Department of the Treasury Internal Revenue Service

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

U Do not enter social security numbers on this form as it may be made public.

U Information about Form 990 and its instructions is at

OMB No. 1545-0047 Open to Public Inspection

A	For the	e 2016 calendar year, or tax ye	ar beginning	, and ending											
В	Check if	applicable: C Name of organization				D Employe	er identification number								
Address change CITIZENS FOR A SOUND GOVERNMENT															
$\equiv$		Doing business as				45-0	924894								
님	Name ch	Number and street (or P.O. b	oox if mail is not delivered to stre	eet address)	Room/suite	E Telephor									
Ш	Initial ret	m 403 S. REED (	403 S. REED COURT 303-332-6539												
	Final retu		City or town, state or province, country, and ZIP or foreign postal code												
LAKEWOOD CO 80226  G Gross receipts\$															
Amended return  F Name and address of principal officer:															
	Application	pending ALAN PHILP			H(a) Is this a gr	oup return for	subordinates? Yes X No								
		hardinataa in	duded? Yes No												
	403 S REED COURT  LAKEWOOD  CO 80226  H(b) Are all subordinates included? Yes N  If "No," attach a list. (see instructions)														
-		T 72	4			attacii a iişi	. (See Instructions)								
		npt status: 501(c)(3) X 501													
J	Website		PRASOUNDGOVE	KNMENT.ORG	H(c) Group exe		per U								
The State of State of	A CONTRACTOR AND ADDRESS OF A CONTRACTOR	organization: X Corporation Trust	Association Other	u l	L Year of formation: 2	011	M State of legal domicile: CO								
	Part I	Summary													
	1	Briefly describe the organization's													
Se	1 .	EDUCATE CITIZENRY	ON PUBLIC ISSU	ES, INCLUDING THRO	UGH PROVIDI	NG RES	SEARCH,								
Jan	EDUCATE CITIZENRY ON PUBLIC ISSUES, INCLUDING THROUGH PROVIDING RESEARCH HOSTING FORUMS, SENDING DIRECT MAIL, AND PRODUCING RADIO/TELEVISION SPO														
eri															
õ	2	Check this box u if the organiz	ration discontinued its or	perations or disposed of more than	on 25% of its set of	··········									
0		and the same of th		400 00	an 25% of its fiel a	isseis.	2								
υO		Number of voting members of the		The state of the s		. 3									
tie	1	lumber of independent voting mer		AND 100 AND 10		. 4	2								
ctiviti		otal number of individuals employ		6 (Part V, line 2a)		. 5	0								
Ac	1	otal number of volunteers (estimate				6	4								
	7a	otal unrelated business revenue f	rom Part VIII, column (6	(), line 12	1	7a	0								
	bl	let unrelated business taxable inc	ome from Form 990-T, I	ine 34		. 7b	0								
					Prior Yea	ır	Current Year								
<u>o</u>	8	Contributions and grants (Part VIII,	2,886	,801	370,000										
ne ne	9 1	rogram service revenue (Part VIII			0										
Reve		nvestment income (Part VIII, colun			0										
02		Other revenue (Part VIII, column (A	40000 50000	1 1 1 1 1 1 1 1 1 1 1 1 MINELS 1 A MINER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			0								
	1	otal revenue - add lines 8 through	ART WASA		2,886	801	370,000								
	1	Frants and similar amounts paid (F	VMA. 923	The state of the s		,500									
9	1		223	,300	813,953										
		enefits paid to or for members (P	A STATE OF THE PARTY OF THE PAR				<u> </u>								
Ses		alaries, other compensation, emp	Wash and				0								
ens	1	rofessional fundraising fees (Part			108	,994	70,002								
Exp	1	otal fundraising expenses (Part IX													
ш		other expenses (Part IX, column (	ARREST		1,557	,270	494,623								
	18 7	otal expenses. Add lines 13-17 (r	nust equal Part IX, colur	nn (A), line 25)	1,895	,764	1,378,578								
	19 F	evenue less expenses. Subtract I			991	,037	-1,008,578								
s or					Beginning of Curr	rent Year	End of Year								
Net Assets Fund Balan	20 7	otal assets (Part X, line 16)			1,194	,801	186,223								
t As	21 7	otal liabilities (Part X, line 26)				0	0								
휸	22 N	et assets or fund balances. Subtr	act line 21 from line 20		1,194	,801	186,223								
P	art II	Signature Block													
		alties of perjury, I declare that I have	evamined this return inclus	ling accompanying schodules and of	tatamanta and to the	boot of m	Almondades and balish it is								
tru	ie, corre	ct, and complete. Declaration of prepa	arer (other than officer) is b	ased on all information of which ore	parer has any knowle	edae edae	y knowledge and belief, it is								
		<u> </u>			paror rico diriy tatomi	T T									
Si~		Signature of officer													
Sig		The result of th				Date									
Hei	re	ALAN PHILP		PRES	IDENT										
		Type or print name and title													
<u>20.0</u> 1 10.2		Print/Type preparer's name	Preparer's	signature	Date	Check	if PTIN								
Paid		BRITTANY S. LANPHIER, CP	A BRITTA	NY S. LANPHIER, CPA	09/12/	17 self-emp	ployed P01045235								
Prep	parer	Firm's name } LANPHII	m's EIN }	27-2286683											
Use	Only	621 17	ER LLP TH ST STE 24	00											
		Firm's address } DENVER			DI	one no.	720-961-0310								
Mav	the IR	3 discuss this return with the prep			1 Pr	OHE HU.									
STREET, SQUARE,	THE RESERVE THE PERSON NAMED IN	ork Reduction Act Notice, see the					X Yes No								
DAA	Pot 44		oparate manucuons.				Form <b>990</b> (2016)								

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Pa	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:
E	DUCATE CITIZENRY ON PUBLIC ISSUES, INCLUDING THROUGH PROVIDING RESEARCH,
H	OSTING FORUMS, SENDING DIRECT MAIL AND PRODUCING RADIO/TELEVISION SPOTS.
	Did the service the service and significant program continue during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-FZ?  Yes X No
	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
<i>-</i>	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
42	(Code: ) (Expenses \$ 419,652 including grants of \$ ) (Revenue \$ )
R	ESEARCH OF AND EDUCATION ON ISSUES AND PUBLIC OFFICIALS' RECORDS IN THE
S	TATE OF ALABAMA
4b	(Code: ) (Expenses \$ 255,794 including grants of \$ 219,753 ) (Revenue \$ )
R	RESEARCH OF AND DEVELOPMENT AND PROMOTION OF A BALLOT ISSUE IN COLORADO TO
R	REFORM THE REDISTRICTING PROCESS.
4-	(Code: ) (Expenses \$ 54,500 including grants of \$ 54,500 ) (Revenue \$ )
4C F	(Code: ) (Expenses \$ 54,500 including grants of \$ 54,500 ) (Revenue \$ PROMOTE A STRONG AND PREDICTABLE CRIMINAL JUSTICE SYSTEM IN NEBRASKA
ī	THROUGH SUPPORT FOR REINSTATEMENT OF THE DEATH PENALTY.
	,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 539,700 including grants of \$ 539,700 ) (Revenue \$ )
4e	Total program service expenses u 1,269,646

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Form 990 (2016) CITIZENS FOR A SOUND GOVERNMENT

#### Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 Form **990** (2016)

Form 990 (2016) CITIZENS FOR A SOUND Page 4 Checklist of Required Schedules (continued) Part IV Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ..... Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Partal 25a 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? 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X 27 entity or family member of any of these persons? If "Yes," complete Schedule L. Part III 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): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 or IV, and Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

19? Note. All Form 990 filers are required to complete Schedule O.

13b

13c

X

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14a

14b

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

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Form 990 (2016) CITIZENS FOR A SOUND GOVERNMENT

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ...... Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... 10b 11a 11a 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. X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 16a with a taxable entity during the year? 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 16b organization's exempt status with respect to such arrangements? ..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed u NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: u

403 S REED COURT

CO 80226

303-332-6539

ALAN PHILP

LAKEWOOD

(9)

(10)

(11)

DAA

							4E 000	4004	Dogo 7
Form 990 (2016) CITIZENS	of Officers	OUI	ND ecto				ENT 45-092 s Key Employees.	Highest Compensate	d Employees, and
Part VII Compensation Independent C		Dir	CCIC	JI 3,	ITU	3100	s, itcy Employees,		
Check if Schedu	le O contain	s a	resp	ons	e or	note	e to any line in this F	Part VII	<u></u>
Section A. Officers, Directors	, Trustees, Ke	y En	ploy	yees,	and	High	est Compensated Emp	loyees	
1a Complete this table for all person organization's tax year.									
<ul> <li>List all of the organization's cu compensation. Enter -0- in columns</li> </ul>	(D), (E), and (F)	) if no	o cor	npen	satior	was	paid.		OT .
<ul> <li>List all of the organization's cu</li> <li>List the organization's five cur</li> </ul>	irrent key empl	oyee	s, it a	any.	see II	nstruc	tions for definition of key	tor trustee or kev employee)	
who received reportable compensation organization and any related organization	on (Box 5 of Fo zations.	rm V	V-2 a	ind/or	Box	7 of	-orm 1099-MISC) of more	than \$100,000 from the	
List all of the organization's fo \$100,000 of reportable compensation	on from the orga	aniza	tion	and a	any re	elated	organizations.		
<ul> <li>List all of the organization's forganization, more than \$10,000 of</li> </ul>	rmer directors	or to ensa	ruste ation	ees u from	the c	rgani	zation and any related org	ganizations.	
List persons in the following order: i	ndividual trustee	es or	dire	ctors;	instit	ution	al trustees; officers; key e	mployees; highest	
compensated employees; and forme			latad	oran	nizati	on co	monested any current of	fficer director or trustee.	
Check this box if neither the org		ly re	lateu		IIIZau	011 00	(D)	(E)	(F)
(A) Name and Title	(B) Average			(C) Position			Reportable	Reportable	Estimated
	hours per week	,			ore tha on is bo		compensation from	compensation from related	amount of other
	(list any				ector/tr	ustee)	the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	Indiv	Instit	Officer	empl Kev	Former Highest	(W-2/1099-MISC)		organization and related
	organizations below dotted	Individual or director	nstitutional	ğ .	emp	ner est o			organizations
	line)	□ □	- 1		employee	ompe	102		
		ustee	trustee		employee Kev employee	nsate			
(1) ALAN PHILP				$\neg$					
(.,====================================	15.00				X				•
PRESIDENT	0.00	X		X		1		0	0
(2) REEVES BARBOUR	4 00			1					
DIRECTOR	1.00	ŵ		7				0	0
(3) JEFF BURTON	0.00	V				4			
(0,0222	2.00	6	1			1			
DIRECTOR	0.00	X						0	0
(4)									
(5)				V					
		Sec.	9						
(6)									
(7)									
(8)									

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0

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Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization u

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Part	VIII Statement of Re	evenue	ine a recoence (	or note to any lir	o in this Part VIII		
	Check if Schedule	e O conta	iins a response o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
221 1	1a Federated campaigns	1a			Teveride		0.201
	b Membership dues	1b					
Am	c Fundraising events	10					
a a	d Related organizations						
i.i.	e Government grants (contributions)						
e e	f All other contributions, gifts, grants,						
<b>E</b>	and similar amounts not included above		370,000				
	g Noncash contributions included in lines			270 000			
<u> </u>	h Total. Add lines 1a-1f		20 Mg	370,000			
Program Service Reven	2a		Busn, Code				
g	f All other program service re						
3	<ul><li>g Total. Add lines 2a–2f</li><li>3 Investment income (includir</li></ul>			4			
5	and other similar amounts) 4 Income from investment of 5 Royalties	tax-exempt	bond proceedsu				
1	b Less: rental exps.			X			
	d Net rental income or (loss)  7a Gross amount from (i) Securit sales of assets						
	other than inventory			(-)			
	<b>b</b> Less: cost or other						
	basis & sales exps.						
	c Gain or (loss)						
Revenue	d Net gain or (loss)  8a Gross income from fundraising (not including \$ of contributions reported on line See Part IV, line 18	a 1c).					
	<b>b</b> Less: direct expenses						
	c Net income or (loss) from f		events u				
9	9a Gross income from gaming act						
	See Part IV, line 19  b Less: direct expenses						
	c Net income or (loss) from g		rities				and the control of th
	0a Gross sales of inventory, le	ess					
	returns and allowances b Less: cost of goods sold						
	c Net income or (loss) from s		ntory u				
	Miscellaneous Reven		Busn. Code				
11	1a						
	b						
	C						
•	d All other revenue e Total. Add lines 11a-11d						
1	2 Total revenue. See instru			370,000	0	0	

Part IX

CITIZENS FOR A SOUND GOVERNMENT Form 990 (2016)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) (A) Fundraising Management and Program service Total expenses general expenses expenses expenses Grants and other assistance to domestic organizations 813,953 813,953 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 36,041 36,041 a Management ..... 4,928 4,177 751 b Legal ..... 2,084 2,084 c Accounting d Lobbying 70,002 70,002 e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 2,500 2,500 (A) amount, list line 11g expenses on Schedule O.) 412,975 412,975 12 Advertising and promotion ..... 33,083 33,083 Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,806 1,806 OFFICE EXPENSES 588 588 WEBSITE HOSTING 256 256 ADMIN FEES 250 250 CHARITABLE CONTRIBUTIONS 112 112 All other expenses 70,002 1,378,578 38,930 1,269,646 Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720). Form 990 (2016) DAA

Pa	art X	Ralance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
T	1	Cash—non-interest bearing	1,194,801	1	186,223
		Savings and temporary cash investments		2	
		Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		Carrier III	
1		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
2		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or			
1		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments—publicly traded securities		11	
		Investments—other securities. See Part IV, line 11		12	
1	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	101 001	15	106.006
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,194,801	16	186,223
		Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	<del> </del>
	20	Tax-exempt bond liabilities		20	
		Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors,			
Comme		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
		of Schedule D	0	25 26	
-	26	Total liabilities. Add lines 17 through 25	<u> </u>	20	
6		Organizations that follow SFAS 117 (ASC 958), check here u X and			
	27	complete lines 27 through 29, and lines 33 and 34.	1,194,801	27	186,223
2	28	Unrestricted net assets Temporarily restricted net assets	1,101,001	28	1 200,===
	29	Permanently restricted not assets		29	
2	LJ	Organizations that do not follow SFAS 117 (ASC 958), check here u and			
5					
	20	Conitol stock or trust principal, or current funds		30	
	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
NC	33	Total net assets or fund balances	1,194,801	33	186,223
		TANKE THE MERCHANIA WE INCOME MUNICIPAL			186,223

Form	990 (2016) CITIZENS FOR A SOUND GOVERNMENT 45-0924894			Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,37		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,00		The second name of the second
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,19	4,8	301
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		17000		
	33, column (B))	10	18	6,2	223
Pa	rt XII Financial Statements and Reporting				
0,000,000,000,000	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: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	response.	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	10 J.E. L.V. 1977	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	S.F. III. No.	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				-
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2016)

## 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

2016

Department of the Treasury Internal Revenue Service U Complete if the organization is described below.

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

U Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

- 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

	Section 501(c)(4), (5), or (6) organizations: Complete Part III	l.			
	e of organization			Employer ident	ification number
	CITIZENS FOR A SOUN	D GOVERNMENT		45-092489	
Pa	rt I-A Complete if the organization is exen	npt under section 501	(c) or is a sec	tion 527 organiz	ation.
1	Provide a description of the organization's direct and indire				
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)		<b>A</b>	u \$	503,700
3	Volunteer hours for political campaign activities (see instru		500		
Pa	rt I-B Complete if the organization is exer	npt under section 501	(c)(3).		
1	Enter the amount of any excise tax incurred by the organiz	AM Y		u \$	
2	Enter the amount of any excise tax incurred by organization	AND DESCRIPTION OF THE PROPERTY AND THE	55	u \$	<u></u> <u></u>
3	If the organization incurred a section 4955 tax, did it file Fo				Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exer	mpt under section 501	(c), except se	ction 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ion for section 527 exempt fur	nction		
	activities			u\$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for	section		F01 000
	527 exempt function activities			u \$	501,200
3	Total exempt function expenditures. Add lines 1 and 2 En	ter here and on Form 1120-P	OL,		E01 000
	line 17b			u \$ <sub></sub>	501,200
4	Did the filing organization file Form 1120-POL for this year				Yes X No
5	Enter the names, addresses and employer identification no				
	organization made payments. For each organization listed	1000			
	the amount of political contributions received that were pro-	omptly and directly delivered t	o a separate politic	cal organization, such	
	as a separate segregated fund or a political action commit	ttee (PAC). If additional space	is needed, provide	e information in Part I	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
				iurido. Il riono, oritor o .	delivered to a separate
					political organization. If none, enter -0
					Tioric, Critici -0
	CITIZEN SUPER PAC	AUSTIN		400,000	
	P.O. BOX 341028	TX 78734		400,000	
(2)	SENATE MAJORITY FUND IEC	DENVER		100 000	
	2318 CURTIS STREET	CO 80205		100,000	
(3)	THE ACCOUNTABILITY PROJECT	ANCHORAGE		1 200	
	3201 C STREET, SUITE 308	AK 99503		1,200	
(4)					
(5)					
(6)					

Schedule C (Form 990 or 990-EZ) 2016 CITIZENS FOR A SOUND GOVERNMENT	r 45-0924894	Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3)	and filed Form 5768	(election under
Section 501(h)).  A Check u if the filing organization belongs to an affiliated group (and list in	Part IV each affiliated	aroun member's
name, address, EIN, expenses, and share of excess lobbying e		group members
B Check u if the filing organization checked box A and "limited control" pro-	. ,	
Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both		
columns.		
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 47	20	
reporting section 4911 tax for this year?		Yes No
4-Year Averaging Period Under section 501	(b)	1.00   1.00
(Some organizations that made a section 501(h) election do not have to com		mne holow
See the separate instructions for lines 2a throu	W	illis below.
	9.,)	
Lobbying Expenditures During 4-Year Averaging	Period	
Calendar year (or fiscal year		
beginning in) (a) 2013 (b) 2014 (c) 20	15 <b>(d)</b> 2016	(e) Total
2a Lobbying nontaxable amount		
b Lobbying ceiling amount  (150% of line 2c column(c))		
(150% of line 2a, column(e))		
c Total lobbying expenditures		
d Grassroots nontaxable amount		
e Grassroots ceiling amount (150% of line 2d, column (e))		
f Grassroots lobbying expenditures		

each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	1.	2)		/h\		
		a) 		(b)		
ription of the lobbying activity.	Yes	No	Ar	nour	nt	
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?		Part Company				
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
Media advertisements?	.			racial		
				de la		-
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?						
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?		VAR DEBUSYNS RE				
Total. Add lines 1c through 1i						
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
If "Yes," enter the amount of any tax incurred under section 4912						75.550 T
If "Yes," enter the amount of any tax incurred by organization managers under section 4912	100					
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		MOVED-2000-200-20				
III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)	5), o	r section	า		
501(c)(6).	` ,,	,,				
			<del></del>	Ty	es	N
Were substantially all (90% or more) dues received nondeductible by members?			[4	+	-	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				+	-	
				+	-	
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior III-B Complete if the organization is exempt under section 501(c)(4), section			5			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I					ne 3	3, i
answered "Yes."						
Dues, assessments and similar amounts from members		1				
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
political expenses for which the section 527(f) tax was paid).						
Current year		2a				
Carryover from last year		2b				
Γotal		2c				
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				-
f 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?		4				
Taxable amount of lobbying and political expenditures (see instructions)			Y			
		5				
IV Supplemental Information  e 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);						

Schedule C (Form	n 990 or 990-EZ) 2016	CITIZENS	FOR A	SOUND	GOVERNMENT	45-0924894	Page 4
Part IV	Supplemental	Information	(continued)		GOVERNMENT		
							*
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### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

U Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury U Information about Schedule G (Form 990 or 990-EZ) and its instructions is at Internal Revenue Service Inspection Employer identification number Name of the organization 45-0924894 CITIZENS FOR A SOUND GOVERNMENT Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(vi) Amount paid to (v) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity or entity (fundraiser) organization fundraiser listed in control of contributions? col. (i) PREVAIL STRATEGIES LLC Yes No 400 1ST STREET SE, 2ND FLOOR 1,047,000 DIRECT 56,423 990,577 DC 20003 WASHINGTON 2 STEPHEN MOORE 6850 MISSION GORGE RD, #2637 10,000 -10,000 DIRECT CA 92120 SAN DIEGO 3 5 8 9 10 980,577 1,047,000 66,423 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes ..... Expenses 6 Rent/facility costs .... 7 Food and beverages Direct 8 Entertainment ...... 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) .... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive/bingo col. (a) through col. (c)) Gross revenue ...... 2 Cash prizes ..... Expenses 3 Noncash prizes ..... 4 Rent/facility costs .... 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: Yes a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2016 DAA

CITIZENS FOR A SOUND GOVERNMENT

Page 2

45-0924894

Sche	edule G (Form 990 or 990-EZ) 2016 CITIZENS FOR A SOUND GOVERNMENT 45-092	4894		Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				
	formed to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1			
а	The organization's facility	13a			<u>%</u>
b	An outside facility	13b			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and				
	records:				
	Name u				
	Address u				
	Address u				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?			Yes	No
b					2,000,000
	amount of gaming revenue retained by the third party u \$				
C	If "Yes," enter name and address of the third party:				
	Name u				
	Address u				
16	Coming manager information:				
16	Gaming manager information:				
	Name u				
	Tionio d				
	Gaming manager compensation u \$				
	Description of services provided u				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П	Yes	¬ No
b	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Ш	105	
D	spent in the organization's own exempt activities during the tax year u \$				
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (i	ii) and	(v);	and	
MO1807 (2007) 250	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	forma	tion.		
	See instructions				
	Schedule G (For	m 990	or 99	0-EZ	2016

PM	
2:08	
09/12/2017	
ZENSFOR (	
CITIZE	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22 States ganizations, United ō in the Assistance to and Individuals Grants and Other Governments,

2016

u Attach to Form 990.

ä and its instructions is Information about Schedule I (Form 990)

Open to Public OMB No. 1545-0047 Inspection

% × Form (h) Purpose of grant S or assistance Employer identification number CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION "Yes" Yes 45-0924894 0 answered J  $\supset$ space is needed organization noncash assistance (g) Description of for the grants or assistance, and Complete if the (f) Method of valuation (book, FMV, appraisal, other) duplicated if additional Governments. (e) Agrount of nonassistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. can be cash 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II Other Assistance to Domestic Organizations and Domestic 000 000 000 753 500 (d) Amount of cash 35 100 161 58 grant of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) GOVERNMENT Assistance (P) EIN of other organizations listed in the line 1 table SOUND **Grants and** F-260 PENALTY 80202 80127 68501 INC. CO 80226 80205 NE 68501 STE 2800 address of organization FOR 0 DEATH 8 NOM GERRYMANDERING, AVE General Information NE 717 17TH STREET, SUITE DENVER ပ္ပ COALITION CITIZENS FGND government CARYL THE STREET GERRYMANDERING PAC and FOR LINCOLN MAJORITY 403 S. REED CT SUPER W. KEN (a) Name and ö Grants BOX 80861 2318 CURTIS Enter total number Enter total number JOBS NEBRASKANS Name of the organization (2) NO MORE CITIZEN LITTLETON BETTER SENATE 11757 LINCOLN DENVER Part II (3) END Part 20 Ξ 9 4 ~ 2 (2) ~ 0 8 <u>6</u>

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2016)

ted if	if additional space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				4	
Part IV Supplemental Information. F	Provide the information	required in Part I.	me 2; Part III, column	(b); and any other	additional information.
		C (			

SCHEDULE L (Form 990 or 990-EZ) **Transactions With Interested Persons** 

U Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. u Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

(9)

(10)

U Information about Schedule L (Form 990 or 990-EZ) and its instructions is at

Open To Public Inspection

OMB No. 1545-0047

itemai Revenue 3		on a constant		,			T	Emple	er iden	tificati	00 011	mbor		
lame of the organ	ization							50 5	er iden		on nui	libei		
	CITIZENS FOR A SOUND						1		92489					
Part I	<b>Excess Benefit Transaction</b>													
	Complete if the organization answered	"Yes" on Fo	rm 990, Part IV,	line 2	25a or 25	b, or For	m 990-EZ	Part \	/, line	40b.				
4	( ) No of discussified assessment	(b) Relation	nship between disqua	lified pe	erson and		(c) Descript	ion of tra	nsaction	1		(d)	Correct	ed?
1	(a) Name of disqualified person		organization				(o) Becomp		inououoi			Yes	1	No
(1)			30											
(2)										A 1000000000000000000000000000000000000				
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(6)	of toy incurred by the emoni-	ration manage	are or disqualified	d nor	cone durin	a the ve	ar							
	e amount of tax incurred by the organizection 4958		ers or disqualine	u pers	oris durin	ig the ye	ai		u \$					
	e amount of tax, if any, on line 2, above		by the organiza	tion					u \$					
5 Lines an	amount of tax, if arry, on the 2, above	o, romniburoca	by the organiza											
Part II	Loans to and/or From Interest					- 00	0 D UN	Ľ O	O 'f	م ماله ک				
	Complete if the organization answere				ne 38a or	Form 99	0, Part IV	line 2	b; or it	tne				
	organization reported an amount on F						T (0.0.1.		le v la d	J_f_,	(IL) A=	newad	/:\ \A	hitton
	(a) Name of interested person	(b) Relationship with organization		d) Loan or from_t	AND THE REAL PROPERTY.	- Table	(f) Baland	e due	(g) In d	leiault?		ard or	agreer	/ritten ment?
		mar organization		org.?							comm			
				To Fro	m				Yes	No	Yes	No	Yes	No
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10)														
Total		<u> </u>				u \$								
Part III	Grants or Assistance Bene										-			
	Complete if the organization answere	the state of the s			27.									
						ociotanad	(d) Type of a	ecictanco		(0)	Dumos	e of ass	eietance	
	(a) Name of interested person		ship between interest and the organization	ted (c)	Amount of a	SSISIATICE	(d) Type of a	15515141106		(6)	ruiposi	e ui ass	)ISICI ICC	5
<i>(4</i> )		person	and the organization	$\dashv$					+					
(1)		-		+					+					
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(8)														

Schedule L (Form 990 or 990-EZ) 2016 CITIZENS	FOR	A	SOUND G	OVERNMENT	45-0924894	Pa	age 2
Part IV Business Transactions Involving							
Complete if the organization answered "Yes" of							
(a) Name of interested person			ship between	(c) Amount of	(d) Description of transaction		Sharing
(a) Name of interested person			erson and the	transaction	(0)	reve	org. nues?
		organ	ization			Yes	No
(1) CAP PUBLIC AFFAIRS LLC	DIR	IS	FORM ME	9,000	PROJECT MGMT FEES		X
(2) WHOLECROWD LLC	DIR	IS	MEMBER	53,383	DIGITAL ADVERTISIN	G	X
(3) PREVAIL STRATEGIES	DIR	IS	MEMBER	56,493	FUNDRAISING		X
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Part V Supplemental Information							
Provide additional information for responses t	o quest	ions (	on Schedule I	_ (see instructions).			
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SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is

Name of the organization 45-0924894 GOVERNMENT FOR A SOUND CITIZENS - ALL OTHER ACCOMPLISHMENT FORM 990, PART III, LINE 4D RECORDS OFFICIALS' EDUCATION ISSUES AND PUBLIC RESEARCH CITIES VARIOUS STATES AND MEMBERS OR STOCKHOLDERS CLASSES OF LINE FORM 990, PART VI, THE ORGANIZATION'S MISSION FURTHER INDIVIDUAL WHO SEEKS RIGHTS WILL HAVE NO VOTING MEMBER. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE ORGANIZATION, ALAN PHILP, WILL PERFORM THE FINAL REVIEW OF THE FORM 990 AND ASK ANY NECESSARY QUESTIONS TO THE ORGANIZATION'S ACCOUNTANT AND OR LEGAL COUNSEL. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY MEMBERS CONVENE SEVERAL TIMES PER YEAR TO DISCUSS PROGRAM SERVICES AND WHEN A VENDOR IS CONSIDERED, THE ORGANIZATION ENSURES THAT CONTRACTS ARE AT COMPETITIVE RATES AFTER DISCUSSING VARIOUS OPPORTUNITIES AND AFTER FULL DISCLOSURE OF PERSONAL INTERESTS. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST EITHER BY EMAIL, IN-PERSON, OR ON THE ORGANIZATION'S WEBSITE.

30. Number of voting members of governing body

32. Number of employees

33. Number of volunteers

31. Number of independent voting members of governing body

Two Year Comparison Report 2015 & 2016 Form **990** , ending For calendar year 2016, or tax year beginning Taxpayer Identification Number Name 45-0924894 CITIZENS FOR A SOUND GOVERNMENT Differences 2016 2015 370,000 -2,516,8012,886,801 1. Contributions, gifts, grants 2. Membership dues and assessments 3. Government contributions and grants 4. Program service revenue 5. Investment income 6. Proceeds from tax exempt bonds 7. Net gain or (loss) from sale of assets other than inventory 8. 8. Net income or (loss) from fundraising events 9. Net income or (loss) from gaming 10. 10. Net gain or (loss) on sales of inventory 11. 11. Other revenue -2,516,801370,000 2,886,801 12. Total revenue. Add lines 1 through 11 813,953 584,453 229,500 13. 13. Grants and similar amounts paid 14. 14. Benefits paid to or for members 15. 15. Compensation of officers, directors, trustees, etc. 16. 16. Salaries, other compensation, and employee benefits 108,994 70,002 -38,992 17. υ 17. Professional fundraising fees 45,553 253,597 -208,04418. 18. Other professional fees 19. 19. Occupancy, rent, utilities, and maintenance 20. 20. Depreciation and Depletion 1,303,673 449,070 -854,603 21. Other expenses 1,378,578 -517,186 1,895,764 22. Total expenses. Add lines 13 through 21 22. -1,008,578 -1,999,615991,037 23. Excess or (Deficit). Subtract line 22 from line 12 2,886,801 -2,516,801370,000 24. Total exempt revenue 25. Total unrelated revenue 26. Total excludable revenue 26. -1,008,5781,194,801 186,223 27. Total assets 28. 28. Total liabilities 186,223 -1,008,5781,194,801 29. Retained earnings

30.

31.

33.

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		lax	Return History			91,07
Name	FOR A SOUND	GOVERNMENT			Employer 45-0	rer Identification Number-0924894
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants				2,886,801	370,000	
Membership dues						
Capital gain or loss						
Investment income						
e (income/loss)			4			
Gaming revenue (income/loss)						
venue				4		
Total revenue				2,886,801	370,000	
Grants and similar amounts paid				229,500	813,953	
Benefits paid to or for members						
Compensation of officers, etc.			*			
Other compensation						
Professional fees		2		362,591	115,555	
Occupancy costs						
Depreciation and depletion					- 1	
Other expenses				, 303, 6	449,07	
Total expenses				95,7	1,378,578	
Excess or (Deficit)				991,037	,008,57	
				2 886 801	270 000	
Total unrelated revenue				,000,	4	
				1,194,801	186,223	
Total Liabilities						
Not Europe Dologoon				1 194 RO1	186 223	

0 2:08 PM 0 Fund Raising Fund Raising 9/12/2017 ক ক S ంర Management & General 114 0 112 Management General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) \$ \$ S S Other Expenses 500 500 Program Service Program Service 2,2 Statements F ক ক Part IX, Line 24e 2,500 2,500 114 112 Federal Expenses Expenses Total Total Form 990, യ, യ S S Sound Government a Citizens for Description Description EEES POLLING 12/31/2016 BANK & CREDIT ROUNDING CITIZENSFOR S TOTAL TOTAL 45-0924894 RESEARCH FYE: