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GOVERNMENT COPY

Form 990
Department of the Treasury
Internal Revenue Service

PUBLIC INSPECTION COPY 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)

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



Α	For th	e 2012 calendar year, or tax year beginning a	ind ending		
В	Check if applicat	le: C Name of organization		D Employer identifie	cation number
	Addr chan	CENTER FOR RESPONSIVE POLITICS			
	Name	ge Doing Business As		52-1	275227
	Initia returi	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number		
	Term	TIOT THIM SINDER, MW	1030	202-	857-0044
Ļ		City, town, or post onice, state, and ZIP code		G Gross receipts \$	1,923,378.
	Appli tion pend			H(a) Is this a group re	
		F Name and address of principal officer: SHELLA KRUMHOLZ		for affiliates?	Yes X No
_		SEE 'C' ABOVE	(1) 50	H(b) Are all affiliates inc	
<u> </u>	Tax-e>	tempt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a) te: ► WWW.OPENSECRETS.ORG	(1) or 52		list. (see instructions)
		f organization: X Corporation Trust Association Other	L Voo	H(c) Group exemption	n number 🕨 State of legal domicile: DC
_	art I	•	L rea		State of legal dofinicile. DC
	1	Briefly describe the organization's mission or most significant activities:	CENTE	R FOR RESPON	STVE
Activities & Governance	1.	POLITICS IS THE LEADING RESEARCH (CONT	INUED O	N SCHEDULE '	0')
rnai	2	Check this box			sets.
ovel	3	č	•	3	6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1			6
es 6	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		26	
vitio	6	Total number of volunteers (estimate if necessary)			0
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			10,218.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)	····· _	682,289.	1,120,043.
Revenue	9	Program service revenue (Part VIII, line 2g)		750,874.	784,047.
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,921.	10,218.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,574. 1,446,658.	<u>9,070.</u> 1,923,378.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1:		<u> </u>	<u> </u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		918,934.	913,957.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	10) -	34,132.	31,643.
ben	h	Total fundraising expenses (Part IX, column (D), line 25)	,563.	01/2020	01,0100
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		310,766.	327,429.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,263,832.	1,273,029.
	19	Revenue less expenses. Subtract line 18 from line 12		182,826.	650,349.
2 or	8	· · · · · · · · · · · · · · · · · · ·	В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,802,834.	2,468,851.
Net Assets (21	Total liabilities (Part X, line 26)		60,518.	76,186.
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		1,742,316.	2,392,665.
Pa	art II	Signature Block			

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	Signature of officer SHEILA KRUMHOLZ, EXECU- Type or print name and title	TIVE DIRECTOR	Dat	te	
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	MOLLIE G. LAMBERT			self-employed P013361	
Preparer	Firm's name 🍃 CHACONAS & WILSO	DN, P.C.	Firr	m's EIN 52-14808	05
Use Only	Firm's address 🖕 2100 PENNYLVANIA	AVENUE, NW, SUITE 5	80		
	WASHINGTON, DC 2	20037	Pho	one no. (202) 429-	8890
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes	No
232001 12-1	0-12 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 99(0 (2012)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CON	TINUATION	

	990 (2012) CENTER FOR RESPONSIVE POLITICS	52-1275227	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission: <u>THE CENTER FOR RESPONSIVE POLITICS EDUCATES THE AMERICA</u>	N PUBLIC ABO	
	MONEY'S INFLUENCE ON POLITICS AND POLICY AND ADVOCATES		
	TRANSPARENT AND RESPONSIVE GOVERNMENT. THE CENTER CONDU		
	NON-PARTISAN RESEARCH ON CAMPAIGN FINANCE (CONTINUED ON	SCHEDULE 'O	')
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	XNo
	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? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.	, , ,	
4a	(Code:) (Expenses \$ 570,969. including grants of \$) (Reven	ue\$ 763,	297.)
	EDUCATION AND OUTREACH: A FOUR TIME WEBBY WINNER FOR BE		/
	POLITICS RESOURCE ONLINE, THE CENTER'S WEBSITE, OPENSEC		LOWS
	USERS TO EXPLORE THE CONNECTIONS BETWEEN MONEY AND POLI		
	AVAILABLE, EASY-TO-USE DATABASES TRACK FEDERAL CAMPAIGN		NS.
	LOBBYING, THE REVOLVING DOOR AND POLITICIANS' PERSONAL		
	VARIETY OF ILLUMINATING WAYS, SUCH AS BY INDUSTRY AND I		
	AND CRP REACHES OUT TO ENGAGE WITH NEW AUDIENCES VIA SO		
	INTERACTIVE TOOLS ON OUR SITE. THE CENTER'S STAFF ASSIS		
	ORGANIZATIONS LARGE AND SMALL WITH THEIR MONEY IN POLIT		
	INVESTIGATIONS. THESE COLLABORATIONS RESULT IN FREQUENT		F
	THE CENTER'S DATA IN THE NATION'S MOST PROMINENT PRINT,		
	ONLINE NEWS OUTLETS.		
4b	(Code:) (Expenses \$ 510,133. including grants of \$) (Reven	ue \$)
	RESEARCH AND ANALYSIS: THE CENTER'S REPORTING STAFF AND		′
	WORK HAND-IN-HAND TO COMB THE DATA FOR PATTERNS AND ANO		
	ARE SHARED WITH THE PUBLIC THROUGH THE CENTER'S ONLINE		
	"OPENSECRETS" BLOG, REPORTS AND DATA TOOLS. STAFF PUT	THE CENTER'S	-
	DATA IN CONTEXT, IDENTIFYING TRENDS AND PROVIDING THE M	ONEY-IN-POLI	TICS
	ANGLE TO ONGOING NEWS STORIES AND POLICY DEBATES. THE	CENTER	
	CONTINUALLY IMPROVES ITS DATA IN ORDER TO PROVIDE AN AC	CURATE,	
	CONSISTENT AND COMPREHENSIVE RESOURCE, FREE OF CHARGE,	FOR THE PRES	S
	AND PUBLIC. CRP FREQUENTLY WORKS WITH OTHER ORGANIZATIO		
	ITS UNIQUE VALUE-ADDED DATA WITH OTHER DATA SETS, AND T	O CREATE	
	FEATURES ILLUSTRATING THE ROLE MONEY PLAYS IN POLITICS .	AND POTENTIA	LLY
	TRANSFORMATIONAL NEW TOOLS.		
4c	(Code:) (Expenses \$42,864. including grants of \$) (Reven	ue\$20,	750.)
	LIBRARY SERVICES: USING THE CENTER'S VAST AND HIGHLY AD		
	NEAR-REAL TIME DATABASES, THE LIBRARY'S STAFF PROVIDE C	USTOM RESEAR	СН,
	ON DEMAND, FOR CITIZENS, JOURNALISTS, ACADEMICS, INDIVI	DUAL ACTIVIS	TS
	AND ADVOCACY ORGANIZATIONS.		
4d	Other program services (Describe in Schedule O.)	`	
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,123,966.)	
40	Total program service expenses ► 1,123,966.	Form Q	90 (2012)

	990 (2012) CENTER FOR RESPONSIVE POLITICS 52-1275	227
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
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2
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
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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ŭ
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10
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
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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c
d	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
b	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	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-
16	or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	10
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18

Yes

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Х Х Х Х Х Х Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Х complete Schedule G, Part III 19 Х **20a** Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H* 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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20b

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	990 (2012) CENTER FOR RESPONSIVE POLITICS 52-1275	227	P
Par	t IV Checklist of Required Schedules (continued)	1	
			Yes
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	
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? <i>If</i> "Yes," <i>complete Schedule J</i>	23	
	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25</i>	24a	
с	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 24c	
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26	
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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27	
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	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	
с	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
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		

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Х 38

Form 990 (2012)

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No

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Form 990 (2012)

Part V

					res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	Х	
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	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
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 transa	action?	?	5b		X
С	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	ne org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payor?	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 w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	he during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	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	1	1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedul	e ()		14h		1

CENTER FOR RESPONSIVE POLITICS Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

52-1275227

7	Page	5

No

Yes

Form **990** (2012)

CENTER FOR RESPONSIVE POLITICS

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.

Oh	a second state second second in the is Doubly (
Check It Schedule U contains a res	ponse to any question in this Part VI

Section 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 1a	6		
	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		5		
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_		v
	more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76		x
~	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0.0	x	
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9		uo	- 23	
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? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i>	9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		x
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
Sec	tion C. Disclosure	16b		
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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	arandi		
	X 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, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz THE ORGANIZATION - $202-857-0044$	ation:	•	

WASHINGTON, DC

20005

Form	9	9	0	(:	2012)	
•						

X

т

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII Image: Check if Schedule O contains a response to any question 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.

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week			10 a 0	irecto	or/trus	itee)	from	from related	other
	(list any	recto						the	organizations	compensation
	nours for	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	trust		ee	npen		(00-2/1099-00130)		organization and related
	below	dual t	tiona		nploy	st cor	-			organizations
	(list any hours for related organizations below line)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOB WEINBERGER	2.00	<u> </u>	<u> </u>		-	<u> </u>	-			
CHAIR		1x						0.	0.	0.
(2) ELLEN MILLER	0.30	\square								
MEMBER								0.	0.	0.
(3) SONIA JARVIS	0.30									
MEMBER								0.	0.	0.
(4) MARK RANALLI	1.00				1					
VICE CHAIR] X [0.	0.	0.
(5) FRANK REICHE	0.30									
MEMBER] X [0.	0.	0.
(6) WHITNEY NORTH SEYMOUR, JR.	0.30									
MEMBER		X						0.	0.	0.
(7) SHEILA KRUMHOLZ	40.00									
EXECUTIVE DIRECTOR				Х				135,000.	0.	11,911.
		1								
		\vdash								
		4								
		\vdash								
		4								
		⊢				\vdash				
		4								
		⊢	<u> </u>		-	-				
		-								
	_	⊢			-	-	<u> </u>			
		-								

Form 990 (2012) CENTER FOR RESPONSIVE POLITICS 52-12752												Paç	ge 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estii amo	(F) mated ount of ther	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		compe fror orgar	ensati m the nizatio relate	n d
								135,000.).	-11	,91	1
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.	().		,91	0.
2 Total number of individuals (including but n compensation from the organization ▶							no r),000 of reportable				1
										_	Y	/es	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		x
 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000?	" co	mple	ete S	Sche	edule	e J f	for such individual			4	_	X
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors											5		Х
1 Complete this table for your five highest co the organization. Report compensation for										ensat	tion fro	om	
(A) Name and business	address	NC	ONE	3				(B) Description of s	services	Со	(C) mpens		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

10	Other Revenue 6 & A	e 8	7	6	4 5	3	Program Service Revenue S		Contributions, Gifts, Grants and Other Similar Amounts L	irants ounts L
с	с	c d	c d				b c d e f	2 a	c d f g	
	including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses k Net income or (loss) from fundraising events Gross income from gaming activities. See	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Real Gross rents Less: rental expenses	Income from investment of tax-exempt bond Royalties	Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts)	All other program service revenue	CONTRACTS LIBRARY FEES	Fundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1	Federated campaigns 1a Membership dues 1b
, ▶	, ▶		► (ii) Other	(ii) Personal	proceeds 🕨	rest, and		Business Code 900099 900099	,120,043.	
						784,047. 10,218.			1,120,043.	
								763,297. 20,750.		
						10,21				

CENTER FOR RESPONSIVE POLITICS

Check if Schedule O contains a response to any question in this Part VIII

52-1275227 Page 9

(C) Unrelated

business

revenue

(B)

Related or exempt function

revenue

(A) Total revenue (D) Revenue excluded from tax under sections 512, 513, or 514

Statement of Revenue

Form 990 (20	
Part VIII	Staten

9,070.

Form 990 (2012)

CENTER FOR RESPONSIVE POLITICS

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX **(D)** Fundraising (B) (C)(A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1 organizations in the United States. See Part IV. line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV. lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 146,911. 110,183. 14,826. 21,902. trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 626,883. 9,193. 588,824. 28,866. 7 Pension plan accruals and contributions (include 8 6,883. 7,135. 142. section 401(k) and 403(b) employer contributions) 110. 74,250. Other employee benefits 68,686. 3,720. 1,844. 9 58,778. 53,239. 3,269. 2,270. Payroll taxes 10 11 Fees for services (non-employees): Management а 1,000. 1.000. b Legal 22,115. 20,030. 1,230. 855. Accounting С d Lobbying 31,643. 31,643. Professional fundraising services. See Part IV. line 17 ρ Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 24,894. 24,894. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 2,456. 26,091. 22,667. 968. 13 Office expenses Information technology 14 Royalties 15 156,742. 173,053. 9,623. 6,688. 16 Occupancy 1,425. 1,967. 4,953. 1,561. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 28,644. 27,444. 1,200. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 8,486. 9,370. 522. 362. 22 Depreciation, depletion, and amortization 8,366. 7,578. 465. 323. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 15,162. 13,733. 843. 586. ON LINE SERVICE а SUBSCRIPTIONS 7,108. 7,108. b 6,673. 6,044. SERVICE BUREAU CONTRACT 371. 258. С d е All other expenses 1,273,029. 1,123,966. 70,500. 78,563. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

33

34

Form	n 990 (2012) CENTER FOR RESPO	NSIVE POLITICS	CS 52-1275227 Page					
	rt X	Balance Sheet							
		Check if Schedule O contains a response to any que	estion in this Part X						
				(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing		1,222,820.	1	1,971,349.			
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net		445,100.	3	425,000.			
	4	Accounts receivable, net		66,000.	4				
	5	Loans and other receivables from current and forme							
		trustees, key employees, and highest compensated	employees. Complete						
		Part II of Schedule L			5				
	6	Loans and other receivables from other disqualified							
		section 4958(f)(1)), persons described in section 495	68(c)(3)(B), and contributing						
		employers and sponsoring organizations of section 5	501(c)(9) voluntary						
		employees' beneficiary organizations (see instr). Con	nplete Part II of Sch L		6				
Assets	7	Notes and loans receivable, net			7				
Ass	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges		15,418.	9	24,592.			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D 10	a 627,838.						
	b	Less: accumulated depreciation 10	b 608,813.	24,611.	10c	19,025.			
	11	Investments - publicly traded securities			11				
	12	Investments - other securities. See Part IV, line 11			12				
	13	Investments - program-related. See Part IV, line 11			13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		28,885.	15	28,885.			
Liabilities	16	Total assets. Add lines 1 through 15 (must equal line		1,802,834.	16	2,468,851.			
	17	Accounts payable and accrued expenses		16,751.	17	30,919.			
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Complete Part			21				
	22	Loans and other payables to current and former offic							
		key employees, highest compensated employees, and							
					22				
	23	Secured mortgages and notes payable to unrelated			23				
	24	Unsecured notes and loans payable to unrelated thin			24				
	25	Other liabilities (including federal income tax, payable							
		parties, and other liabilities not included on lines 17-2		43,767.	05	45,267.			
	06	Schedule D		60,518.	25 26	76,186.			
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), ch	pock hore X and	00,510.	20	/0,100.			
Ś		complete lines 27 through 29, and lines 33 and 34							
jce.	27	Unrestricted net assets		1,297,216.	27	1,746,831.			
Net Assets or Fund Balances	28	Temporarily restricted net assets		445,100.	28	645,834.			
ä	29				29				
Ŭ		Organizations that do not follow SFAS 117 (ASC 9			23				
Ъ		and complete lines 30 through 34.							
ts c	30	Capital stock or trust principal, or current funds			30				
sse	31	Paid-in or capital surplus, or land, building, or equipm			31				
ĭΑ	32	Retained earnings, endowment, accumulated incom			32				
Ne Ne	22	Total not assots or fund balances		1 742 316.	33	2 392 665.			

Total net assets or fund balances

Total liabilities and net assets/fund balances

2,392,665.

2,468,851.

Form **990** (2012)

33

34

1,742,316. 1,802,834.

Forn	1 990 (2012) CENTER FOR RESPONSIVE POLITICS	52-1	L275227 _F
Pa	rt XI Reconciliation of Net Assets		
	Check if Schedule O contains a response to any question in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,923,
2	Total expenses (must equal Part IX, column (A), line 25)		1,273,
3	Revenue less expenses. Subtract line 2 from line 1		650,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		1,742,
5	Net unrealized gains (losses) on investments		
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments		
9	Other changes in net assets or fund balances (explain in Schedule O)		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
	column (B))	10	2,392,
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response to any question in this Part XII		

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			X
			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 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 reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X 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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2012)

CENTER FOR RESPONSIVE POLITICS

5<u>2-1275227 Page 12</u>

1,923,378. 1,273,029.

650,349. 1,742,316.

2,392,665.

0.

SCHEL		Dk	lie Chevity C		and D	hlia	C	~ ~ ~		Olvii	DINU.	1545-00	47
(Form 99	0 or 990-EZ)	Put	olic Charity St	latus		UDIIC	Supp	on		•		12	,
		Complet	te if the organization is	a section	501(c)(3)	organizat	tion or a s	ection			.0		
Department o	of the Treasury		4947(a)(1) no							Ор	en to	o Publ	ic
Internal Reve	nue Service	► At	tach to Form 990 or Fo	rm 990-E	Z. 🕨 See	separate	instructio	ons.		I	nspe	ction	
Name of t	the organizati	on						E	mployer	identif	icati	on nu	mber
		CENTER	FOR RESPONSI	VE PO	LITIC	S			5	2-12	75	227	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	te this parl	:.) See inst	ructions.					
The organ	ization is not a	private foundation l	because it is: (For lines 1	through	11, check	only one b	ox.)						
1 🗂			s, or association of churc										
2			(0(b)(1)(A)(ii). (Attach Scl										
3			tal service organization of		in section	170(b)(1)	(A)(iii).						
4			operated in conjunction					(b)(1)(A)(ii	i). Enter	the hos	nital	's nam	1e
т Ш	city, and stat			inter a rice				(~/(·/() ·/()	IJI LIIIII		prica	onan	10,
5	-		benefit of a college or ur	niversity o	whed or or	perated by		mental uni	t describ	ed in			
J		(b)(1)(A)(iv). (Comple		inversity of		Scrated by	a governi	nontai uni	t desent				
c 🗌			-	م مان م م باله		- 470/b)/d	N A V. A						
6 🗆 7 X	-		ent or governmental unit										
7 <u>X</u>			eives a substantial part o	of its supp	ort from a	governme	ental unit d	or from the	general	public	desc	ribed i	'n
- 		b)(1)(A)(vi). (Comple											
8			ection 170(b)(1)(A)(vi). (
9 📖			eives: (1) more than 33 1										
			nctions - subject to certa										
			axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after Ju	ine 3	80, 197	′5.
	See section 509(a)(2). (Complete Part III.)												
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety.	See sectio	n 509(a)(4	ŀ).					
11 📖	An organizati	on organized and op	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purpo	ses c	of one	or
	more publicly	supported organiza	tions described in section	on 509(a)(1	 or section 	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the	box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	n 11 h.							
	а 📖 Туре I	b 🗔 Ту	/pe∥ c └── ∖ Ty	/pe III - Fui	nctionally	integrated	d	і 📖 Тур	e III - No	n-functi	onal	y integ	grated
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one oi	r more dis	qualified	person	s otł	ner tha	เท
	foundation m	anagers and other tl	han one or more publicly	/ supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	sectior	509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	vpe I, Type	II, or Type	e III					
	supporting or	ganization, check th	nis box										
g	Since August	17, 2006, has the o	rganization accepted an										
•	-		irectly controls, either al									Yes	No
			· · · · · · · ·								g(i)		
	-		n described in (i) above?							···· —	g(ii)		
			person described in (i) of								g(iii)		
h			about the supported or							[5(,		
				gamzation	(0).								
(i) Nomo	of ourported		(iii) Type of organization	(iv) Is the o	rnanization	(v) Did you	i notify the	(vi) Is	the	(vii) An	ount	ofmo	noton
	of supported anization	(ii) EIN		in col. (i) lis			ion in col.	organizatio	on in col.	(VII) AII		port	letary
orge	amzation			governing			support?	i) organiz) (i) U.S	?		Sup	pon	
			(see instructions))	Yes	No	Yes	No	Yes	No				
									<u> </u>				

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

Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Total

SCHEDULE A

Schedule A (Form 990 or 990-EZ) 2012 CENTER FOR RESPONSIVE POLITICS

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Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fincal year beginning in) 1 diffe, grans, contributions, and grans, i) 1 are versioned on its behalf 1 are versioned on its versioned behalf 1 are versioned on its versioned behalf 1 are versioned on its versioned behalf 1 are versioned on its versioned 1 are versioned behalf 1 are versioned behalf	Sec	ction A. Public Support						
membership fees received. (Bo not include any "urusual grants.") 1325576. 1776824. 163,835. 682,289. 1120043. 5068567. 2 Tax revenues levide for the organ- ization's benefit and ether pad to or expended on its behalt 1325576. 1776824. 163,835. 682,289. 1120043. 5068567. 3 The value of services or facilities furnished by a governmental unit to the organization without charge a total contributions by each person (offer than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1325576. 1776824. 163,835. 682,289. 1120043. 5068567. 5 Public support. Server the store in 4 1325576. 1776824. 163,835. 682,289. 1120043. 5068567. 6 Public support. Server the store in 4 2883375. Section B. Total Support Generation B. Total Support and income from similar sources. (a) 2008 (b) 2009 (c) 2010 (d) 2011 (f) 2012 (f) Total 1325576. 1776824. 163,835. 682,289. 1120043. 5068567. 8 Net income from similar sources. 20,768. 16,712. 9,231. 6,921. 10,218. 63,850. 5068567. 9 Net income from similar sources. 20,768. 16,712. 9,231. 6,574. 9,070. 29,588. 51620055. 11 Total support. Add lines 7 through 10 14,55,353. 845. 6,574. 9,070. 29,588. 51620055. 12 Constration or Dot so frot in granization's first, second, third, fourth, or tifth say are as a section 501(2(3) organization, check this box and stop here. 51620055. 9 Fubic suppor	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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and stop here. The organization qualifies as a publicly supported organization > 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization > b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
 b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 		-			-	-	-	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			•	•		•		
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
		more, and if the organization meets the	ne "facts-and-circu	mstances" test, cł	neck this box and s	stop here. Explain	in Part IV how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	anization	▶∐
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	ction A. Public Support		-	-				-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	e) 2012	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	6	e) 2012	(f) Total
	Amounts from line 6	(u) 2000	(8) 2000	(0) 2010	(4) 2011	, (i	J 2012	() ()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital							
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is for	the organization'	l s first second thi	l rd fourth or fifth t	I ax year as a soctio	1 = 501(l
14	-	-			•			
500	check this box and stop here	c Support Pe	rcontago					
	Public support percentage for 2012 (li			aaluma (f)		15		0/
								<u>%</u>
	Public support percentage from 2011					16		%
	ction D. Computation of Inves							
	Investment income percentage for 20					17		%
	Investment income percentage from 2						(%
19a	33 1/3% support tests - 2012. If the							
F	more than 33 1/3%, check this box ar							
L.	33 1/3% support tests - 2011. If the							
00	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	a dia not check a	box on line 14, 19	a, or 190, check t	his box and see in	structio	DIIS	▶∟

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Employer identification number

Ν	ame	of	the	orga	niza	tion
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C	ENTER FOR RESPONSIVE POLITICS	52-1275227
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	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

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

52-1275227

CENTER FOR RESPONSIVE POLITICS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$400,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>136,852.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>25,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>50,000.</u>	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

52-1275227

CENTER FOR RESPONSIVE POLITICS

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)	Page 3
Name of organization	Employer identification number
CENTER FOR RESPONSIVE POLITICS	52-1275227

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Property (see instructions). Use duplicate copies of Part I	i 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
$\neg \uparrow$		-	
		— — _{\$}	

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organ	lization		Employer identification number					
CENTER	FOR RESPONSIVE POLITIC	CS	52-1275227					
Part III	Exclusively religious, charitable, etc., indivi year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additiona	dual contributions to section 501(e following line entry. For organizat , contributions of \$1,000 or less fo	c)(7), (8), or (10) organizations that total more than \$1,000 for the ions completing Part III, enter or the year. _(Enter this information once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of g						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	Transferee's name, address, an	(e) Transfer of gi	sfer of gift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	Transferee's name, address, an	e) Transfer of gi	ift Relationship of transferor to transferee					
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, address, an	ift Relationship of transferor to transferee						
-								

SCHEDULE D)
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

nterna	Attach to Form 550. Proce Separate instructions.	mepeetien
Nam	e of the organization CENTER FOR RESPONSIVE POLITICS	Employer identification number 52-1275227
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
De	impermissible private benefit?	
Pa		line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	
	Protection of natural habitat Preservation of a certified h Preservation of open space	istoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	ansonyation assemant on the last
2	day of the tax year.	Sinservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	the text of the footnote to its financial statements that describes these items.	·····
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and the	palance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	
	(i) Revenues included in 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 treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	. ► \$
b	Assets included in Form 990, Part X	► \$

-		FOR RESPON						52-12			age 2
Par	t III Organizations Maintaining C	collections of Ar	t, His	torical Tr	easures, c	or Othe	er Simil	ar Asse	t s (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, chec	k any of the	following tha	t are a si	gnificant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	d			nange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o								-		٦
D	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "	'Yes" to I	Form 990), Part IV, I	line 9, or		
			in . for				in altrala d				
Та	Is the organization an agent, trustee, custod								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······ ∟	⊥ tes		J NO
D	In res, explain the arrangement in Part XIII	and complete the fol	llowing	lable.					Amoun	+	
•	Paginning balance						1c		Amoun	ι	
	Additions during the year										
	Additions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
		(a) Current year		rior year	(c) Two year			/ears back	(e) Four	years	back
1a	Beginning of year balance	445,100.		300,000.	1,020		. ,	36,667.			,900.
	Contributions	500,000.		370,100.			1,5	50,000.		822,	838.
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs	299,266.		225,000.	720	0,000.	1,3	866,667.	1	,181,	,175.
f	Administrative expenses										
	End of year balance	645,834.		445,100.	300	0,000.	1,0	20,000.		612,	,563.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administe	red for th	ne organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations										X
b	If "Yes" to 3a(ii), are the related organizations								3b		
4	Describe in Part XIII the intended uses of the	0									
Par	t VI Land, Buildings, and Equipm										
	Description of property	(a) Cost or of		(b) Cost			cumulate		(d) Boo	k valu	е
		basis (investm	ient)	basis	ouner)	dep	preciation				
	Land										
	Buildings			ົ 	2,171.		22,1	71			
	Leasehold improvements				<u>2,1/1</u> . 5,667.		<u>22,1</u> 586,6		1	9,0	$\frac{0}{25}$
	Equipment			00	5,00/•	3	00,0	±4•	± ا	0, נ	<u> </u>
	Other		Varl	(D) //					1		25.
rota	Add lines 1a through 1e. (Column (d) must e	quai Forni 990, Part .	∧, coiur	пп (в), Ine T	U(C).)			P			
								Schedule	e D (Forn	n 990)	2012

Schedule D	2012
	 -

CENTER FOR RESPONSIVE POLITICS

(a) Discription of statulty of calargo yrear as server (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of value (c) (c) (c) Method of value (c)	(a) Description of security or Category (including name of security)			Cost or and of year market value
(2) Conter		(b) Book value	(c) wethod of valuation: (Jost or end-of-year market value
(3) Other				
(A) (A) (B) (A) (G) (B) (G) (C				
(B) Image: Control of the second s				
Co Image: Control of Con				
(D)				
Image: set of the set o				
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(8) (9) (10) (11)				
(9) (10) (11) (11)				
(10) (11)				
(11)				
		25.)	45,267.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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

Sche	dule D (Form 990) 2012 CENTER FOR RESPONSIVE POLI	52-	1275227	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve			
1	Total revenue, gains, and other support per audited financial statements		1	1,923,	378.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		2e		Ο.
3	Subtract line 2e from line 1			1,923,	378.
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	4c		Ο.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,923,	378.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per Retu		
1	Total expenses and losses per audited financial statements		1	1,273,	029.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		1,273,	029.	
4	Amounts included on Form 990, Part IX, line 25, 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		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,273,	029.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a and 4; F	Part IV, lines 1b and	2b; Part V, line	4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any addit	ional information.		

PART V, LINE 4: FOR THE YEAR ENDED DECEMBER 31, 2012, THE CENTER'S

TEMPORARILY RESTIRCTED NET ASSETS CONSISTED OF GENERAL SUPPORT TIME

RESTRICTIONS.

PART X, LINE 2: THE CENTER HAS ADOPTED FINANCIAL ACCOUNTING STANDARDS

BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740-10, "INCOME

TAXES, " WHICH PRESCRIBES MEASUREMENT AND DISCLOSURE REQUIREMENTS FOR

CURRENT AND DEFERRED INCOME TAX PROVISIONS. THE INTERPRETATION PROVIDES

Schedule D (Form 990) 2012

Part 2		uppleme	ental I	nform	natior	n (cor	ntinue	d)		011								<u> </u>	10,	522,	Page 5
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		IS. IT																			
UNCE	RTAI	N TAX	POS	SITI	ONS	•															

SCHEDULE G	
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(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open To Public

OMB No. 1545-0047

Inspection	

Name of the organization	Employer identification number					
CENTER FOR RESPONSIVE POLITICS	52-1275227					
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.						

I indicate	I indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a 🗌 N	Aail solicitations	eΧ	Solicitation of non-government grants					
b 🗌 Ir	nternet and email solicitations		Solicitation of government grants					
c 🗌 P	hone solicitations	g 🗌	Special fundraising events					
d 🗌 Ir	n-person solicitations							

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

X Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
EDIT REIZES - 102 GRAND		Yes	No			
CHAMPION DRIVE, ROCKVILLE, MD	GRANT PROPOSAL WRITING		х	650,000.	15,017.	634,983.
DIANE SCHWARTZ - 5029 NORTH						
5TH STREET, ARLINGTON, VA	GRANT PROPOSAL WRITING		х	650,000.	15,005.	634,995.
Total				1,300,000.	30,022.	1,269,978.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	π	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contribu	-			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Ø			(event type)	(event type)	(total number)	- col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
kpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ō	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			►	()
De	11	Net income summary. Combine line 3, column	n (d), and line 10	- 000 Deat N/ Kee 40	••••••••••••••••••••••••••••••••••••••	
Pa	ITLI	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	n 990, Part IV, line 19, or i	reported more than	
			() 5	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Reve						
	1	Gross revenue				
ŝ	2	Cash prizes				
ense	_					
t Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	~		Yes%		Yes%	
		Volunteer labor	No	└──┘ No	└──┘ No	
	7	Direct expense summary. Add lines 2 through				()
	8	Net gaming income summary. Combine line 1	, column d, and line 7		•••••••	
9	Ent	ter the state(s) in which the organization opera	tes gaming activities:			
		the organization licensed to operate gaming ac	· · -	states?		Ves No
b	lf "	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or t	erminated during the tax	vear?	Yes No
		Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2012 CENTER FOR RESPONSIVE POLITICS 52-1	275	227	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	
13	Indicate the percentage of gaming activity operated in:			
	I The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	retain the state gaming license?		Yes	
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	ITT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
			nstruc	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	.s :		
	· · · · · · · · · · · · · · · · · · ·			
(1) NAME OF FUNDRAISER: EDIT REIZES			
(I) ADDRESS OF FUNDRAISER: 102 GRAND CHAMPION DRIVE, ROCKVILLE,	MD	20	850
(I) NAME OF FUNDRAISER: DIANE SCHWARTZ			
(I) ADDRESS OF FUNDRAISER: 5029 NORTH 5TH STREET, ARLINGTON, VA	22	203	
	· · · · · · · · · · · · · · · · · · ·			

SCHI	EDU	ILE	0	
(Form	990	or 9	90-l	ΕZ

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 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Name of the organization

CENTER FOR RESPONSIVE POLITICS

Employer identification number 52 - 1275227

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION TRACKING MONIES AND ITS EFFECTS ON FEDERAL ELECTIONS AND

PUBLIC POLICY. THE CENTER'S NON PARTISAN WORK IS AIMED AT CREATING A

MORE EDUCATED VOTER, AN INVOLVED CITIZENRY AND A MORE RESPONSIVE

GOVERNMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ON FEDERAL ELECTIONS AND PUBLIC POLICY. THE CENTER® WORK IS AIMED AT

CREATING A MORE EDUCATED VOTER, AN INVOLVED CITIZENRY AND A MORE

RESPONSIVE GOVERNMENT.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWS THE 990 WITH THE TAX PREPARER BEFORE IT IS MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION WHEN PREPARING THE CENTER'S ANNUAL BUDGET. THE BOARD OF DIRECTORS REVIEWS EXECUTIVE COMPENSATION INFORMATION FROM NON PROFIT ORGANIZATIONS THAT ARE SIMILAR IN SIZE AND MISSION TO THE CENTER. THE COMPENSATION FOR HIGHLY COMPENSATED EMPLOYEES IS ALSO APPROVED BY THE BOARD OF DIRECTORS BASED ON RECOMENDATIONS MADE BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 990 IS AVAILABLE UPON

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization CENTER FOR RESPONSIVE POLITICS	Employer identification number 52-1275227
WRITTEN REQUEST AND THE CENTER'S WEBSITE, OPENSECRETS.ORG	. THE FORM 1023
IS AVAILABLE UPON WRITTEN REQUEST.	

FORM 990, PART VI, SECTION C, LINE 19: THE CENTER'S GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON WRITTEN REQUEST. FINANCIAL STATEMENTS ARE ALSO POSTED ON THE

CENTER'S WEBSITE, OPENSECRETS.ORG.

FINANCIAL REPORTING

THE BOARD OF DIRECTORS REVIEWS THE AUDIT WITH THE AUDITOR BEFORE IT IS

FINALIZED.

Page 2 ► X

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

 If you ar 	re filing for an Automatic 3-Month Extension, complete	te only Pa	rt I (on page 1).					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origir	nal (no copies needed).				
	Enter filer's identifying number, see instruction							
Type or	Name of exempt organization or other filer, see instru	ctions		Employer identification numb	er (EIN) or			
print File by the	CENTER FOR RESPONSIVE POLIT	ICS		52-1275227				
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 101 14TH STREET, NW, NO 1030			Social security number (SSN)				
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005								
Enter the F	Enter the Return code for the return that this application is for (file a separate application for each return)							
Applicatio	on	Return	Application		Return			

Appl	ication	Return	Application			Return	
<u>Is Fo</u>	r	Code	Is For			Code	
Form	990 or Form 990-EZ	01					
Form	990-BL	02	Form 1041-A			08	
Form	4720 (individual)	03 Form 4720					
Form	990-PF	04	Form 5227			10	
Form	990-T (sec. 401(a) or 408(a) trust)	05	5 Form 6069				
Form	990-T (trust other than above)	06		12			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868					ed Form 8868.		
	THE ORGANIZATIO						
	he books are in the care of \blacktriangleright 1101 14TH STRE	ET, N			<u>ON, DC 200</u>	05	
Te	elephone No. 202-857-0044		FAX No. ▶ 202-857-7809				
• If	the organization does not have an office or place of busines	s in the Ur	nited States, check this box		►		
• If	this is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If thi	s is foi	r the whole group, c	heck this	
box				memb	ers the extension is	for.	
4		NOVEM	BER 15, 2013				
5	For calendar year 2012 , or other tax year beginning		, and ending				
6	If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: 🔄 Initial return	Final r	eturn		
	Change in accounting period						
7	State in detail why you need the extension						
	ADDITIONAL TIME IS NEEDED TO (OBTAII	N INFORMATION TO COM	PLE	TE AN ACCU	RATE	
	RETRUN.						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any				
	nonrefundable credits. See instructions.			8a	\$	0.	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated				
	tax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid				
	previously with Form 8868.			8b	\$	0.	
с	Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using				
	EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.	
	Signature and Verificat	tion mus	st be completed for Part II only	y.			
	penalties of perjury, I declare that I have examined this form, includ		anying schedules and statements, and to the	best o	f my knowledge and b	elief,	
it is tr	ue, correct, and complete, and that I am authorized to prepare this fo	orm.					

Signature 🕨

Title 🕨 CPA

Date 🕨

Form 8868 (Rev. 1-2013)