			Short Form			OMB No. 1545-0047				
•	QC	O-EZ	Return of Organization Exempt From Income Ta	X		2019				
-om		,	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undati	опѕ)					
	`		(70191	4	. !	Open to Public				
			Do not enter social security numbers on this form, as it may be made publi	٠.		Inspection				
Depa	utment :	of the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the latest information		2	inspection				
			ar year, or tax year beginning , 2019, and ending			, 20				
_		pplicable	C Name of organization	Emplo	yer ic	ientification number				
_	Address	•	Citizens for Civic Renewal		3	31-1542748				
=	Name ch	_	Mumber and street for P.O. box if mail is not delivered to street address),	Telepi	none r	number				
=	niual reti	-	1 Sec. 17	•	5	13-235-3068				
=		en/terminated	664 Enright Ave City or town, state or province, country, and ZIP or foreign postal code	Grou	up Exemption					
=	Amended		Cincinnati, OH 45204	Num						
_		on pending		eck >	· 🗸	if the organization is no				
	veccour Vebsit	iting Method				tach Schedule B				
			, — <u>, , , , , , , , , , , , , , , , , ,</u>	-		0-EZ, or 990-PF).				
			Corporation Trust Association Other							
. A	dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets						
Par	t II, co	lumn (B)) are S	\$500,000 or more, file Form 990 instead of Form 990-EZ	. 1	> g	66,500				
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the in	struc	tions					
-	التجني	Check if	the organization used Schedule O to respond to any question in this Part I .							
\neg	1		ons, gifts, grants, and similar amounts received		1					
l	2		ervice revenue including government fees and contracts	. [2	66,500				
ı	3		ip dues and assessments	. 1	3					
	4	Investment	•	4	7					
	5a		amount from sale of assets other than inventory							
	ь		or other basis and sales expenses							
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c					
]	6		ad fundraising events:	·						
-	а		ome from gaming (attach Schedule G if greater than	İ	1					
3	Ī	\$15,000) .			- 1					
שפנותם	ь	Gross inco	me from fundraising events (not including \$ of contributions		1					
إغ			alsing events reported on line 1) (attach Schedule G if the							
-			th gross income and contributions exceeds \$15,000) 6b	1	ĺ					
- }	С	Less: direc	t expenses from gaming and fundraising events 6c	\neg	1					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	- }					
		line 6c) .		-	6d	0				
1	7a	Gross sales	s of inventory, less returns and allowances	 						
	ь		of goods sold	_	}					
-	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0				
=	8	Other rever	nue (describe in Schedule O)	. F	8	0				
\perp	9	Total rever	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	66,500				
T	10	Grants and	similar amounts paid (list in Schedule O)	-	10	00,500				
- 1	11	Benefits pa	id to or for members	. [11	0				
3 (12	Salanes, ot	her compensation, and employee benefits	_	12	0				
9	13					64,756				
e I	14	Occupancy	, rent, utilities, and maintenance	RHE	74	386				
1	15	Printing, pu	al fees and other payments to independent contractors	23	15	73				
- 1	16	Other exper	nses (describe in Schedule O)	, F	16	2,573				
-	17	Total exper	nses. Add lines 10 through 16	W	17	67,789				
1	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-1,288				
1	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with	th [
1		end-or-year	ringure reported on prior year's return)		19	8,301				
, ,	20		ges in net assets or fund balances (explain in Schedule O)		20	0				
ــــــــــــــــــــــــــــــــــــــ	21		or fund balances at end of year. Combine lines 18 through 20	<u>▶</u> [2	21	7,013				
or F	aperv	vork Reduction	on Act Notice, see the separate instructions. Cat. No. 10642			Form 990-EZ (2019)				

orm '	990-EZ (2019)					Page Z
Pa	rt II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this		·:	<u> </u>
	•			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			8,301		7,013
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets	• • • • •		8,301		7,013
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column till Statement of Program Service Accom	(B) must agree with	n (ine 21) [8,301	21	7,013
Par	Statement of Program Service Accommoded Check if the organization used Schedule	Oto respond to a	ny question in this i	Part III		Expenses
A/h-	t is the organization's primary exempt purpose?	To activate citizens	o participate in com	numity life		quired for section
						(c)(3) and 501(c)(4) anizations; optional for
Desc	onbe the organization's program service accompli- neasured by expenses. In a clear and concise m	snments for each of	r its three largest pr	the number of		ers)
as n ners	ons benefited, and other relevant information for ea	ach program title.	e activides provided	, the hamber of		
	Public policy deliveration events, citizen-government		ship training, hosting	citizens to		T
40	understand opposing viewpoints and find common g					
	Working to convene citizens to improve service deliv			public dialog.		
			ants, check here .		28a	67,789
29						
_		**********				
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29 a	1
30						
						•
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🔲	30a	1
31	Other program services (describe in Schedule O)					
	(C)	In altrades describes assess			31a	ŀ
			ints, check here .		318	1
	Total program service expenses (add lines 28a t	through 31a)		🕨	32	67,789
32 Par	Total program service expenses (add lines 28a t	hrough 31a)	n one even if not comp	▶ pensated—see the in	32	67,789
	Total program service expenses (add lines 28a t	hrough 31a)	n one even if not comp ny question in this I	▶ oensated—see the in	32 stru	67,789 ctions for Part IV)
	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a) Femployees (list each O to respond to an (b) Average	n one even if not comp	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
	Total program service expenses (add lines 28a t	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
Par	Total program service expenses (add lines 28a to the line	through 31a) Fire Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this I (e) Reportable compensation	pensated — see the in Part IV	32 stru	67,789 ctions for Part IV)
Par David	Total program service expenses (add lines 28a to total program service expenses (add lines 28a to total tota	through 31a) / Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
Par David	Total program service expenses (add lines 28a to the little of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Rosenthal	through 31a) Fire Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
Par Presi Care	Total program service expenses (add lines 28a to the list of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Rosenthal dent	through 31a) Femployees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated — see the in Part IV	32 stru	67,789 ctions for Part IV)
David Presi Care	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total t	through 31a) / Employees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
David Presi Carer Chris	Total program service expenses (add lines 28a to the lines of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Rosenthal dent In Imbus etary tine Celsor	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
David Presi Care Chris	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total t	through 31a) Femployees (list each O to respond to an (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
David Presi Carer Chris Treas	Total program service expenses (add lines 28a to total program service expenses (add lines 28a total t	through 31a)	n one even if not comp ny question in this I (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated — see the in Part IV	32 stru	67,789 ctions for Part IV)
David Presi Care Chris Treas Ray M	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title 1 Rosenthal dent Inimus stary tine Celsor surer Kingsbury 1 Member	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 stru	67,789 ctions for Part IV)
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David Presi Carer Chris Ireas Ray H Board Chris Board	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Rosenthal dent Imbus etary tine Celsor surer (ingsbury d Member tian Huelsman d Member Nagy	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 structure (e) (67,789 ctions for Part IV)
David Presi Carer Chris Ireas Ray H Board Chris Board	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title Rosenthal dent Imbus etary tine Celsor surer (ingsbury d Member tian Huelsman d Member Nagy	through 31a)	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	censated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	32 structure (e) (67,789 ctions for Part IV)

AC

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were 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 change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
ь	If "Ves" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a			1	No.
b	Did the organization file Form 1120-POL for this year?	37b	यू र र	- V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	34	17.5
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved	302	. 5, %	2 4
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	100 Aug.	2 3 4 4	12643
b	Gross receipts, included on line 9, for public use of club facilities		37.	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duning the year under:	12.75	2.7	100
	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0	1 3 m		155
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess 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	155.7	3.4	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b	28. £	# 3.5
·	on organization managers or disqualified persons during the year under sections 4912,			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
41	List the states with which a copy of this return is filed ▶ Ohio			
42a		513-23	5-3068	3
	Located at ► 664 Enright Ave., Cincinnati, OH ZIP + 4 ►	452		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ▶	35.33	\$ 500	£3.5
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7. T
C	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	42c		<u> </u>
43	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		<u> </u>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	13°4)	
c d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d	*:4	7
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		7
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45b		到

						P	age
	-EZ (2019)					Yes	No
в. :	Did the organization engage, directly or in to candidates for public office? If "Yes," of the candidates for public office?	idirectly, in political complete Schedule C	ampaign activities on , Part I	behalf of or in opposition	46		7
art V	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51	s Only s must answer que	stions 47–49b and t	52, and complete the ta	bles f	or lin	3 8
	Check if the organization used Sc	nedule O to respond	to any question in tr	iis Part VI	····	Yes	N
7	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a	section 501(h) election	n in effect during the tax	47		,
2	Is the organization a school as described in Did the organization make any transfers t	n section 170(b)(1)(A)(i	i)? If "Yes," complete S ritable related organiz	Schedule E ation?	48 49a		,
L	If "Voc." was the related organization a Se	ection 527 organizațio	on?		49b	L	
2	Complete this table for the organization's employees) who each received more than	i five highest compen	sated employees (oth	lization. If there is none, el	truste nter "N	es, an lone."	d k
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)		Estimate ther con		
ne							
					·· ·-		
ı	Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors who each rec	eived	more	th
	(a) Name and business address of each independ	lent contractor	(b) Type of servi	ce (c) Com	pensatu	on	
ne							
			-			_	
						··-	
			<u>L</u>				
d .	Total number of other independent contra	ctors each receiving	over \$100 000				
' I	Total number of other independent contra Did the organization complete Schedu completed Schedule A		ction 501(c)(3) organ		Yes		
er per	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	ction 501(c)(3) organ	Izations must attach a	Yes		
er per corre	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	ction 501(c)(3) organ	izations must attach a		belief, i	
er per	Did the organization complete Schedu completed Schedule A	le A? Note: All sec	ction 501(c)(3) organ	izations must attach a	ige and	belief, i	
er per , come , come	Did the organization complete Scheducompleted Schedule A	le A? Note: All sec	ction 501(c)(3) organ	izations must attach a	ige and	belief, i	
2	Did the organization complete Scheducompleted Schedule A	eturn including accompany	ction 501(c)(3) organ	izations must attach a	dge and	belief, i	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Employer identification number Name of the organization 31-1542748 Citizens for Civic Renewal Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization 60 FIN (iii) Type of organization (iv) is the organization M Amount of monetary (vi) Amount of (described on lines 1-10 d in your governing support (see other support (see above (see instructions)) mstructions) instructions) Yes No (A) (B) (C) (D) (E) **Total**

Part	II Support Schedule for Organiz	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(Vi)	lifu under
	(Complete only if you checked to Part III. If the organization fails to	he box on line o qualify unde	e 5, 7, or 8 of er the tests lis	ted below, p	e organization lease comple	n ialleo to qua ete Part III.)	ility under
Soot	ion A. Public Support	o quality office					
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(6) 20.0	15/25.5	107			
1	membership fees received. (Do not						
	include any "unusual grants.")	60,425	50,170	77,705	72,606	66,500	327,407
_	Tax revenues levied for the	50,125	00,170				
2	organization's benefit and either paid			į	Į	1	
	to or expended on its behalf	١ .				اما	
_	The value of services or facilities	<u> </u>			<u>_</u>	1	
3	furnished by a governmental unit to the						
	organization without charge			,	,		1
4	Total. Add lines 1 through 3	60,425	50,170	77,705	72,606	66,500	327,40
	_	が記せあいまれ	5 -10 to 1944	Section 1	AN ASSESSED	445-1-58A	
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly	TE 19 54 . 35 . 34	Contraction of the state of the	75	1. 19		
	supported organization) included on	美国基础	13.39.52				
	line 1 that exceeds 2% of the amount		2,383.22	建筑等		1. Sept. 1.	
	shown on line 11, column (f)	P. Barre	部長高麗				(
6	Public support. Subtract line 5 from line 4	E 3 & 1 , 2 , 4	A Comment of the same	14 25 74 F. F. O.		97 404 alika 189	327,40
Sect	ion B. Total Support	15 555 50 21 130	Li		73.77	1	
	idar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	60,425	50,170	77,705	72,606		327,407
8	Gross income from interest, dividends,						
	payments received on securities loans,]]	
	rents, royalties, and income from						
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	l	0	G	O	o	O
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	o	q
11	Total support. Add lines 7 through 10	でいる。	الحق السطاقين يتناف	137 - 12 Tak 3 7 20 7		ごを含むでが	327,407
12	Gross receipts from related activities, etc					12	a
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he			<u> </u>	<u></u>	<u></u>	<u> ▶ □</u>
Secti	on C. Computation of Public Support				······································		
14	Public support percentage for 2019 (line	6, column (f) div	vided by line 1	1, column (f))		14	100 %
15	Public support percentage from 2018 Sci	nedule A, Part I	I, line 14	· · . · . · .	[15	100 %
16a	331/a% support test—2019. If the organi	ization did not	check the box	on line 13, an	d line 14 is 33	¹ /3% or more, c	
ь	box and stop here. The organization qua	mes as a publi	ciy supported	organization			· · > 🗸
U	331/3% support test—2018. If the organithis box and stop here. The organization	zalion did not e	check a box of	1 line 13 or 16	a, and line 15 i	s 33י% or mo	
47							
17a	10%-facts-and-circumstances test2	219. If the orga	nization did no	ot check a box	on line 13, 16	Sa, or 16b, and	line 14 ic
	10% or more, and if the organization me	facts and circu	ano-circumsta	nces" test, ch	eck this box a	nd stop here. E	xplain in
	Part VI how the organization meets the "organization	racio-anu-urci	mistances (es	st. The organiz	auon quaimes	as a publicly s	прроцед
٠.							
ь	10%-facts-and-circumstances test—20	ווא. וו the orga	nization did no	ot check a box	on line 13, 16	5a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly						
	supported organization					ni quannes as a	· -
18	Private foundation, if the organization die					* * * * * * * * * * * * * * * * * * *	· · ▶ 🛘
		GIICON A L	CA OF THE 13,	iva, ivu, i/a,	OF TAB, CHECK	uns Dox and Se	36

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 980-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

2019

Open to Public Inspection

Name of the organization		Employer toenuncation number
Citizens for Civic Renewal		31-1542748
OMPRIS IN CIVIC ICENTARY		
Form 990, Part I, Line 16 Other I	Fynenses Total \$2.573	
FOITH 350, Fait I, Citie 10 Outs.		
Bank Service Charges	\$ 85	
Bank Service Charges	J 50	
See a Subsecutions	244	
Dues & Subscriptions	344	
A4	27.4	
Meetings	374	
	200	
Office Supplies	300	
P. P	740	
IT Expenses	540	
	020	
Travel	920	
Total	2,573	

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