** PUBLIC DISCLOSURE COPY **

990

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

ΑΙ	For the	2018 calendar year, or tax year beginning and er	nding	_				
В	Check if applicable:	C Name of organization		D Employer identifi	cation number			
	Address change	CITIZENS OF THE AMERICAN REPUBLIC						
	Name change	Doing business as		82-3	509136			
X	Initial return	,	oom/suite	E Telephone numbe				
	Final return/	8391 BEVERLY BLVD. 4'	79	813-	254-3369			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,453,313.			
L	Amende	LOS ANGELES, CA 90040-2000		H(a) Is this a group re				
	Applica tion pending				s? Yes X No			
	periority	0391 BEVERLY BLVD., SUITE 4/9, LOS ANGE		H(b) Are all subordinates i	ncluded? Yes No			
		mpt status: $\boxed{}501(c)(3)$ $\boxed{}$ $501(c)$ ($\boxed{}$) $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
		E CITIZENSOFTHEAMERICANREPUBLIC.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 201/	M State of legal domicile: VA			
Pa		Summary	ШО Т	DIIOAME MIIE	AMEDICAN			
Se	1 5	Briefly describe the organization's mission or most significant activities: (1)		DUCATE THE				
Governance	-							
veri	1	Check this box if the organization discontinued its operations or dispose			ssets.			
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			0			
ళ		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a)			0			
Activities &		otal number of individuals employed in calendar year 2016 (Fart v, line 2a) otal number of volunteers (estimate if necessary)			0			
ŧ		otal number of volunteers (estimate if necessary) otal unrelated business revenue from Part VIII, column (C), line 12			0.			
ĕ		Net unrelated business taxable income from Form 990-T, line 38			0.			
				Prior Year	Current Year			
ø)	8 (Contributions and grants (Part VIII, line 1h)			4,453,313.			
ğ	1	Program service revenue (Part VIII, line 2g)			0.			
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,453,313.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)			15,000.			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)						
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots			90,000.			
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.			
ă	1	ctal fartataining expenses (Fart IX, column (B), into 20)	0.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,282,074.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			4,387,074.			
	19 F	Revenue less expenses. Subtract line 18 from line 12			66,239.			
Net Assets or Fund Balances				ginning of Current Year	End of Year 468,029.			
SSE	20 T	otal assets (Part X, line 16)			401,790.			
let A	21 1	otal liabilities (Part X, line 26)			66,239.			
	22 N art II	let assets or fund balances. Subtract line 21 from line 20			00,239.			
		ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the hest of m	v knowledge and helief it is			
	-	, and complete. Declaration of preparer (other than officer) is based on all information of whic			y miowiougo una bonon, n io			
		\						
Sig	n	Signature of officer		Date				
Hei		STEPHEN K BANNON, PRESIDENT						
	_	Type or print name and title						
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN			
Pai		ROBERT I. WATKINS, CPA		if self-employ				
Pre	parer [Firm's name ROBERT WATKINS & COMPANY, P.A.		Firm's EIN	59-2645714			
Use Only Firm's address 610 S. BOULEVARD								
		TAMPA, FL 33606		Phone no.81	3-254-3369			
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form	n 990 (2018) CITIZENS OF THE AMERICAN REPUBLIC 82-3.	509136	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	(1) TO EDUCATE THE AMERICAN PEOPLE ABOUT THE WIDE RANGE OF		ANT
	PUBLIC POLICY ISSUES, INCLUDING: (I) THE PROPER ROLE AND SIZE		
	GOVERNMENT; (II) ECONOMIC NATIONALISM; (III) TAX AND ECONOMIC	C POLIC	Ζ;
	(IV) THE RULE OF LAW; (V) SOCIAL POLICY AND RESPECT FOR TRAD	ITIONAL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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 services?	Yes	X No
3		L1es	_ <u>21</u> _ INO
_	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	tal expenses, a	ınd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$4 , 107 , 879 • including grants of \$15 , 000 •) (Revenue \$)
	I. DOCUMENTARY PRODUCTION AND PROMOTION - CITIZENS OF THE AM		
	REPUBLIC (COAR) COAR PROVIDED INITIAL FUNDING FOR THE PRODUC'		
	DOCUMENTARIES, TRUMP AT WAR AND RISE OF XI TO EDUCATE THE AM	ERICAN	
	CITIZENRY ABOUT ECONOMIC NATIONALISM AND AMERICA FIRST FOREIG		CY,
	AND OTHER KEY ISSUES THAT WERE FRONT AND CENTER ACROSS THE NA		
	2018. EXPENDITURES INCLUDED ALSO THE COSTS OF PROMOTION, SCI		
	EVENTS, TRAVEL, AND EDUCATIONAL MATERIALS REGARDING THE ISSU		,
	DESCRIBED IN THE DOCUMENTARIES.	<u> </u>	
	DESCRIBED IN THE DOCUMENTARIES.		
	TT VEDTA DECRUCATION AND ANALYZIANIA GOAD TO DEDICATED TO		
	II. MEDIA PRODUCTION AND AVAILABILITY - COAR IS DEDICATED TO		NO.T.
	JUST CONSERVATIVE MEDIA BUT ALSO TO PROMOTING COAR'S MISSION		
	PRINCIPLES THROUGH SPEAKERS AND GUESTS ON MAINSTREAM MEDIA, '	TO PROV	IDE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
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4b			
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		

Form 990 (2018) CITIZENS OF Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	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 "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	, 1 , , ,	14a		
D	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 foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
ıσ	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2018) CITIZENS OF THE AMERICAN REPUBLIC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a	24a 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 to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 disqualified persons? If "Yes,"		37	
	complete Schedule L, Part II	26	Х	-
27	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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	` '			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		77	
	any contributions that were not tax deductible as charitable contributions?		6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	· ·		37	
_	were not tax deductible?		6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).		_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·	7-		Х
	to file Form 8282?	1	7c		-22
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization rife in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, and the organization received a contribution receiv		7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,,,		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	·	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the annual size annual extra real and the distribution and annual size 40000		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
		13b			
С		13c			
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				7,7
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			ا ۔۔
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	in Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Α.
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	s)s only	avail	able
.0	for public inspection. Indicate how you made these available. Check all that apply.	, o orny	uvalle	2010
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	ıd finan	cial	
.5	statements available to the public during the tax year.		Jiui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GRACE CHONG - 310-971-4471			
	10586 W PTCO BLVD #250 LOS ANGELES CA 90064			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

					npe	nsat	sated any current officer, director, or trustee.				
(A)	(B)			(C Pos	C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle cer ar	ss pe id a d	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of	
	week	\vdash					ŕ	from the	from related organizations	other	
	(list any hours for	lirect				_		organization	(W-2/1099-MISC)	compensation from the	
	related	e or o	stee			sate		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization	
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related	
	below	dual	ution	_	oldm	est co byee	la la			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form				
(1) STEPHEN K BANNON	80.00										
PRESIDENT/DIRECTOR		Х		Х				0.	0.	0.	
(2) MARY E MEREDITH	40.00										
VICE-PRESIDENT/DIRECTOR		Х		Х				20,000.	0.	0.	
(3) DAN FLEUETTE	80.00	,,		,,				FF 000	0	_	
TREASURER/DIRECTOR	0.00	Х		Х				55,000.	0.	0.	
(4) CLETA MITCHELL SECRETARY	0.00	1		x				0.	0.	0.	
BECKETAKI								0.	0.	0.	
		1									
						\vdash	\vdash				

832007 12-31-18 Form **990** (2018)

Page 8

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			_ (0	-			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		ነ than	one	Reportable	Reportable		Es	stimate	∍d
		hours per	box	box, unless person is both an officer and a director/trustee)		compensation compensation		n	an	nount	of			
		week	_	cer ar	id a d	irecto	or/trus	tee)	from	from related			other	
		(list any	Individual trustee or director						the	organization			pensa	
		hours for	or dir	e)			rted		organization	(W-2/1099-MIS	SC)		om th	
		related	stee	ruste			suec		(W-2/1099-MISC)			•	anizat	
		organizations	al tru	onal t		loyee	comi						d relat	
		below line)	ividu	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	ons
		iii ie)	n D	lus	₽	Ke	E E	윤						
								_						
1h	Sub-total	l			<u> </u>				75,000.		0.			0.
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part VI								75,000.		0.			0.
	Total (add lines 1b and 1c)													<u> </u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wr	no r	eceived more than \$100	,000 of reportab	le			^
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer,			-	•	•	•		•					
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4		Х
5	Did any person listed on line 1a receive or a			•						idual for services	····			
•	rendered to the organization? If "Yes," com	· · · · · · · · · · · · · · · · · · ·				-			-			5		Х
Sec	tion B. Independent Contractors	piete ceriodar		0, 0,	3011	porc						<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	mnonceted in	don	d	n+ 0	ont	rooto	i	that received more than	\$100,000 of oon	20000			
1	Complete this table for your five highest co										ipensa	Ition i	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.													
	(A)								(B)		_	(C		
	Name and business	address						ļ	Description of s		Co	mpei	nsatio	П
	FORTRESS FM SECURITY, LOGISTICS													
	PO BOX 1344, CHEYENNE, WY 82003 & TRAINING 191,056.													
VIC	CTORY PHONES, 190 MONRO	DE AVE.	, 1	W.	, :	SŪ.	ITE	3	LIVE AND AUT	OMATED				
300) CRAND BADIDG MT //QI	503						ŀ	DOT.T.FDC			15	1 7	92

(A) Name and business address	(B) Description of services	(C) Compensation
FORTRESS FM	SECURITY, LOGISTICS	·
	& TRAINING	191,056.
VICTORY PHONES, 190 MONROE AVE., NW, SUITE	LIVE AND AUTOMATED	
300, GRAND RAPIDS, MI 49503	POLLERS	151,792.
PLATINUM ADVERTISING CORPORATION, 30 N.	WEBSITES/SOCIAL	
GOULD STREET, SUITE R, SHERIDAN, WY 82801	MEDIA	143,655.
ELMAGHRABY, 20 KILBARRY ROAD, TORONTO,	OFFICE RENT,	
ONTARIO, CANADA M5P 1K5	MAINTENANCE & FURNIS	138,000.
2 Total number of independent contractors (including but not limited to those liste		

\$100,000 of compensation from the organization

Page 9

Form 990 (2018) CITIZEN
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
		Check in Concadio C Conk	anio a response	or rioto to diriy iii	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded
					Total Tovolido	exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
nts	1 a	Federated campaigns	1a					
S a	b	Membership dues	1b					
s, (Fundraising events						
ar,		Related organizations						
s, (Government grants (contributi						
Sign		All other contributions, gifts, grant						
he l	•	similar amounts not included abov		453,313.				
즐	a	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f			4,453,313.			
		Total Add Info Ta Ti		Business Code				
o l	2 a			Buomeso Couc				
, <u>vi</u>	2 u b		_					
Ser	C		_					
E S	d							
Pega	u 2							
Program Service Revenue	f	All other program service reve	nuo					
	'	Total. Add lines 2a-2f						
\dashv	3	Investment income (including						
	3	other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
	3	noyaliles	(i) Real	(ii) Personal				
	6.0	Gross rents	(i) Neai	(II) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······				
ne	8 а	Gross income from fundraising						
Ven		including \$						
Re		contributions reported on line	*					
Other Reven		Part IV, line 18						
ŏ		Less: direct expenses						
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		.				
	и а	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sale						
ŀ	44 -	Miscellaneous Revenu		Business Code				
	11 a		_					
	b							
	q							
		All other revenue						
		Total. Add lines 11a-11d Total revenue . See instructions		.	<u>4 453 313</u>	0.	0.	0.
	12	TOTAL LEVELING. SEE HISH HULLOHS			<u> </u>	U •	0.	J •

Part IX | 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 respon	ise or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	90,000.		90,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	231,406.	200,000.	31,406.	
b	Legal	97,997.	97,997.	-	
С	Accounting	20,500.	20,500.		
d	Lobbying	-	-		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A) amount, list line 11g expenses on Sch O.)	1,119,878.	1,119,878.		
12	Advertising and promotion	1,119,878.	1,119,878. 224,970.		
13	Office expenses	42,694.	42,694.		
14	Information technology				
15	Royalties				
16	Occupancy	183,277.	29,090.	154,187.	
17	Travel	849,196.	849,196.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,437,639.	1,437,639.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,602.		3,602.	
23	Insurance	234.	234.		
24	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 0.)				
а	ENTERTAINMENT	42,649.	42,649.		
b	TELEPHONE & TELECOMMUNI	28,032.	28,032.		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,387,074.	4,107,879.	279,195.	0.
26	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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2018) Part X Balance Sheet

Pai	π λ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	189,601.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)		6	200,000.		
Assets	7	Notes and loans receivable, net				7	40,519.
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		9	5,495.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,016.			
	b	Less: accumulated depreciation	10b	3,602.	0.	10c	32,414.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	0.	16	468,029.		
	17	Accounts payable and accrued expenses		17	401,790.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
es	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Ë		key employees, highest compensated employee	es, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	401,790.
		Organizations that follow SFAS 117 (ASC 958	3), check	k here 🕨 📖 and			
es		complete lines 27 through 29, and lines 33 ar					
anc	27	Unrestricted net assets				27	
Fund Balances	28	Temporarily restricted net assets				28	
Pu	29	•				29	
		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶\X			
ō		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds			0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or ed			0.	31	0.
Net Assets	32	Retained earnings, endowment, accumulated in			0.	32	66,239.
~	33	Total net assets or fund balances			0.	33	66,239.
	34	Total liabilities and net assets/fund balances			0.	34	468,029.

Form **990** (2018)

Pai	Tt 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	4,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,38		
3	Revenue less expenses. Subtract line 2 from line 1	3	6	6,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6	6,2	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

CITIZENS OF THE AMERICAN REPUBLIC

Employer identification number

82-3509136

Organization type (check one): Filers of: Section: X = 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

CITIZENS OF THE AMERICAN REPUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$197,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CITIZENS OF THE AMERICAN REPUBLIC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9			Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
10	Name, address, and ZIP + 4	\$25,313.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

CITIZENS OF THE AMERICAN REPUBLIC

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

CITIZENS OF THE AMERICAN REPUBLIC

from any one contributor. Complete columns (a)	through (e) and the following line e	entry. For organizations			
completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. once.) \$			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of g	ift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of g	ift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(h) Purpose of gift	(a) Use of gift	(d) Description of how gift is held			
(b) Fulpose of gift	(c) Ose of gift	(a) Description of now gift is field			
	(e) Transfer of g	ift			
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Transferee's name, address, a		Relationship of transferor to transferee			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, to Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, and the complete columns (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of g Transferee's name, address, and ZIP + 4			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CITIZENS OF THE AMERICAN REPUBLIC

Employer identification number 82-3509136

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the									
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.										
		(a) Donor advised funds	(b) Funds and other accounts									
1	Total number at end of year											
2	Aggregate value of contributions to (during year)											
3	Aggregate value of grants from (during year)											
4	Aggregate value at end of year											
5	Did the organization inform all donors and donor advisors in	_										
	are the organization's property, subject to the organization's											
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only									
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose										
D-	impermissible private benefit? Yes No											
Pa	·	-	Part IV, line 7.									
1	Purpose(s) of conservation easements held by the organizat											
	Preservation of land for public use (e.g., recreation or e		storically important land area									
	Protection of natural habitat	Preservation of a ce	rtified historic structure									
_	Preservation of open space											
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form										
	day of the tax year.		Held at the End of the Tax Year									
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
C	Number of conservation easements on a certified historic str											
d			I									
•	listed in the National Register											
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by tr	ne organization during the tax									
	year Number of states where a report of the same within a second of the same within a	assessment in Inscarted .										
4	Number of states where property subject to conservation ea	-										
5	Does the organization have a written policy regarding the pe											
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,											
6	Start and volunteer riours devoted to morntoning, inspecting,	Thanding of violations, and emorcing con	iservation easements during the year									
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year									
•	S	ding of violations, and emorning conserv	ation casements during the year									
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)									
_	and section 170(h)(4)(B)(ii)?											
9	In Part XIII, describe how the organization reports conservat											
	include, if applicable, the text of the footnote to the organiza	-										
	conservation easements.		3									
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or 0	Other Similar Assets.									
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.										
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,									
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,									
	the text of the footnote to its financial statements that descr	ibes these items.										
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical									
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts									
	relating to these items:											
	(i) Revenue included on Form 990, Part VIII, line 1		> \$									
	(ii) Assets included in Form 990, Part X		> \$									
2	If the organization received or held works of art, historical tre											
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:										
а	Revenue included on Form 990, Part VIII, line 1		> \$									
b	Assets included in Form 990, Part X											

Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	reasures, c	or Other	Similar	Asse ⁻	ts (continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	t are a sig	nificant use	e of its	collection	items
	(check all that apply):									
а	Public exhibition	d	ı 🗆 ı	Loan or exc	hange progra	ams				
b	Scholarly research	е	. 🗌	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organizati	on's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgar	nization's c	ollection?			\square	Yes	☐ No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	on answered '	'Yes" on F	orm 990, F	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not ir	cluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						/?	\square	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	n provided on	Part XIII				
Pai	rt V Endowment Funds. Complete it	the organization ar	nswered	"Yes" on F	orm 990, Part	IV, line 10				
	·	(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three year	rs back	(e) Four y	ears back
1a	Beginning of year balance			•						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent vear end balanc	ce (line 1	a. column (a)) held as:					
	Board designated or quasi-endowment	•	%	9,(,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment	<u></u>								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	nt are held a	and administe	red for the	e organizati	ion		
	by:								T	es No
	(i) unrelated organizations								3a(i)	10
	(ii) related organizations								- `	
h	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the								0.0	
Ė	rt VI Land, Buildings, and Equipm		3111101111	dilao.						
	Complete if the organization answered		0. Part IV	/. line 11a. s	See Form 990). Part X. lii	ne 10.			
	Description of property	(a) Cost or o		•	t or other		umulated		(d) Book	value
	bescription of property	basis (investr			(other)	٠,	eciation		(a) Book	value
12	Land	,	7		, /					
	Buildings									
	Leasehold improvements									
	Equipment							\dashv		
	Other			3	6,016.		3,602	2.	32	,414.
	I. Add lines 1a through 1e. (Column (d) must e		X, colun		-			—	32	,414.

Schedule D (Form 990) 2018 CITIZENS OF	THE AMERI	CAN REPUBLIC	82-3509136 _{Page}
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuat	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			V. II. 4-
Complete if the organization answered "Yes"		V, line 11d. See Form 990, Part	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	on Form 990 Part IV	V line 11e or 11f See Form 990) Part X line 25
1. (a) Description of liability	5 5 550, i ait i	(b) Book value	5, 1 a.c.7, iii 0 20.
(1) Federal income taxes		(-7	
(2)			
(3)			
(0)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	
2. Lia	ability for uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	rt XII Reconciliation of Expenses per Audited Financia	•	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part I			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b	Prior year adjustments	2b		
С	***************************************			
	,	•		
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	, , , ,			
	Other (Describe in Part XIII.)	4b		
_	Add lines 4a and 4b		-	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 4 VIIII Supplemental Information	ne 18.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a		art V, line 4; Part X, line 2; Pa	rt XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization Employer identification number 82-3509136 CITIZENS OF THE AMERICAN REPUBLIC Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) JAMISON ROAD VOLUNTEER FIRE GENERAL SUPPORT COMPANY, INC. - 1071 JAMISON ROAD ELMA, NY 14059 16-1142613 501(C)(3) 10,000. 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

0.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
V Supplemental Information. Provide the informa	ttion required in Part I, lin	e 2; Part III, colum	 n (b); and any other a	dditional information.	

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

						N REPUBLIC					091	36		
Part I Excess Bend	efit Trans	sacti	ons (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c)(2	29) organizatior	ns only	/).				
Complete if the	organization	n ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	b, or F	orm 990-EZ, P	art V,	line 40	Ob.			
1		(b) F	Relationship bety	ween (disqua	lified			41 .			(d)	Corre	cted?
(a) Name of disqualified	person		person and or	rganiz	ation	(0	c) Des	scription of tran	sactio	n		Y	es	No
2 Enter the amount of tax section 4958	•		_	-			-	-		▶ \$				
3 Enter the amount of tax,						anization				S				
Enter the amount of tax,	ii arry, orr ii	110 2,	above, reimbare	oca by	ti ic oi	gariization				Ψ				
Part II Loans to an	d/or Fror	n Int	erested Per	sons	.									
	organizatio	n ansv	vered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Form	990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
reported an amo			, Part X, line 5, 6								VI V An	nround		
(a) Name of	(b) Relatio		(c) Purpose		oan to or m the	(e) Original	(f)	Balance due		Inu	by bo	proved ard or	, (i <i>)</i> **	/ritten
interested person	with organi	ZaliUII	of loan	organi	ization?	principal amount			defa	luit?	comn	rittee?	ayree	ment?
	0000		a== ==		From	000 000	L	000	Yes	No	Yes	No	Yes	No
BANNON FILM INI	SEE P	I. A	SEE PT V	1	X	200,000.		200,000.		Х		Х		X
				1							<u> </u>			
											<u> </u>			
Catal						> \$		200,000.						
^{[otal} Part III │ Grants or As	ssistance	Ber	nefiting Inter	reste	d Pe			100,000.						
Complete if the			•											
(a) Name of interested			(b) Relationship			(c) Amount of		(d) Type	of) Purp	088 0	 f
(a) Name of interested	person	'	interested pers			assistance		assistan			•	assista		'
			the organiza	ation										
		+					\dashv			\dashv				
							$\neg \dagger$			$\neg \dagger$				
							$\neg \uparrow$			$\neg \uparrow$				

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

Schedule L (Form 990 or 990-EZ) 2018

Schedule L (Form 990 or 990-EZ) 2018 CITIZE Part IV Business Transactions Involv		REPUBLIC	82-3509	136	Page 2
	"Yes" on Form 990, Part IV, line 28a, 2	8h or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?	
CEAN DANNON	EMDIOVEE DELAMIVE	0	COMPENCATIO	Yes	No
SEAN BANNON BANNON FILM INDUSTRIES, IN	EMPLOYEE, RELATIVE VENDOR, WHOLLY OWNE		COMPENSATIO FILM PRODUC		X
,					
Provide additional information for response	onses to questions on Schedule L (see	instructions).			
SCHEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	S:		
(A) NAME OF PERSON: BANNON	FILM INDUSTRIES, I	NC			
(B) RELATIONSHIP WITH ORGA	NIZATION: STEPHEN K	BANNON, PRE	SIDENT IS T	HE	
SOLE STOCKHOLDER OF BANNON	FILM				
(C) PURPOSE OF LOAN: GENER	AL EXPENSES				
(D) LOAN TO OR FROM ORGANI	ZATION? = FROM				
(E) ORIGINAL PRINCIPAL AMO	OUNT \$ 200,000. (F)	BALANCE DU	E \$ 200,000	•	
(G) LOAN IN DEFAULT? = NO					
(H) APPROVED BY BOARD OR C	COMMITTEE? = NO				
(I) WRITTEN AGREEMENT? = N	10				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: SEAN E	BANNON				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
EMPLOYEE, RELATIVE OF STEE	HEN K BANNON, PRESI	DENT/DIRECT	OR		
(D) DESCRIPTION OF TRANSAC	TION: COMPENSATION,	\$40,000			

- (A) NAME OF PERSON: BANNON FILM INDUSTRIES, INC.
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

VENDOR, WHOLLY OWNED BY STEPHEN K BANNON, PRESIDENT/DIRECTOR

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018
Open to Public

Inspection

Name of the organization

CITIZENS OF THE AMERICAN REPUBLIC

Employer identification number 82-3509136

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INCLUDING: (I) THE PROPER ROLE AND SIZE OF GOVERNMENT; (II) ECONOMIC NATIONALISM; (III) TAX AND ECONOMIC POLICY; (IV) THE RULE OF LAW; (V) SOCIAL POLICY AND RESPECT FOR TRADITIONAL AMERICAN VALUES; (VI) EDUCATION POLICY; (VII) FREE MARKETS AND ENTREPRENEURSHIP; (VIII) HEALTHCARE POLICY; (IX) HOUSING POLICY; (X) AMERICA FIRST FOREIGN POLICY; (XI) NATIONAL SECURITY AND DEFENSE POLICY; (XII) LEADERSHIP; (XIII) OTHER MATTERS OF PUBLIC CONCERN. TO PROVIDE AMERICAN CITIZENS, BUSINESSES AND INTERESTED PARTIES (2)THE OPPORTUNITY TO JOIN TOGETHER AND PARTICIPATE IN THE DEMOCRATIC PROCESS BY PROVIDING EDUCATIONAL OPPORTUNITIES AND FORUMS FOR UNDERSTANDING AND SUPPORTING OR OPPOSING FEDERAL, STATE, AND POSSIBLY LOCAL LAWS, RULES, OR REGULATIONS. (3) CREATE RESEARCH PAPERS AND SPEECHES DETAILING THE UNDERPINNINGS OF ECONOMIC NATIONALISM AND AMERICA FIRST FOREIGN POLICY AND NATIONAL SECURITY. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AMERICAN VALUES; (VI)EDUCATION POLICY; (VII) FREE MARKETS AND ENTREPRENEURSHIP; (VIII) HEALTHCARE POLICY; (IX) HOUSING POLICY; (X) AMERICA FIRST FOREIGN POLICY; (XI) NATIONAL SECURITY AND DEFENSE

POLICY; (XII) LEADERSHIP; (XIII) OTHER MATTERS OF PUBLIC CONCERN.

Name of the organization **Employer identification number** CITIZENS OF THE AMERICAN REPUBLIC 82-3509136 THE OPPORTUNITY TO JOIN TOGETHER AND PARTICIPATE IN THE DEMOCRATIC PROCESS BY PROVIDING EDUCATIONAL OPPORTUNITIES AND FORUMS FOR UNDERSTANDING AND SUPPORTING OR OPPOSING FEDERAL, STATE, AND POSSIBLY LOCAL LAWS, RULES, OR REGULATIONS. CREATE RESEARCH PAPERS AND SPEECHES DETAILING THE UNDERPINNINGS (3) OF ECONOMIC NATIONALISM AND AMERICA FIRST FOREIGN POLICY AND NATIONAL SECURITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ALTERNATIVE SOURCES OF INFORMATION TO COUNTER THE EFFECTS OF THE LIBERAL, PROGRESSIVE PRESS. COAR FUNDED EFFORTS TO PLACE KNOWLEDGE INDIVIDUALS ON MAINSTREAM NEWS AND OPINION PROGRAMS TO ARTICULATE COAR'S VALUES TO THE AMERICAN PEOPLE ON NON-CONSERVATIVE MEDIA OUTLETS. III. SPEAKERS AND SURROGATES - COAR SPONSORED EDUCATIONAL PROGRAMS AND EVENTS ACROSS THE NATION WITH SPEAKERS COMMITTED TO COAR'S MISSION. FORM 990, PART VI, SECTION A, LINE 2: STEPHEN K. BANNON, PRESIDENT/DIRECTOR AND MARY E. MEREDITH, VICE-PRESIDENT/DIRECTOR - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11B: NO SUCH REVIEW WAS OR WILL BE CONDUCTED FORM 990, PART VI, SECTION C, LINE 18: CITIZENS OF THE AMERICAN REPUBLIC FILED ITS FORM 8976 WITH THE IRS AND HAS NOT FILED A FORM 1024 OR 1024A.

Name of the organization CITIZENS OF THE AMERICAN REPUBLIC		Employer identification number 82-3509136				
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS AV	AILABLE TO THE PUBL	IC				
FORM 990, PART IX, LINE 11G, OTHER FEES:						
MEDIA & PUBLIC RELATIONS:						
PROGRAM SERVICE EXPENSES	2	73,731.				
MANAGEMENT AND GENERAL EXPENSES		0.				
FUNDRAISING EXPENSES		0.				
TOTAL EXPENSES	2	73,731.				
STRATEGY CONSULTING:						
PROGRAM SERVICE EXPENSES	1	18,000.				
MANAGEMENT AND GENERAL EXPENSES		0.				
FUNDRAISING EXPENSES		0.				
TOTAL EXPENSES	1	18,000.				
WEBSITE:						
PROGRAM SERVICE EXPENSES	3	33,062.				
MANAGEMENT AND GENERAL EXPENSES		0.				
FUNDRAISING EXPENSES		0.				
TOTAL EXPENSES	3	33,062.				
SECURITY, LOGISTICS & TRAINING:						
PROGRAM SERVICE EXPENSES	2	95,585.				
MANAGEMENT AND GENERAL EXPENSES		0.				
FUNDRAISING EXPENSES		0.				
TOTAL EXPENSES	2	95,585.				
832212 10-10-18	Schedule O (Form 990 or 9	90-FZ) (2018)				

Name of the organization CITIZENS OF THE AMERICAN REPUBLIC	Employer identification number 82-3509136
RESEARCH & SURVEY:	
PROGRAM SERVICE EXPENSES	99,500.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	99,500.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,119,878.

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL				·			EXCI				Depreciation	Expense		Бергестаноп
1	AUTO-NISSAN 4DR SEDAN	11/08/18	SL	5.00		16	36,016.				36,016.			3,602.	3,602.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						36,016.				36,016.	0.		3,602.	3,602.
	* GRAND TOTAL 990 PAGE 10 DEPR						36,016.				36,016.	0.		3,602.	3,602.