

10/25/10

Form **990-EZ**

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

# 2008

## Open to Public Inspection

**A** For the 2008 calendar year, or tax year beginning January, 2008, and ending December, 2008

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

CITIZENS Organized to Resist Eradication, Inc

Number and street (ok P.O. box, if mail is not delivered to street address), Room/suite  
729 Roosevelt Ave

City or town, state or country, and ZIP + 4  
Talladega, AL 35760 1864

**D** Employer identification number

81-0631066

**E** Telephone number  
(256) 378-9905

**F** Group Exemption Number  
N/A

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one) —  501(c) (3) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	0	18	0
2	Program service revenue including government fees and contracts	2	0	19	0
3	Membership dues and assessments	3	0	20	0
4	Investment income	4	0	21	0
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less: cost or other basis and sales expenses	5b	0	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>				
6a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1)	6a	0	6c	0
6b	Less: direct expenses other than fundraising expenses	6b	0		
7a	Gross sales of inventory, less returns and allowances	7a	0	7c	0
7b	Less: cost of goods sold	7b	0		
8	Other revenue (describe ▶ <u>0 N/A</u> )	8	0		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	0		
10	Grants and similar amounts paid (attach schedule)	10	0		
11	Benefits paid to or for members	11	0		
12	Salaries, other compensation, and employee benefits	12	0		
13	Professional fees and other payments to independent contractors	13	0		
14	Occupancy, rent, utilities, and maintenance	14	0		
15	Printing, publications, postage, and shipping	15	0		
16	Other expenses (describe ▶ <u>0 N/A</u> )	16	0		
17	<b>Total expenses.</b> Add lines 10 through 16. ▶	17	0		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	0		
20	Other changes in net assets or fund balances (attach explanation)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	0		

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### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	0
23 Land and buildings	0	0
24 Other assets (describe ▶ <u>N/A</u> )	0	0
25 <b>Total assets</b>	0	0
26 <b>Total liabilities</b> (describe ▶ <u>N/A</u> )	0	0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	0	0

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**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a   N/A		
37b	b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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 unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a	39a Section 501(c)(7) organizations. Enter:		
39b	a Initiation fees and capital contributions included on line 9		
39c	b Gross receipts, included on line 9, for public use of club facilities		
40a	40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year, under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
40d	d Enter amount of tax on line 40c reimbursed by the organization		
40e	e 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.		<input checked="" type="checkbox"/>
41	41 List the states with which a copy of this return is filed. ▶ N/A		
42a	42a The books are in care of ▶ Dixie Bonner Telephone no. ▶ (256) 375-9905 Located at ▶ 729 Roosevelt Ave. Talladega, AL ZIP + 4 ▶ 35160 1864		
42b	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)?		<input checked="" type="checkbox"/>
42c	If "Yes," enter the name of the foreign country: ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
43	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ N/A		<input checked="" type="checkbox"/>
43	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 . . . ▶ 43   N/A		<input type="checkbox"/>
44	44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- |   |            |                                     |
|---|------------|-------------------------------------|
|   | <b>Yes</b> | <b>No</b>                           |
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | 46         | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | 47         | <input checked="" type="checkbox"/> |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48         | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a        | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization(s) a section 527 organization? . . . . .   | 49b        | <input checked="" type="checkbox"/> |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 ▶		NONE		

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 . . ▶		NONE

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**      *Dixie M Bonner*      Date 10.13.10  
 Signature of officer

*Dixie Bonner Executive Director*  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's Identifying Number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No