |  |   |   |        |
| Sign<br>Here | Sig              | gnature of officer  ALAN PHILP                          |               |                         |  |  | τ          | PRESIDEN              |              |  |  |   |   |        |
| 1616         | Ту               | pe or print name and title                              |               |                         |  |  |            | LULUTURA              | 4            | ***************************************                      |  |   |   |        |
|              | Print/Typ        | e preparer's name                                       |               |                         | Prepa  | rer's signature  |            |                       | Date         | Charl  | П.,  | PTIN                                    |   |        |
| Paid         | BRITTA           | MY S. LANPHIER,   | CPA           |                         | BRIT   | TANY S. LANP   | HIER, (    | CPA                   | 07/2         | Check<br>26/18 self-er                                       |  | P010                                    | 4523!   | 5      |
| repa         | S-1              |   |               |                         |  |  |            |                       |              | Firm's EIN   | The same of the sa | -228                                    | Marie Company of the |        |
| J56 (        | Only Firm's ac   | didress > 621 1' DENVER                                 | -             | -                       | STE 24   |  |            |                       |              | -7   | 20 (   | )61                                     | 021   |        |
| Vlay tl      | ne IRS discus    | s this return with the p                                |               | STATE OF TAXABLE PARTY. | NAME AND POST OF PERSONS ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME | The same of the sa |            |                       |              | Phone no. 7  | Name and Address of the Owner, where the Owner, which the | X Yes                                   |   | No     |
|              |                  |   |               |                         |  | *  |            |                       |              |  |  | 990-                                    |   | -      |

Schedule B

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

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

2017

Name of the organization

Employer identification number

| CITIZENS FOR A SOUND GOVERNMENT  | 45-0924894   |
|--|--|
| Organization type (check one):   |  |
| Filers of: Section:  |  |
| Form 990 or 990-EZ   |  |
| 4947(a)(1) nonexempt charitable trust not treated as a private for   | oundation  |
| 527 political organization   |  |
| Form 990-PF 501(c)(3) exempt private foundation  |  |
| 4947(a)(1) nonexempt charitable trust treated as a private found   | dation   |
| 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 instructions.  General Rule  |  |
| For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, control or more (in money or property) from any one contributor. Complete Parts I and II. See instructions.   |  |
| Special Rules  |  |
| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 13, 16a, or 16b, and that received from any one contributor, during the year, total contribution \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line   | 990 or 990-EZ), Part II, line<br>ons of the greater of (1) |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the contributor, during the year, total contributions of more than \$1,000 exclusively for religious, literary, or educational purposes, or for the prevention of cruelty to children or animals. Com   | , charitable, scientific,                                  |
| For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that contributor, during the year, contributions exclusively for religious, charitable, etc., purposes contributions totaled more than \$1,000. If this box is checked, enter here the total contribution during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of General Rule applies to this organization because it received nonexclusively religious, charitable, \$5,000 or more during the year | s, but no such ons that were received the parts unless the |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on   |  |

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).

Page 2

Name of organization

CITIZENS FOR A SOUND GOVERNMENT

Employer identification number 45-0924894

| <u> </u>   | TYENS LOW W SOOND GOAFKUMENT.                            | 4:                           | 5-0924894  |
|------------|--|------------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of | f Part I if additional space | is needed.   |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions      | (d) Type of contribution   |
| 1          |  | \$ 8,000                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions      | (d) Type of contribution   |
| 2          |  | \$ 7,500                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions      | (d) Type of contribution   |
| 3          |  | \$ 7,500                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions      | (d) Type of contribution   |
| 4          |  | \$ 7,500                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions      | (d) Type of contribution   |
| 5          |  | \$ 10,000                    | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions      | (d) Type of contribution   |
| 6          |  | \$ 35,000                    | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number 45-0924894

| CITIZ      |  |                               | -0924894   |
|------------|--|-------------------------------|--|
| Part I     | Contributors (see instructions). Use duplicate copies of | Part I if additional space is |  |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions       | (d) Type of contribution   |
| 7          |  | \$ 10,000                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b)  Name, address, and ZIP + 4                          | (c) Total contributions       | (d) Type of contribution   |
| No.        |  | \$ 44,600                     | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions       | (d) Type of contribution   |
|            |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b)  | (c)                           | (d)  |
| No.        | Name, address, and ZIP + 4                               | Total contributions  \$       | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b) Name, address, and ZIP + 4                           | (c) Total contributions       | (d) Type of contribution   |
|            | T 112147777777777777777777777777777777777                | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b) Nome address and 7ID + A                             | (c) Total contributions       | (d) Type of contribution   |
| No.        | Name, address, and ZIP + 4                               | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.) |

## SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • 5    | Section 501(c)(4), (5), or (6) organizations: Complete Part                            | III.                              |                     |                          |   |
|--------|--|-----------------------------------|---------------------|--------------------------|---|
| Nam    | e of organization  |                                   |                     | Employer ider            | ntification number                            |
|        | CITIZENS FOR A SOU   | ND GOVERNMENT                     |                     | 45-09248                 | 94  |
| Pai    | rt I-A Complete if the organization is exe   | empt under section 50             | 1(c) or is a se     | ction 527 organi         | zation.                                       |
| 1      | Provide a description of the organization's direct and ind                             | irect political campaign activiti | es in Part IV. (see | instructions for         |   |
|        | definition of "political campaign activities")   |                                   |                     |                          |   |
| 2      | Political campaign activity expenditures (see instructions                             | )                                 |                     | ▶\$                      | 8,500   |
| _ 3_   | Volunteer hours for political campaign activities (see inst                            | tructions)                        |                     |                          | )   |
| Par    | t I-B Complete if the organization is exe  | empt under section 50             | 1(c)(3).            |                          |   |
| 1      | Enter the amount of any excise tax incurred by the organ                               | ization under section 4955        |                     | ▶\$                      |   |
| 2      | Enter the amount of any excise tax incurred by organizat                               | ion managers under section 4      | 955                 | >\$                      | * * , * * * * * * * * * * * * * * * * *       |
| 3      | If the organization incurred a section 4955 tax, did it file F                         | Form 4720 for this year?          | ***********         |                          | Yes No  |
| 4a     | If the organization incurred a section 4955 tax, did it file if Was a correction made? |                                   |                     |                          | Yes No  |
| D      | If Yes, describe in Part IV.   |                                   |                     |                          |   |
| Par    | t I-C Complete if the organization is exe  | empt under section 50             | 1(c), except s      | ection 501(c)(3).        |   |
| 1      | Enter the amount directly expended by the filing organization                          | tion for section 527 exempt for   | unction             |                          |   |
|        | activities   | ************************          |                     | ▶\$                      |   |
| 2      | Enter the amount of the filing organization's funds contrib                            | outed to other organizations for  | r section           |                          |   |
|        | 527 exempt function activities   |                                   |                     | ▶\$                      | 8,500   |
| 3      | Total exempt function expenditures. Add lines 1 and 2. E                               | nter here and on Form 1120-I      | POL,                |                          |   |
|        | line 17b   |                                   |                     | \$                       | 8,500   |
| 4      | Did the filing organization file Form 1120-POL for this ye                             | ar?                               |                     |                          | Yes X No                                      |
| 5      | Enter the names, addresses and employer identification r                               |                                   |                     |                          |   |
|        | organization made payments. For each organization listed                               |                                   |                     |                          |   |
|        | the amount of political contributions received that were pr                            |                                   |                     |                          |   |
|        | as a separate segregated fund or a political action comm                               |                                   |                     |                          |   |
|        | (a) Name   | (b) Address                       | (c) EIN             | (d) Amount paid from     | (e) Amount of political                       |
|        |  |                                   |                     | filing organization's    | contributions received and                    |
|        |  |                                   |                     | funds. If none, enter -0 | promptly and directly delivered to a separate |
|        |  |                                   |                     |                          | political organization.                       |
| ,      |  |                                   |                     |                          | If none, enter -0                             |
|        | OLORADO STRONG   | LAKEWOOD                          |                     |                          |   |
|        | 03 S. REED COURT   | CO 80226                          | 32-0534431          | 8,500                    |   |
| (2)    |  |                                   |                     |                          |   |
|        |  |                                   |                     |                          |   |
| (3)    |  |                                   |                     |                          |   |
|        |  |                                   |                     |                          |   |
| (4)    |  |                                   |                     |                          |   |
|        |  |                                   |                     |                          |   |
| (5)    |  |                                   |                     |                          |   |
|        |  |                                   |                     |                          |   |
| (6)    |  |                                   |                     |                          |   |
| No.    |  |                                   |                     |                          |   |
| For Pa | perwork Reduction Act Notice, see the Instructions for Form                            | n 990 or 990-EZ.                  |                     | Schedule C /For          | m 990 or 990-FZ) 2017                         |

| Sche | edule C (Form 990 or 990-EZ) 2017 CITIZ   | The second secon | The first an experience of the first of the |                        | 45-0924894            | Page 2         |
|------|---|--|---|------------------------|-----------------------|----------------|
| Pa   | rt II-A Complete if the organ   | ization is exen  | npt under section   | n 501(c)(3) and 1      | filed Form 5768 (     | election under |
|      | section 501(h)).  |  |   |                        |                       |                |
| A    | Check ▶ ☐ if the filing organization  | belongs to an a  | iffiliated group (and I   | list in Part IV each   | affiliated group men  | nber's name,   |
|      | address, EIN, expense   |  |   | 1.7                    |                       |                |
| В    | Check ▶ ☐ if the filing organizat   | ion checked bo   | x A and "limited c  | control" provisions    | apply.                |                |
|      | Limits on Lol   | bying Expend   | litures   |                        | (a) Filing            | (b) Affiliated |
|      | (The term "expenditures"  | neans amounts  | paid or incurred.)  | or                     | ganization's totals   | group totals   |
|      | Total lobbying expenditures to influence  |  |   |                        |                       |                |
|      | Total lobbying expenditures to influence a  |  |   |                        |                       |                |
| (    | Total lobbying expenditures (add lines 1a   | and 1b)  |   |                        |                       |                |
|      | d Other exempt purpose expenditures   |  |   |                        |                       |                |
|      | Total exempt purpose expenditures (add  |  |   |                        |                       |                |
|      | f Lobbying nontaxable amount. Enter the a   | mount from the follo   | owing table in both   |                        |                       |                |
|      | columns.  | T  |   |                        |                       |                |
|      | If the amount on line 1e, column (a) or (b)   |  | ontaxable amount is:  |                        |                       |                |
|      | Not over \$500,000  | 20% of the amou  |   |                        |                       |                |
|      | Over \$500,000 but not over \$1,000,000   |  | 5% of the excess over \$5   |                        |                       |                |
|      | Over \$1,000,000 but not over \$1,500,000<br>Over \$1,500,000 but not over \$17,000,000 |  | 0% of the excess over \$1, % of the excess over \$1,  |                        |                       |                |
|      | Over \$1,500,000 But Not over \$17,000,000  Over \$17,000,000                           | \$1,000,000.   | 70 OF THE EXCESS OVER \$1,  | 300,000.               |                       |                |
|      | Grassroots nontaxable amount (enter 25°   |  |   |                        |                       |                |
|      | Subtract line 1g from line 1a. If zero or le  |  |   |                        |                       |                |
|      | i Subtract line 1f from line 1c. If zero or les   |  |   |                        |                       |                |
|      | j If there is an amount other than zero on o  |  | 1i. did the organization  | n file Form 4720       |                       |                |
|      | reporting section 4911 tax for this year?   |  |   |                        |                       | Yes No         |
|      |   |  | ing Period Under  |                        |                       |                |
|      | (Some organizations that made   | _  |   |                        | all of the five colur | nns below.     |
|      |   |  | instructions for lin  |                        |                       |                |
|      |   |  |   | The Art St. Plants St. |                       |                |
|      | Lol   | bying Expendit   | ures During 4-Yea   | r Averaging Perio      | d                     |                |
|      | Calendar year (or fiscal year beginning in)   | (a) 2014   | (b) 2015  | (c) 2016               | (d) 2017              | (e) Total      |
| 2    | a Lobbying nontaxable amount  |  |   |                        |                       |                |
|      | Lobbying ceiling amount (150% of line 2a, column (e))                                   |  |   |                        |                       |                |
|      | Total lobbying expenditures   |  |   |                        |                       |                |
|      | d Grassroots nontaxable amount  |  |   |                        |                       |                |
|      | Grassroots ceiling amount (150% of line 2d, column (e))                                 |  |   |                        |                       |                |
|      | f Grassroots lobbying expenditures  |  |   |                        |                       |                |

| (election under section 501(h)).   | 1 6       |                       | 7         | /L\                                     |  |
|--|-----------|-----------------------|-----------|---|--|
| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed   | (4        | a)                    |           | (b)                                     |  |
| description of the lobbying activity.  | Yes       | No                    | -         | mount                                   |  |
| 1 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:  |           |                       |           |   |  |
| a Volunteers?  |           |                       |           |   |  |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |           |                       |           |   |  |
| c Media advertisements?  |           |                       |           |   |  |
| d Mailings to members, legislators, or the public?   |           |                       |           |   |  |
| e Publications, or published or broadcast statements?  | -         |                       |           |   |  |
| f Grants to other organizations for lobbying purposes?   |           |                       |           |   |  |
| g 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   |           |                       |           |   |  |
| 2a 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  |           |                       |           | *************************************** | -terreno e e e e e e e e e e e e e e e e e e |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |           |                       |           |   |  |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 5   | 501/6\/   | 5) 6                  | r conti   | <b></b>                                 |  |
| 501(c)(6).   | ינטון     | J), U                 | n Section | <i>)</i>                                |  |
|  |           |                       |           | Ye                                      | s No   |
| 1 Were substantially all (90% or more) dues received nondeductible by members?   |           |                       |           | 1                                       |  |
| 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 prior ye   | ear?      |                       |           | 3                                       |  |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."   |           |                       |           |   |  |
| 1 Dues, assessments and similar amounts from members   |           | 1                     |           |   |  |
| Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of  |           | 1                     |           |   |  |
| **************************************   |           | 1                     |           |   |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           | 1<br>2a               |           |   |  |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of  |           | 1<br>2a<br>2b         |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>  |           |                       |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>   |           | 2b                    |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the</li> </ul>   |           | 2b                    |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying</li> </ul>  |           | 2b                    |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</li> </ul>   |           | 2b                    |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>   |           | 2b<br>2c<br>3         |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> </ul>   |           | 2b<br>2c<br>3         |           |   |  |
| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> <li>Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide 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 I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, line 4; Part I-C, line 5; Part II-B, line 4; Part I-C, lin</li></ul> |           | 2b<br>2c<br>3         | 1 and     |   |  |
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| <ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</li> <li>Current year</li> <li>Carryover from last year</li> <li>Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide 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); Per (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.</li> <li>SCHEDULE C, PART IV, ADDITIONAL INFORMATION</li> <li>PT I-A LINE 1 ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL TIPE III A LINE 1 ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE III ORGANIZATION MADE CONTRIBUTIONS TO SECTIONAL III A LINE I</li></ul>         | art II-A, | 2b<br>2c<br>3<br>Ines | ORGA      |   |  |
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| Schedule C (For | m 990 or 990-EZ) 2017 | CITIZENS    | FOR A       | SOUND | GOVERNMENT                              | 45-0924894 | Page 4 |
|-----------------|-----------------------|-------------|-------------|-------|---|------------|--------|
| Part IV         | Supplemental          | Information | (continued) |       |   |            |        |
|                 |                       |             |             |       |   |            |        |
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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.

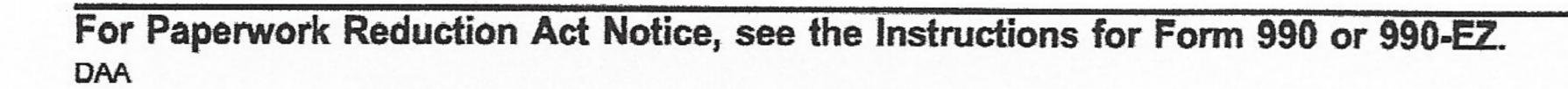
OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

| CITIZENS FOR A SOUND GOV            | CITIZENS FOR A SOUND GOVERNMENT |           |          | 45-0924894 |        |         |  |
|-------------------------------------|---------------------------------|-----------|----------|------------|--------|---------|--|
| FORM 990-EZ, PART I, LINE 10 - GRAN | VTS/S                           | IMILAR AM | ITS PAID | TO         | ORGANI | ZATIONS |  |
| NAME: NO MORE GERRYMANDERING, INC.  |                                 | •••••••   |          |            |        |         |  |
| ADDRESS: 717 17TH STREET, SUITE 280 | 0                               |           |          |            |        |         |  |
| DENVER, CO 80202                    |                                 |           |          |            |        |         |  |
| CASH CONTRIBUTION: 13,500           |                                 |           |          |            |        |         |  |
|                                     |                                 |           |          |            |        |         |  |
| NAME: COLORADO STRONG               |                                 |           |          |            |        |         |  |
| ADDRESS: 403 S. REED CT             |                                 |           |          |            |        |         |  |
| LAKEWOOD, CO 80226                  |                                 | ,         |          |            |        |         |  |
| CASH CONTRIBUTION: 8,500            |                                 |           |          |            |        |         |  |
|                                     |                                 |           |          |            |        |         |  |
| NAME: FAIR DISTRICTS FAIR ELECTIONS |                                 |           |          |            |        |         |  |
| ADDRESS: 403 S. REED CT             |                                 |           |          |            |        |         |  |
| LAKEWOOD, CO 80226                  |                                 |           |          |            |        |         |  |
| CASH CONTRIBUTION: 37,000           |                                 |           |          |            |        |         |  |
|                                     |                                 |           |          |            |        |         |  |
| FORM 990-EZ, PART I, LINE 16 - OTHE |                                 |           |          |            |        |         |  |
| DESCRIPTION                         |                                 |           |          |            |        |         |  |
| EXPENSES                            |                                 |           |          |            |        |         |  |
| DIGITAL ADVERTISING                 | \$                              | 30,000    | 0        |            |        |         |  |
| RENT                                |                                 |           |          |            |        |         |  |
| OFFICE EXPENSES                     |                                 |           |          |            |        |         |  |
| BANK FEES                           |                                 |           |          |            |        |         |  |
| POSTAGE                             |                                 |           |          |            |        |         |  |
|                                     |                                 | 38.106    |          |            |        |         |  |



DAA

| Name of the organization  CTTTZENIC FOR A COLUMN COMEDANCE | Employer identification number                    |
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| CITIZENS FOR A SOUND GOVERNMENT                            | 45-0924894  |
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| FORM 990-EZ, PART III - PRIMARY EXEMPT PURPO               | OSE   |
| EDUCATE CITIZENRY ON PUBLIC ISSUES, INCLUDIN               | NG THROUGH DROUTDING DECEMBAR                     |
|  |   |
| HOSTING FORUMS, SENDING DIRECT MAIL AND PRO                | DUCING RADIO/TELEVISION SPOTS                     |
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|  | PAGE 1 OF 1 Schedule O (Form 990 or 990-EZ) (2017 |