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PUBLIC DISCLOSURE COPY

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| Form | 1 | 1 | U |

** PUBLIC DISCLOSURE COPY **

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

| AF | or th | e 2016 calendar year, or tax year beginning and | a enaing | | | | |
|--------------------------------|-----------------|--|---------------|------------------------------|-------------------------------|--|--|
| B c a | heck if pplicab | e: C Name of organization | | D Employer identific | cation number | | |
| X | Addre chang | | | F0.1 | | | |
| | Name chang | e Doing business as | • | 52-1. | 275227 | | |
| | return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | | | | |
| | Final | 1330 L STREET, NW | 200 | 202-857-0044 | | | |
| | termir ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,817,503. | | |
| | Amen | WASHINGTON, DC 20005 | | H(a) Is this a group re | | | |
| | Applic tion | F Name and address of principal officer: SHEILA KRUMHOLZ | | for subordinates | ? 🗌 Yes X No | | |
| | pendi | ^{ng} SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | |
| | | empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1 |) or 📃 527 | If "No," attach a | list. (see instructions) | | |
| J٧ | Vebsi | te: ▶ WWW.OPENSECRETS.ORG | | H(c) Group exemptior | | | |
| κF | orm o | organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨 | L Year | of formation: 1983 🛚 🖊 | State of legal domicile: DC | | |
| Pa | art I | Summary | | | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: THE | CENTER | FOR RESPON | SIVE | | |
| Governance | | POLITICS IS THE LEADING RESEARCH (CONTIN | IUED ON | SCHEDULE '(| C') | | |
| ŝrnê | 2 | Check this box 🕨 🛄 if the organization discontinued its operations or disp | osed of more | than 25% of its net as | | | |
| 0 V | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 10 | | |
| ഗ് ഗ് | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 10 | | |
| es | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 27 | | |
| viti | 6 | Total number of volunteers (estimate if necessary) | | | 0 | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | |
| ~ | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. | | |
| | | | | Prior Year | Current Year | | |
| Ð | 8 | Contributions and grants (Part VIII, line 1h) | | 1,907,475. | 2,676,260. | | |
| nue | 9 | Program service revenue (Part VIII, line 2g) | | 74,706. | 115,758. | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 12,365. | 23,770. | | |
| ш | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 10,266. | 1,715. | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,004,812. | 2,817,503. | | |
| | 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) | | 0. | 0. | | |
| Se | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 |) | 1,334,725. | 1,474,275. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| ъре | | Total fundraising expenses (Part IX, column (D), line 25) | 164. | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 467,610. | 642,822. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,802,335. | 2,117,097. | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 202,477. | 700,406. | | |
| s or | | | | ginning of Current Year | End of Year | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 2,809,907. | 3,531,389. | | |
| t As id B | 21 | Total liabilities (Part X, line 26) | | 84,391. | 124,178. | | |
| | | Net assets or fund balances. Subtract line 21 from line 20 | | 2,725,516. | 3,407,211. | | |
| Pa | nrt II | Signature Block | | | | | |
| Unde | er pena | lities of perjury, I declare that I have examined this return, including accompanying schedu | es and statem | ents, 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 | Signature of officer | | Da | te |
|-------------|---|-------------------------------------|------|-------------------------|
| Here | | JTIVE DIRECTOR | | |
| | Type or print name and title | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN |
| Paid | MOLLIE G. LAMBERT | | | self-employed P01336155 |
| Preparer | Firm's name 🕞 CHACONAS & WILSO | | Fir | m'sEIN ► 52-1480805 |
| Use Only | Firm's address 💊 2100 PENNSYLVAN | IA AVENUE, NW, SUITE | 580 | |
| | WASHINGTON, DC 2 | 20037 | Ph | one no. (202) 429-8890 |
| May the II | RS discuss this return with the preparer shown ab | ove? (see instructions) | | X Yes No |
| 632001 11-1 | 1-16 LHA For Paperwork Reduction Act Noti | ice, see the separate instructions. | | Form 990 (2016) |
| ~ | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | 990 (2016) CENTER FOR RESPONSIVE POLITICS | 52-1275227 | Pa |
|-----|--|-----------------------------------|-----------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: THE CENTER FOR RESPONSIVE POLITICS EDUCATES THE AMERIC MONEY'S INFLUENCE ON POLITICS AND POLICY AND ADVOCATE; | | UT |
| | TRANSPARENT AND RESPONSIVE GOVERNMENT. THE CENTER CON | DUCTS | |
| | 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 th | | |
| | prior Form 990 or 990-EZ? | Yes | X |
| • | If "Yes," describe these new services on Schedule O. | ces? Yes | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program servic If "Yes," describe these changes on Schedule O. | .es?Yes | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services | s, as measured by expenses. | i. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported. | others, the total expenses, a | and |
| 4a | | Revenue \$ 100,4 | 48 |
| | EDUCATION AND OUTREACH: A FOUR TIME WEBBY WINNER FOR | BEING THE BEST | |
| | POLITICS RESOURCE ONLINE, THE CENTER'S WEBSITE, OPENS | ECRETS.ORG, ALI | LО |
| | USERS TO EXPLORE THE CONNECTIONS BETWEEN MONEY AND POL | | |
| | AVAILABLE, EASY-TO-USE DATABASES TRACK FEDERAL CAMPAI | | |
| | LOBBYING, THE REVOLVING DOOR AND POLITICIANS' PERSONAL | | |
| | VARIETY OF ILLUMINATING WAYS, SUCH AS BY INDUSTRY AND | | |
| | AND CRP REACHES OUT TO ENGAGE WITH NEW AUDIENCES VIA | | ND |
| | INTERACTIVE TOOLS ON OUR SITE. THE CENTER'S STAFF ASS | | |
| | ORGANIZATIONS LARGE AND SMALL WITH THEIR MONEY IN POL | | |
| | INVESTIGATIONS. THESE COLLABORATIONS RESULT IN FREQUE | | |
| | THE CENTER'S DATA IN THE NATION'S MOST PROMINENT PRINT | I, BROADCAST AN | ND |
| | ONLINE NEWS OUTLETS. | | |
| 4b | RESEARCH AND ANALYSIS: THE CENTER'S REPORTING STAFF A | Revenue \$ 15,2 ND RESEARCHERS | |
| | WORK HAND-IN-HAND TO COMB THE DATA FOR PATTERNS AND A ARE SHARED WITH THE PUBLIC THROUGH THE CENTER'S ONLIN | | |
| | | T THE CENTER'S | - |
| | DATA IN CONTEXT, IDENTIFYING TRENDS AND PROVIDING THE | | |
| | • | E CENTER | <u> </u> |
| | CONTINUALLY IMPROVES ITS DATA IN ORDER TO PROVIDE AN A | | |
| | CONSISTENT AND COMPREHENSIVE RESOURCE, FREE OF CHARGE | | g |
| | AND PUBLIC. CRP FREQUENTLY WORKS WITH OTHER ORGANIZAT | | |
| | ITS UNIQUE VALUE-ADDED DATA WITH OTHER DATA SETS, AND | | |
| | FEATURES ILLUSTRATING THE ROLE MONEY PLAYS IN POLITICS | | T.T. |
| | TRANSFORMATIONAL NEW TOOLS. | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (R | levenue \$ | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4.4 | Other program services (Describe in Schedule O.) | | |
| TU | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| | | · · · · · · | |
| | Total program service expenses ► 1,737,847. | Form 9 9 | <u>an</u> |

| Form 99 | 20 (20 | 116) |
|---------|--------|------|

CENTER FOR RESPONSIVE POLITICS

| Pa | rt IV Checklist of Required Schedules | | | <u> </u> |
|-----|--|-----|-----|--------------|
| | | | 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 | | X |
| 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? If "Yes," complete Schedule C, Part III | 5 | | X |
| 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 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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 | |
| 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 | | X |
| 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? If "Yes," complete Schedule D, Part IX | 11d | | X |
| 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 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 77 | |
| | 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)? <i>If</i> "Yes," <i>complete Schedule E</i> | 13 | | X X |
| 14a | , | 14a | | <u> </u> |
| 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 | | | v |
| 45 | 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 | | | x |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | x |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| 40 | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | x |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G. Part III</i> | 19 | | x |
| | | 19 | | I ₹ } |

Form **990** (2016)

632003 11-11-16

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| FOUL | 990 | (2016) |

Part IV Checklist of Required Schedules (continued)

CENTER FOR RESPONSIVE POLITICS

| | | | Yes | No |
|-----|--|-----------|-----|------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | 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 | | X |
| 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 | | 37 | |
| | Schedule J | 23 | Х | |
| 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 | | | x |
| | Schedule K. If "No", go to line 25a | 24a | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 258 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25a | | x |
| h | transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | zəa | | - 23 |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schodula L. David | 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 | 200 | | |
| 20 | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | x |
| 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 |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| 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? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 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? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i> | | | ~ |
| ~~ | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | x |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | |
| 34 | | 34 | | x |
| 250 | · · · · · · · · · · · · · · · · · · · | 34 35a | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 354 | | - 23 |
| D. | 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 | | x |
| 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 | 37 | | x |
| 38 | 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 | 38 | Х | |

Form **990** (2016)

632004 11-11-16

| ine in this Part V | | | | | |
|---|--------|------------|----|-----|----|
| | | | | Yes | No |
| applicable | 1a | 7 | | | |
| not applicable | 1b | 0 | | | |
| portable payments to vendors and re | eporta | ble gaming | | | |
| | | | 1c | Х | |
| tal of Wage and Tax Statements, | | | | | |
| by this return | 2a | 27 | | | |
| equired federal employment tax retu | rns? | | 2b | Х | |
| be required to e-file (see instructions | 3) | | | | |
| 1,000 or more during the year? | | | 3a | | Х |
| | ~ | | | | |

| 2016) | CENTER | FOR | RESPONSIVE | POLITI | CS |
|-------|--------|-----|--|--------|------|
| | • • | | RS Filings and Ta se or note to any line in | • | ance |
| | | | | | |

| | | | | | res | 0M |
|--------|--|-----------------|-------------------|----------|-----|--------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 7 | | | |
| 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 re- | eporta | Ible gaming | | | |
| | (gambling) winnings to prize winners? | | 1 | 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 | 27 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returned | ms? | | 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) | | | | |
| | | | | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | |
| | 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 FinCEN Form 114, Report of Foreign Bank and Financial A | ccour | nts (FBAR). | | | 37 |
| | | | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | ction | 2 | 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 | ne org | anization solicit | | | 37 |
| | 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 | ions c | or gifts | | | |
| _ | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | _ | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | | | 7a | | X |
| | | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | _ | | x |
| | to file Form 8282? | | l | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 70 | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the year, pay premiume directly or indirectly on a personal benefit cent | | | 7e 7f | | |
| t a | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo | | | 7g | | |
| g b | If the organization received a contribution of qualined intellectual property, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, or other vehicles, did the organization intervention of cars, boats, airplanes, airp | | | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | 711 | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | byu | C | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | - | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| | Did the energy instruction make a distribution to a dense dense advisor or related as ready | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| | 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: | | | | | |
| 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 | | | | |
| l2a | 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 | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | eΟ | | 14b | | |
| | | | | Form | aan | (0010) |

Form **990** (2016)

632005 11-11-16

Form 990 (2016)

Part V

| Form 990 | (2016) |
|----------|--------|
|----------|--------|

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.

| eC | tion A. Governing Body and Management | | | | | Т |
|----------|---|------------------|------------------|---------|------|---|
| 1 | Enter the number of verting members of the government had at the and of the terrors | | 10 | | Yes | |
| ıa | Enter the number of voting members of the governing body at the end of the tax year | <u>1a</u> | | - | | ļ |
| | 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 0. | | | | | ļ |
| b | | 41 | 10 | | | |
| | Enter the number of voting members included in line 1a, above, who are independent | · | | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | | | | |
| • | officer, director, trustee, or key employee? | | | 2 | | _ |
| 3 | Did the organization delegate control over management duties customarily performed by or under | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | _ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | | 5 | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | _ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or | | | | | |
| | more members of the governing body? | | | 7a | | _ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | stockholder | s, or | | | |
| | persons other than the governing body? | | | 7b | | |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | - | - | | | |
| а | The governing body? | | | 8a | Х | |
| 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 re- | eached at the | 9 | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal | Revenue Coo | de.) | | | |
| | | | | | Yes | |
| 0a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such | chapters, aff | iliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | dy before fili | ng the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | se to conflicts? |) | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | 'Yes," descrik | be | | | |
| | in Schedule O how this was done | | | 12c | Х | |
| 3 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 4 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 5 | Did the process for determining compensation of the following persons include a review and appro | | | | | |
| - | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | х | l |
| | Other officers or key employees of the organization | | | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | 100 | | |
| 62 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang | ement with a | | | | |
| 50 | taxable entity during the year? | | | 16a | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | | | 104 | | |
| b | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org | | ipation | | | |
| | | | | 166 | | |
| | exempt status with respect to such arrangements? | | | 16b | | - |
| | | | | | | |
| 7 | | T (On other 5 | 01(=)(0)====1) | | | |
| 8 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | - I (Section 5 | UI(C)(3)S ONIY) | availab | ne | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| _ | X Own website Another's website J Other (expla | | | | | |
| 9 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, or | conflict of inte | erest policy, an | d finan | cial | |
| | statements available to the public during the tax year. | | | | | |
| 0 | State the name, address, and telephone number of the person who possesses the organization's to | books and red | cords: | | | |
| | THE ORGANIZATION - 202-857-0044 | | | | | |
| | | | | | | |
| | 1101 14TH STREET, NW SUITE 1030, WASHINGTON, DC | 20005 | | | 990 | |

| 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 is 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.

| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
|------------------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|---------------------------------|-----------------|-----------------------|
| Name and Title | Average | (do | Position (do not check more than one | | Reportable | Reportable | Estimated | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | | cer ar | | lirecto | or/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | truste | al trus | | yee | mpen | | (112/1000 11100) | | and related |
| | below | id ual 1 | nstitutional trustee | 5 | Key employee | est co oyee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Keye | Highest compensated employee | Form | | | |
| (1) SONIA JARVIS | 2.00 | | | | | | | | | |
| CHAIR | | х | | | | | | 0. | 0. | 0. |
| (2) JOHN COYLE | 0.30 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (3) GRACE HONG | 0.30 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (4) LISA LEWIN | 0.30 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (5) JOHN PURCELL | 0.30 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (6) JOHN JENKINS | 0.30 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) CHARLES LEWIS | 0.30 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) NICK PENNIMAN | 0.30 | | | | | | | | | |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) JENNIFER N. VICTOR | 0.30 | | | | | | | | | |
| MEMBER | | х | | | | | | 0. | 0. | 0. |
| (10) JOE SPEICHER | 0.30 | | | | | | | | | _ |
| MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) SHEILA KRUMHOLZ | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | х | | | | 145,656. | 0. | 20,840. |
| (12) RICHARD LARUE | 40.00 | | | | | | | | | |
| DIRECTOR OF DEVELOPMENT | | | | | | Х | | 113,677. | 0. | 2,540. |
| (13) JACOB L. HILEMAN | 40.00 | | | | | | | | | |
| DIRECTOR OF INFORMATION TECHNOLOGY | | | | | | Х | | 118,500. | 0. | 5,005. |
| (14) VIVECA NOVAK | 40.00 | | | | | | | 105 000 | | |
| COMMUNICATIONS DIRECTOR | | | | | | X | | 105,308. | 0. | 2,332. |
| | | | | | | | | | | |
| | | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | <u> </u> | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | - 000 (22.12) |

632007 11-11-16

Form 990 (2016)

17571005 742682 CNTRP1.0

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

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| | 1990 (2016) CENTER FO | | | | | | | | | 52-1 | 275 | 227 | P | age 8 |
|-----|--|---|--------|-------|-------|------------------------------------|------------------------------|--------------------|--------------------------------------|--|---------|--------------------|---------------|------------------|
| Par | t VII Section A. Officers, Directors, Trus | | ploy | ees | | | ghes | st C | | | | | <u>(</u> , | |
| | (A) Name and title | hours per week | | | ss pe | ition ^{more} rson i | than o is both pr/trus | h an | from | (E) Reportable compensatio from related organization | on d | other | | |
| | | (list any hours for related organizations io i i the organizations organizations below line) in astructure below line) astructure below line) in in in | | | | | | fro orga anc | om th anizat I relat nizati | e ion :ed | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total | l | L | L | | L | لـــــا ا ا | | 483,141. | | 0. | 3(|),7 | 17. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 0. 483,141. | | 0. | 3(|),7 | $\frac{0.}{17.}$ |
| 2 | Total number of individuals (including but n compensation from the organization | ot limited to th | iose | liste | ed al | bove | e) wh | no r | received more than \$100 | ,000 of reportab | le | | | 4 |
| | • • • | | | | | | | | | | | | Yes | 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 | | х |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | | | | | | | | | | | 4 | x | |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> | - | | | | - | | | - | | ; | 5 | | X |
| | tion B. Independent Contractors | | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | npens | ation fi | rom | |
| | (A) Name and business | address | | | | | | | (B) Description of s | ervices | С | (C omper | | n |
| | THREESPOT MEDIA 806 7TH ST NW #201, WASHINGTON, DC 20001 WEB DESIGN 114, | | | | | | | | 1,8 | 00. | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organiz | • | ot lii | mite | d to | tho | | stec | d above) who received n | nore than | | | | |
| | wroo,ooo or compensation from the organiz | | | | | | - | | | | | Form S | 990 () | 2016) |

632008 11-11-16

| | | | | SPONSIVE | POLITICS | | 52-1275 | 227 Page 9 |
|---|------------|---|-----------------|-------------------------|------------------------------|--|--|--|
| Pa | t VI | II Statement of Rever | nue | | | | | |
| | | Check if Schedule O cont | ains a response | or note to any lir | | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | | | | | | | |
| ₹°° | c | Fundraising events | | | | | | |
| ar | | B Related organizations | | | | | | |
| s, ° | | Government grants (contribut | | | | | | |
| r Si | | All other contributions, gifts, gran | | | | | | |
| put | | similar amounts not included abo | | 676,260. | | | | |
| 1 D D D D D D D | c | Noncash contributions included in lines | | 187,451. | | | | |
| aŭ | - | Total. Add lines 1a-1f | - | | 2,676,260. | | | |
| - | | | | Business Code | | | | |
| ø | 2 a | CONTRACTS | | 900099 | 100,488. | 100,488. | | |
| Program Service Revenue | _ b | | | 900099 | 15,270. | 15,270. | | |
| Sel | c | | | | | - | | |
| eve eve | - c | | | | | | | |
| л В С | e | | | | | | | |
| Pr | f | All other program service reve | enue | | | | | |
| | c | g Total. Add lines 2a-2f | | | 115,758. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 23,770. | | | 23,770. |
| | 4 | Income from investment of ta | | | | | | |
| | 5 | Royalties | | ► | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | a Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | c | I Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | 1 Net gain or (loss) | | 🕨 | | | | |
| Other Revenue | 8 a | Gross income from fundraisin including \$ | | | | | | |
| lev | | contributions reported on line | 1c). See | | | | | |
| erF | | Part IV, line 18 | а | | | | | |
| ŧ | | Less: direct expenses | | | | | | |
| | c | Net income or (loss) from fund | draising events | ► | | | | |
| | 9 a | a Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | ····· • | | | | |
| | 10 a | Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | | Less: cost of goods sold | | - | | | | |
| ł | <u> </u> | Net income or (loss) from sale | | | | | | |
| ŀ | 11 ~ | Miscellaneous Revenu OTHER INCOME | | Business Code 900099 | 1,715. | | | 1,715. |
| | l i a b | | | 500055 | <u> </u> | | | 1,7130 |
| | с С | | | | | | | |
| | | All other revenue | | | | | | |
| | | • Total. Add lines 11a-11d | | | 1,715. | | | |
| | 12 | Total revenue. See instructions. | | | 2,817,503. | 115,758. | 0. | 25,485. |
| 63200 | | | | · • | - | | | Form 990 (2016) |

632009 11-11-16

17571005 742682 CNTRP1.0

9

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

Part IX Statement of Functional Expenses

CENTER FOR RESPONSIVE POLITICS

| Check if Schedule O contains a response | se or note to any line in | | <u></u> | <u></u> L |
|--|---------------------------|---|--|---------------------------------------|
| Do not include amounts reported on lines 6b, 7b, 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 | | | | |
| 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, | 166 406 | 124 072 | 16 650 | 24 074 |
| trustees, and key employees | 166,496. | 124,872. | 16,650. | 24,974 |
| 6 Compensation not included above, to disqualified | | | | |
| persons (as defined under section $4958(f)(1)$) and | | | | |
| persons described in section 4958(c)(3)(B) | 1,144,832. | 942,047. | 111,457. | 91,328 |
| 7 Other salaries and wages | ±,±=±,052• | J=4,04/• | | JI, JZ0 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 16,651. | 13,753. | 1 619 | 1 279 |
| | 53,616. | 44,837. | 1,619. 5,194. | 1,279 3,585 8,128 |
| 9 Other employee benefits | 92,680. | 75,501. | 9,051. | 8 128 |
| Payroll taxes Fees for services (non-employees): | 52,000. | 15,501. | 5,051. | 0,120 |
| | | | | |
| a Management | | | | |
| b Legal c Accounting | 30,595. | 24,924. | 2,988. | 2,683 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| column (A) amount, list line 11g expenses on Sch 0.) | 5,028. | 650. | | 4,378 |
| 2 Advertising and promotion | | | | |
| 3 Office expenses | 38,621. | 24,962. | 10,983. | 2,676 |
| 4 Information technology | 207,301. | 183,361. | 12,613. | 11,327 |
| 5 Royalties | | | | |
| 6 Occupancy | 210,899. | 171,808. | 20,595. | 18,496 |
| 7 Travel | 11,028. | 8,132. | 2,021. | 875 |
| 8 Payments of travel or entertainment expenses | | | | |
| for any federal, state, or local public officials | | | | |
| 9 Conferences, conventions, and meetings | 18,020. | 14,680. | 1,760. | 1,580 |
| 0 Interest | | | | |
| 1 Payments to affiliates | | | | |
| 2 Depreciation, depletion, and amortization | 10,697. | 8,714. | 1,045. | 938 |
| 3 Insurance | 4,625. | 3,767. | 452. | 406 |
| 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.) | | | | |
| a SUBSCRIPTIONS | 51,150. | 51,150. | | |
| b ON LINE SERVICE | 49,620. | 40,422. | 4,846. | 4,352 |
| c SERVICE BUREAU CONTRACT | 5,238. | 4,267. | 512. | 459 |
| d | ., | , | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,117,097. | 1,737,847. | 201,786. | 177,464 |
| 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 in the following SOP 98-2 (ASC 958-720) | | | | |

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10

Form **990** (2016)

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

17571005 742682 CNTRP1.0

CENTER FOR RESPONSIVE POLITICS

52-1275227 Page 11

| | | Check if Schedule O contains a response or not | a to an | v line in this Part V | | | |
|---------------|----------|--|---------|--|--------------------------|----------|---|
| | | Check if Schedule O contains a response or not | .ธ.เบลก | יוויס וו נווא דמונא | | | (B) |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash non interest bearing | | | 2,118,233. | 1 | 783,352. |
| | 2 | Cash - non-interest-bearing Savings and temporary cash investments | | | 2,110,235. | 2 | 105,552. |
| | 2 | | | | 585,750. | 2 | 1,270,000. |
| | | Pledges and grants receivable, net | | | 40,000. | 4 | 11,000. |
| | 4 | Accounts receivable, net Loans and other receivables from current and for | | | 40,000. | 4 | 11,000. |
| | 5 | | | | | | |
| | | trustees, key employees, and highest compensation | | | | - | |
| | ~ | Part II of Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disquali | - | | | | |
| | | section 4958(f)(1)), persons described in section | • | | | | |
| | | employers and sponsoring organizations of sect | | | | <u> </u> | |
| Assets | - | employees' beneficiary organizations (see instr). | | | | 6 | |
| Ass | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 6,948. | 8 | 15,102. |
| | 9 | Prepaid expenses and deferred charges | | | 0,940. | 9 | 15,102. |
| | 10a | Land, buildings, and equipment: cost or other | | 274 046 | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 274,946. 65,532. | 30,091. | | 209,414. |
| | | Less: accumulated depreciation | | | 30,091. | 10c | 209,414. |
| | 11 | Investments - publicly traded securities | | F | | 11 | 1,213,636. |
| | 12 | Investments - other securities. See Part IV, line 1 | | | | 12 | 1,213,030. |
| | 13 | Investments - program-related. See Part IV, line | | | | 13 | 0. |
| | 14 | Intangible assets | | | 28,885. | 14 | 28,885. |
| | 15 | Other assets. See Part IV, line 11 | | | 2,809,907. | 15 | 3,531,389. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 12,605. | 16 | 26,161. |
| | 17 | Accounts payable and accrued expenses | | | 12,005. | 17 | 20,101. |
| | 18 | Grants payable | | 18 19 | | | |
| | 19 00 | Deferred revenue | | | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete I | | | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former | | | | | |
| bili | | key employees, highest compensated employee | | | | 00 | |
| Lia | ~ | Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 05 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | - | | | | |
| | | parties, and other liabilities not included on lines Schedule D | | | 71,786. | 25 | 98,017. |
| | 26 | Schedule D Total liabilities. Add lines 17 through 25 | | | 84,391. | 25 | 124,178. |
| | 20 | Organizations that follow SFAS 117 (ASC 958 | | | 01/0910 | 20 | |
| s | | complete lines 27 through 29, and lines 33 an | | | | | |
| JCe | 27 | Unrestricted net assets | | | 1,787,705. | 27 | 2,137,211. |
| alar | 28 | Temporarily restricted net assets | | | 937,811. | 28 | 1,270,000. |
| Fund Balances | 29 | | | | , | 29 | , |
| ň | | Organizations that do not follow SFAS 117 (A | | | | | |
| л П | | and complete lines 30 through 34. | | "····································· | | | |
| ţs | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or ec | | | | 31 | |
| ,t A | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| ž | 33 | Total net assets or fund balances | | F | 2,725,516. | 33 | 3,407,211. |
| | 34 | Total liabilities and net assets/fund balances | | | 2,809,907. | 34 | 3,531,389. |
| | | | | | | | Form 990 (2016) |

Form 990 (2016) Part X Balance Sheet

| Form | 990 (2016) CENTER FOR RESPONSIVE POLITICS | 52-12 | 75227 | Pag | ge 12 |
|------|--|------------|------------|-----|--------------|
| Pa | t 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 | 2,817 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,117 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 06. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,725 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -18 | 3,7 | 11. |
| 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 | 3,407 | 7,2 | 11. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <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 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | 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? | | 2 b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e 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 | | | 37 | |
| | 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 Sch | | | | |
| 3a | 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 requ | | | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | | (0010) |
| | | | | | |

Form **990** (2016)

632012 11-11-16

| SCHEDULE A |
|------------|
|------------|

| (Form | 990 | or | 990- | ΕZ |
|-------|-----|----|------|----|
| | | | | |

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

| 2016 | |
|----------------|--|
| Open to Public | |

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

| Information about Schedule A | (Form 990 or 990-EZ |) and its instructions is | atwww.irs.gov/form990. |
|------------------------------|---------------------|---------------------------|------------------------|

| Nam | Name of the organization Employer identification number | | | | | | | | | |
|----------|---|---|-------------------------------|--|--------------------|--------------------|-----------------|---------------|----------------------------|--|
| _ | CENTER FOR RESPONSIVE POLITICS 52-1275227 | | | | | | | | | |
| Pa | rt I | Reason for Public | Charity Status (| All organizations must co | omplete th | iis part.) Se | ee instruction | S. | | |
| The | organ | ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches describe | d in sectio | on 170(b)(* | 1)(A)(i). | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Forn | n 990 or 9 | 90-EZ).) | | | | |
| 3 | | A hospital or a cooperative | hospital service org | anization described in s e | ection 170 |)(b)(1)(A)(i | ii). | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospita | l describe | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owne | d or opera | ted by a g | overnmental u | unit describ | bed in | |
| | | section 170(b)(1)(A)(iv). (0 | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local go | vernment or governr | mental unit described in | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | X | An organization that norma | ally receives a substa | intial part of its support f | rom a gov | rernmental | unit or from t | he general | public described in | |
| | | section 170(b)(1)(A)(vi). (C | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | | |
| 9 | | An agricultural research or | ganization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a | land-grant | college | |
| | | or university or a non-land- | grant college of agric | culture (see instructions). | Enter the | name, cit | y, and state o | f the colleg | e or | |
| | | university: | | | | | | | | |
| 10 | | An organization that norma | | | | | | | | |
| | | activities related to its exer | | - | | | | | - | |
| | | income and unrelated busin | | (less section 511 tax) fr | om busine | esses acqu | lired by the oi | rganization | after June 30, 1975. | |
| | | See section 509(a)(2). (Co | - | ively to test for public or | faty Caa | agation E(| 0(a)(4) | | | |
| 11 12 | H | An organization organized | - | , . | • | | | arry out the | purposes of one or | |
| 12 | | more publicly supported or | | - | | | | - | | |
| | | lines 12a through 12d that | | | | | | | | |
| а | | Type I. A supporting orga | | | | | | - | , aivina | |
| | | the supported organization | | - | • | | | | | |
| | | organization. You must o | | | | | | | | |
| b | | Type II. A supporting org | | | tion with if | ts support | ed organizatio | on(s), by ha | ving | |
| | | control or management of | | | | | - | | - | |
| | | organization(s). You mus | st complete Part IV, | Sections A and C. | | | | | | |
| с | | Type III functionally interpretent of the second | egrated. A supportin | g organization operated | in connec | tion with, a | and functiona | Ily integrate | ed with, | |
| | | its supported organizatio | on(s) (see instructions | s). You must complete l | Part IV, Se | ections A, | D, and E. | | | |
| d | | Type III non-functionally | y integrated. A supp | oorting organization oper | ated in co | nnection v | vith its suppo | rted organi | zation(s) | |
| | | that is not functionally int | tegrated. The organiz | zation generally must sa | tisfy a dist | ribution re | quirement an | d an attent | iveness | |
| | | _ requirement (see instruct | / | • • | | | | | | |
| е | | Check this box if the orga | anization received a | written determination fro | om the IRS | 6 that it is a | а Туре I, Туре | II, Type III | | |
| | | functionally integrated, o | | nally integrated support | ing organi | zation. | | | | |
| | | er the number of supported | - | | | | | | | |
| <u> </u> | | vide the following information (i) Name of supported | n about the supporte (ii) EIN | ed organization(s). (iii) Type of organization | (iv) is the orga | anization listed | (v) Amount of | fmonotory | (vi) Amount of other | |
| | , | organization | | (described on lines 1-10 | in your govern | ing document? | support (see ir | , | support (see instructions) | |
| | | | | above (see instructions)) | Yes | No | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Total

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

Schedule A (Form 990 or 990 EZ) 2016 CENTER FOR RESPONSIVE POLITICS Part II

52-1275227 Page 2

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.)

| Sec | ction A. Public Support | | | | | | | | |
|--------|--|----------------------|-----------------|----------------------|---------------------|---------------------|-----------|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 1120043. | 1564901. | 1294038. | 1907475. | 2651260. | 8537717. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1120043. | 1564901. | 1294038. | 1907475. | 2651260. | 8537717. | | |
| | The portion of total contributions | | | | | | | | |
| | by each person (other than a | | | | | | | | |
| | governmental unit or publicly | | | | | | | | |
| | supported organization) included | | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | |
| | amount shown on line 11, | | | | | | | | |
| | column (f) | | | | | | 4881563. | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 3656154. | | |
| | ction B. Total Support | | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| | Amounts from line 4 | 1120043. | 1564901. | 1294038. | 1907475. | 2651260. | 8537717. | | |
| | Gross income from interest, | | | | | | | | |
| • | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | | |
| | and income from similar sources | 10,218. | 14,872. | 12,491. | 12,365. | 23,771. | 73,717. | | |
| 9 | Net income from unrelated business | | | , | , | | , | | |
| 5 | activities, whether or not the | | | | | | | | |
| | business is regularly carried on | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | |
| 10 | or loss from the sale of capital | | | | | | | | |
| | assets (Explain in Part VI.) | 9,070. | 6,635. | 10,425. | 10,266. | 1,715. | 38,111. | | |
| 11 | Total support. Add lines 7 through 10 | | ., | | | _, | 8649545. | | |
| 12 | | etc. (see instructio | ane) | | | 12 1 | ,301,000. | | |
| | First five years. If the Form 990 is for | | , | d fourth or fifth to | av vear as a sectio | | ,, | | |
| 10 | organization, check this box and stor | | | | - | | | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | | | |
| - | Public support percentage for 2016 (| | | column (f)) | | 14 | 42.27 % | | |
| | Public support percentage from 2015 | | | | | 15 | 42.68 % | | |
| | 33 1/3% support test - 2016. If the c | | | | | | , - | | |
| 100 | stop here. The organization qualifies | | | | | | | | |
| h | 33 1/3% support test - 2015. If the c | | | | | | | | |
| ~ | | | | | | | | | |
| 179 | and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| 174 | | | | | | | | | |
| | and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization | | | | | | | | |
| F | meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or | | | | | | | | |
| D D | | | | | | | | | |
| | more, and if the organization meets the | | | | | | , ► | | |
| 10 | organization meets the "facts-and-circ | | | | | | | | |
| 18 | Private foundation. If the organization | T UIU HOL CHECK A | | a, 100, 17a, or 17t | | Ind see instruction | | | |

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

17571005 742682 CNTRP1.0

Schedule A (Form 990 or 990 EZ) 2016 CENTER FOR RESPONSIVE POLITICS Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Se | ction A. Public Support | | · | | | | |
|-------------|--|-----------------------------|----------------------|----------------------|-----------------------|-----------------|-----------------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| t | 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 | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Se | ction B. Total Support | | | | _ | | |
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| k | 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 assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is fo | r the organization' | s first, second, thi | rd, fourth, or fifth | tax year as a section | on 501(c)(3) or | ganization, |
| | check this box and stop here | | | | | | ▶∟ |
| | ction C. Computation of Pub | | - | | | | |
| 15 | Public support percentage for 2016 (| line 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| | ction D. Computation of Inve | | | | | | |
| 17 | Investment income percentage for 20 |)16 (line 10c, colur | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19 a | a 33 1/3% support tests - 2016. If the | - | | | | | line 17 is not |
| | more than 33 1/3%, check this box a | | | | | | ▶∟ |
| k | 33 1/3% support tests - 2015. If the | | | | | | |
| _ | line 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check | | | |
| 6320 | 23 09-21-16 | | | 15 | Sch | edule A (Forn | n 990 or 990-EZ) 2016 |

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2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 CENTER FOR RESPONSIVE POLITICS Part IV Supporting Organizations (continued)

| <form> 1 Has the organization accepted a gift or contribution from any of the following persons? Image: Note of the organization accepted a gift or contribution from any of the following persons? 2 A spin control directly or indirectly controls, where also or together with persons described in (b) and (c) below. The organization accepted a gift or controls with persons described in (b) and (c) and (c) the organization accepted a support of organizations? 3 A spin controls of the organizations accepted a gift or controls with organizations the organization accepted a support of organizations and the organization accepted a supervised, or controls of the organization accepted a gift organization for direct the organization accepted organization and the two persons and what conditions or tructures and the support of organization or the support of organization or tructures during the support of organization of the the persons or tructures of the support of organization of the support of organization or tructures during the support of organization of the support of the directors or tructures during the support of organization of the support of organization of the support of organization of the support of the directors or tructures during the support of organization of the support of the directors or tructures during the support of the directore oregnization of the control the support of</form> | | | | Yes | No |
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| Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's income or assets at all times during the tax year? (i')?, or syplain in Part VI how the organization's described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations is supported organizations assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization satisfed the Activities Test. Complete line 3 below. 3 3 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). 3 4 The organization satisfied the Activities Test. Complete line 3 below. Yes No 5 Activities Test. Answer (a) and (b) below. Yes Yes No 6 Did substantially all of the organizations activities directly furthered their exempt purposes of the supported organization's involvement. Ye | | | - | | |
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| of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b 632025 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 | | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| 632025 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 | b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | 632025 | | 90 or 9 | 90-EZ | 2016 |

17571005 742682 CNTRP1.0

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

Schedule A (Form 990 or 990-EZ) 2016 CENTER FOR RESPONSIVE POLITICS

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|------|--|-------------|---------------------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 | Enter 85% of line 1 | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | v integrate | ad Type III supporting or | nanization (see |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Schedule A (Form 990 or 990 EZ) 2016 CENTER FOR RESPONSIVE POLITICS

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations (continued) | 3 |
|----------|--|-------------------------------|--------------------------------|----------------------------------|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizatior | IS | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | e | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2016 | Distributable Amount for 2016 |
| | | | 110 2010 | |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| - | From 2013 | | | |
| | From 2014 | | | |
| - | From 2015 | | | |
| - | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | | |
| <u> </u> | Carryover from 2011 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | Applied to underdictributions of prior years | | | |
| - | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| 5 | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| 0 | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| | Excess from 2013 | | | |
| - | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2016

632027 09-21-16

17571005 742682 CNTRP1.0

| Part VI | Form 990 or 990-EZ) 2016 CENTE | Drovida the | | | | N: Dart II, line 17- | 52-1275227 Pa |
|---------------|---|------------------------------|---|----------------------------|----------------------------|--|---|
| | Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Part | 4b, 4c, 5a, 3; Part IV, 9 | 6, 9a, 9b, 9c, 1 ⁻ Section E, lines | la, 11b, an 1c, 2a, 2b, | d 11c; Part 3a, and 3b; | IV, Section B, lines ; Part V, line 1; Part | s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part \ |
| | (See instructions.) | v, 0001011 | L, 11103 2, 0, an | u u. Also u | | | |
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| 32028 09-21-1 | 6 | | | | | Sched | ule A (Form 990 or 990-EZ) |
| | 742682 CNTRP1.0 | | | 20 | | RESPONSIV | |

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

| (Form 990, 990-EZ, or 990-PF) | |
|--|--|
| Department of the Treasury Internal Revenue Service | |
| | |

Schedule B

Name of the organization

Organization type (check one):

CENTER FOR RESPONSIVE POLITICS

52-1275227

| 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, 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

X 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, 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 certify that it doesn't 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) (2016)

Employer identification number

(d)

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(d)

X

X

X

Х

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization CENTER FOR RESPONSIVE POLITICS 52-1275227 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 1,400,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 3 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 4 Person Payroll 112,000. Noncash \$ (Complete Part II for

| | | | noncash contributions.) |
|-----|----------------------------|---------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 5 | | \$50,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 6 | | \$40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

22

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

17571005 742682 CNTRP1.0

623452 10-18-16

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 Person Payroll 187,451. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution X 8 Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

17571005 742682 CNTRP1.0

623452 10-18-16

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

23

Employer identification number

52-1275227

CENTER FOR RESPONSIVE POLITICS

Part II Noncash Property (See instructions). Use duplicate copies of Part 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 |
|------------------------------|--|--|----------------------|
| 7 | | _ | |
| | MICROSOFT PRODUCT SOFTWARE LICENSE | \$187,451. | 10/18/16 |
| (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 |
| | | \$ | |
| (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 |
| | | _ | |

17571005 742682 CNTRP1.0

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

| Name of orgar | ization | | | Employer identification number | | | | |
|---------------------------|--|--|---|---|--|--|--|--|
| CENTER | FOR RESPONSIVE POLITIO | CS | | 52-1275227 | | | | |
| Part III | Exclusively religious, charitable, etc., contributor. Complete c | ributions to organizations described | in section 501(c)(7), (8), o ving line entry. For organization | r (10) that total more than \$1,000 for | | | | |
| | completing Part III, enter the total of exclusively religious | s, charitable, etc., contributions of \$1,000 or | less for the year. (Enter this info. onc | e.) ► \$ | | | | |
| (a) No. | Use duplicate copies of Part III if addition | al space is needed. | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | 1 | | | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of tra | Insferor to transferee | | | | |
| - | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | | |
| - | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| _ | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| - | Transferee's name, address, ar | nd ZIP + 4 | Relationship of tra | Insferor to transferee | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Desc | cription of how gift is held | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of tra | Insferor to transferee | | | | |
| - | | | | | | | | |
| 623454 10-18-16 | | | Schedule | B (Form 990, 990-EZ, or 990-PF) (201 | | | | |

17571005 742682 CNTRP1.0 2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

| SCHEDULE C (Form 990 or 990-EZ) | Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 | омв No. 1 20 | | | |
|---|---|------------------------|--|--|--|
| Department of the Treasury Internal Revenue Service | Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | Open to Inspec | | | |
| If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then | | | | | |

| Section 501(c)(3) | organizations: Com | nlete Parts I-A and R | Do not complete Part I-C. | |
|---------------------------------------|--------------------|----------------------------|---------------------------|--|
| | organizations. Com | pictor altor A and D . | | |

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| • Section 501(c)(4), | 5), or (6) organizations: | Complete Part III. |
|----------------------|---------------------------|--------------------|
| Name of organization | | |

| Nan | ne of organization | | Employer identification number | | | | |
|--------|---|--|--------------------------------|--|---------|--|--|
| | | FOR RESPONSIVE PO | | | | 52-12752 | 227 |
| Pa | rt I-A Complete if the or | ganization is exempt unde | r section 501(c) c | or is a section 5 | 527 or | ganization. | |
| 2 3 | Provide a description of the organ Political campaign activity expend Volunteer hours for political campa | | | | | | |
| | | ganization is exempt unde | | | | | |
| 1 | | x incurred by the organization unde | | | | | |
| 2 | | x incurred by organization managers | | | | | |
| | | on 4955 tax, did it file Form 4720 fo | | | | | No No |
| | | | | | | Yes | └── No |
| b. | If "Yes," describe in Part IV. | ganization is exempt unde | | | F04/- | -1/0) | |
| | - | <u> </u> | | | • | | |
| 1 | • • | ed by the filing organization for sect | - | | ►\$_ | | |
| 2 | 00 | nization's funds contributed to othe | 0 | | | | |
| | | | | | ► \$ _ | | |
| 3 | | es. Add lines 1 and 2. Enter here and | | | Σ. | | |
| | | | | | | | |
| 4 | | n 1120-POL for this year? | | | | Yes | └── No |
| 5 | | employer identification number (EIN) | | | | | |
| | | ation listed, enter the amount paid to a some the amount paid to a some the attract of the second seco | | | | | |
| | | f additional space is needed, provid | | | separat | e segregateu iun | uora |
| | | 1 , , , , , , , , , , , , , , , , , , , | | | from | | nalitiaal |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid f filing organizatio funds. If none, ent | on's | (e) Amount of contributions rec promptly and delivered to a s political organ If none, ente | eived and directly eparate ization. |

| | | If none, enter -U |
|--|--|-------------------|
| | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2016

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ction

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| Schedule C (Form 990 or 990-EZ) 2016 | CENTER | FOR | RESPONSIVE | POLITICS | 52-1 | 275227 Page 2 |
|---|---|---------------------------------------|--------------------------|---|-----------------------|------------------|
| Part II-A Complete if the org | ganizatior | ı is exer | npt under sectio | n 501(c)(3) and fil | ed Form 5768 (el | ection under |
| section 501(h)). | | | | | | |
| | - | | | Part IV each affiliated | group member's nam | e, address, EIN, |
| expenses, and sha | | , , | 1 , | | | |
| B Check ► if the filing organiza | ation checke | d box A ar | nd "limited control" pro | ovisions apply. | | |
| Limi (The term "expen | (a) Filing organization's totals | (b) Affiliated group totals | | | | |
| 1a Total lobbying expenditures to infl | uence public | c opinion (| grass roots lobbying) | | 0. | |
| b Total lobbying expenditures to infl | uence a legi | slative boo | dy (direct lobbying) | | 0. | |
| c Total lobbying expenditures (add l | lines 1a and | 1b) | | | 0. | |
| d Other exempt purpose expenditur | | | | | | |
| e Total exempt purpose expenditure | | | | | 0. | |
| f Lobbying nontaxable amount. Ent | | | | | 0. | |
| If the amount on line 1e, column (a) o | or (b) is: | The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | | 20% of | the amount on line 1e. | | | |
| Over \$500,000 but not over \$1,00 | 0,000 | \$100,00 | 0 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 500,000 | \$175,00 | 0 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17 | ,000,000 | | | | | |
| Over \$17,000,000 | | \$1,000,0 | 000. | | | |
| | | | | | | |
| g Grassroots nontaxable amount (er | nter 25% of I | line 1f) | | | 0. | |
| h Subtract line 1g from line 1a. If zer | ro or less, en | iter -0 | | | | |
| i Subtract line 1f from line 1c. If zero | o or less, ent | ter -0 | | | | |
| j If there is an amount other than ze | ero on either | line 1h or | line 1i, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | | | | [| Yes No |
| (Some organizations t | hat made a See t | section 5 the separa | ate instructions for li | have to complete all nes 2a through 2f.) | of the five columns b | elow. |
| | Lobby | ing Exper | nditures During 4-Yea | ar Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 20 | 013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) Total |
| 2a Lobbying nontaxable amount | 5 | ,567. | | | | 5,567. |
| b Lobbying ceiling amount | | | | | | 0 2 5 1 |
| (150% of line 2a, column(e)) | | | | | | 8,351. |
| c Total lobbying expenditures | 27 | ,835. | | | | 27,835. |
| d Grassroots nontaxable amount | 1 | ,392. | | | | 1,392. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | 2,088. |

Schedule C (Form 990 or 990-EZ) 2016

632042 11-10-16

17571005 742682 CNTRP1.0

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 CENTER FOR RESPONSIVE POLITICS

52-1275227 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | | (a) | | (b | (b) | |
|--|--|------------------|--------------|--------------|----------|--|
| of the | obbying activity. | Yes | No | Amo | ount | |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? | | | | | |
| | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | | |
| | Mailings to members, legislators, or the public? | | | | | |
| | Publications, or published or broadcast statements? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i | Other activities? | | | | | |
| j | Total. Add lines 1c through 1i | | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | - | | | |
| Par | t III-A Complete if the organization is exempt under section 501(c)(4), section | on 501(c)(| 5), or se | ection | | |
| | 501(c)(6). | | | | | |
| | | | | Yes | Νο | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the | | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section | | | | <u>.</u> | |
| | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | "No," OR | (b) Par | t III-A, Iir | 1e 3, IS | |
| 1 | Dues, assessments and similar amounts from members | | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political | cal | | | | |
| | expenses for which the section 527(f) tax was paid). | | | | | |
| а | Current year | | 2 a | | | |
| b | Carryover from last year | | 2 b | | | |
| С | Total | | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | | | | | |
| | expenditure next year? | | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | | |
| Par | | | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II-/ | A, lines 1 a | and 2 (see | | |

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

Department of the Treasury

(Form 990)

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. on about Schedule D (Form 990) and its instructions is at www.irs.g

.....



| Interna | Revenue Service | Information about Schedule D (Formation) | m 990) and its instructions is at www.ir | s.gov/form990. | Inspection |
|---------|-----------------------|--|--|------------------------|-----------------------------------|
| | e of the organizat | ion CENTER FOR RESPONS | IVE POLITICS | Employer 5 | identification number $2-1275227$ |
| Pa | tl Organiz | ations Maintaining Donor Advise | d Funds or Other Similar Funds | s or Accounts. | Complete if the |
| | organizatio | on answered "Yes" on Form 990, Part IV, line | e 6. | | |
| | | | (a) Donor advised funds | (b) Funds an | d other accounts |
| 1 | Total number at e | end of year | | | |
| 2 | | of contributions to (during year) | | | |
| 3 | Aggregate value of | of grants from (during year) | | | |
| 4 | Aggregate value a | at end of year | | | |
| 5 | Did the organizati | ion inform all donors and donor advisors in v | writing that the assets held in donor advis | sed funds | |
| | are the organizati | on's property, subject to the organization's | exclusive legal control? | | Yes No |
| 6 | Did the organizati | ion inform all grantees, donors, and donor a | dvisors in writing that grant funds can be | used only | |
| | for charitable purp | poses and not for the benefit of the donor o | r donor advisor, or for any other purpose | conferring | |
| | impermissible priv | | | | Yes No |
| Pa | rt II Conserv | vation Easements. Complete if the org | anization answered "Yes" on Form 990, | Part IV, line 7. | |
| 1 | Purpose(s) of con | servation easements held by the organization | on (check all that apply). | | |
| | Preservatio | n of land for public use (e.g., recreation or e | ducation) | orically important la | and area |
| | Protection of | of natural habitat | Preservation of a cert | tified historic struct | ure |
| | Preservatio | n of open space | | | |
| 2 | Complete lines 2a | a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation of | easement on the last |
| | day of the tax yea | ar. | | Held | at the End of the Tax Year |
| а | Total number of c | conservation easements | | 2a | |
| b | Total acreage res | tricted by conservation easements | | 2b | |
| с | Number of conse | rvation easements on a certified historic stru | ucture included in (a) | 2c | |
| d | Number of conse | rvation easements included in (c) acquired a | after 8/17/06, and not on a historic struct | ure | |
| | listed in the Natio | nal Register | | 2d | |
| 3 | Number of conse | rvation easements modified, transferred, rele | eased, extinguished, or terminated by th | e organization durir | ng the tax |
| | year 🕨 | | | | |
| 4 | Number of states | where property subject to conservation eas | sement is located | | |
| 5 | Does the organization | ation have a written policy regarding the per | iodic monitoring, inspection, handling of | | |
| | violations, and en | forcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and voluntee | er hours devoted to monitoring, inspecting, | handling of violations, and enforcing con | servation easemen | ts during the year |
| | ▶ | | | | |
| 7 | Amount of expense | ses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserva | ation easements du | ring the year |
| | ▶\$ | | | | |
| 8 | | rvation easement reported on line 2(d) abov | y | | |
| | and section 170(h | ר)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, descri | ibe how the organization reports conservation | on easements in its revenue and expense | e statement, and ba | alance sheet, and |
| | include, if applica | ble, the text of the footnote to the organizat | ion's financial statements that describes | the organization's | accounting for |
| | conservation ease | | | | |
| Pa | | ations Maintaining Collections of | • | other Similar A | ssets. |
| | Complete | if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | | n elected, as permitted under SFAS 116 (AS | | | |
| | historical treasure | es, or other similar assets held for public exh | nibition, education, or research in furthera | ance of public servi | ce, provide, in Part XIII, |
| | the text of the foc | otnote to its financial statements that descril | bes these items. | | |
| b | If the organization | n elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statemen | t and balance shee | t works of art, historical |
| | treasures, or othe | er similar assets held for public exhibition, ec | ducation, or research in furtherance of pu | Iblic service, provid | e the following amounts |
| | relating to these if | | | | |
| | (i) Revenue inclu | uded on Form 990, Part VIII, line 1 | | 🕨 💲 _ | |
| | | | | > \$ | |
| 2 | If the organization | n received or held works of art, historical trea | asures, or other similar assets for financia | | |
| | the following amo | ounts required to be reported under SFAS 1 | 16 (ASC 958) relating to these items: | | |
| а | | d on Form 990, Part VIII, line 1 | | > \$_ | |
| | | n Form 990 Part X | | ► \$ | |

| LHA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|--------|--|
| 632051 | 08-29-16 |

Schedule D (Form 990) 2016

29 2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

17571005 742682 CNTRP1.0

| Sche | dule D (Form 990) 2016 CENTER | FOR RESPONS | SIVE POLIT | ICS | | Į | 52-12 | 7522 | 7 _{Pa} | age 2 |
|------------|--|-------------------------|------------------------|----------------------|---------|------------------|--|-------------------|-----------------|----------------|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Ot | her S | Simila | ar Asse | ts (contii | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that are a | a signi | ficant ı | use of its | collectio | n item | S |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | | hange programs | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | how they further t | he organization's e | xempt | t purpo | se in Parl | XIII. | | |
| 5 | | | | | | - | | - | | |
| _ | to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | No | | |
| Par | t IV Escrow and Custodial Arrang | - | te if the organizatio | n answered "Yes" | on Foi | rm 990 | , Part IV, | line 9, o | r | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodia | | • | | | | | 1 | | ٦ |
| | on Form 990, Part X? | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the foll | lowing table: | | Г | | | | | |
| | | | | | - | _ | | Amoun | t | |
| | Beginning balance | | | | | 1c | | | | |
| | Additions during the year | | | | | 1d | | | | |
| | Distributions during the year | | | | | 1e 1f | | | | |
| | Ending balance Did the organization include an amount on Fo | | | | | | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | - | | ······ | 162 | |] |
| Par | | | | | | | | | | _ |
| | | (a) Current year | (b) Prior year | (c) Two years back | | Three v | ears back | (e) Fou | r vears | back |
| 1a | Beginning of year balance | 937,811. | 500,000. | | | | 45,834. | (0) ! 0 | - | 100. |
| | Contributions | 1,309,000. | 1,062,500. | , | _ | | , 50,000. | | | 000. |
| | Net investment earnings, gains, and losses | , , | , , | , | | | , | | | |
| | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | 976,811. | 624,689. | 665,000 | | 6 | 45,834. | | 299, | 266. |
| f | Administrative expenses | | | | | | | | | |
| | End of year balance | 1,270,000. | 937,811. | 500,000 | | 6 | 50,000. | | 645, | 834. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| | Permanent endowment | % | _ | | | | | | | |
| с | Temporarily restricted endowment ▶ 100 | 0 <u>.0</u> 0 % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | tion that are held a | nd administered fo | r the c | organiz | ation | | | |
| | by: | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | 3a(i) | | Х |
| | (ii) related organizations | | | | | | | 3a(ii) | | Х |
| b | If "Yes" on line 3a(ii), are the related organization | tions listed as require | ed on Schedule R? | | | | | Зb | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 | , Part IV, line 11a. S | | | | | | | |
| | Description of property | (a) Cost or ot | | . , | | mulate | d | (d) Boo | k valu | е |
| | | basis (investm | ent) basis | (other) c | deprec | ciation | | | | |
| | Land | | | | | | | | | |
| | Buildings | | | 0 1 7 1 | | <u>- 1</u> | | | | |
| | Leasehold improvements | | | 2,171. | | $\frac{2}{2}, 1$ | | | 1 ^ | $\frac{0}{62}$ |
| | Equipment | | | 5,324. | 4 | 3,30 | <u>, </u> | | 1,9 | |
| | Other | | | 7,451. | | | | | 7,4 | |
| Iota | Add lines 1a through 1e. (Column (d) must ed | quai ⊢orm 990, Part 〉 | к, column (B), line 1 | UC.) | | <u></u> | ▶ | | 9,4 | |
| | | | | | | | Schedule | D (Forr | n 990) | 2016 |

| 1 | | | hay Casswitian | | | |
|---|----------------------|--------|----------------|------------|----------|--|
| | Schedule D (Form 990 |) 2016 | CENTER FOR | RESPONSIVE | POLITICS | |

| Complete if the organization answered "Yes" | on Form 990, Part IV, lir | e 11b. See Form 990. Part | X. line 12. | |
|--|--|----------------------------|-------------------|-----------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuati | | -of-year market value |
| 1) Financial derivatives | | | | - |
| 2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) INVESTMENT | 1,213,636 | • END-OF-YEAF | R MARKET | VALUE |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | 1 010 000 | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 1,213,636 | • | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | | e 11c. See Form 990, Part | X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of valuati | ion: Cost or end | -ot-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Complete if the organization answered "Yes" (a) (1) | on Form 990, Part IV, lir Description | ie 11d. See Form 990, Part | X, line 15. | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | on ⊦orm 990, Part IV, lir I | | , Part X, line 25 | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes (2) ACCRUED PAYROLL | | 98,017. | | |
| | | 50,017. | | |
| (3) | | | | |
| (4) (5) | | | | |
| (5) (6) | | | | |
| (6) (7) | | | | |
| (7) | | | | |
| (8) | | | | |
| 131 | | | | |
| | e 25) | 98,017. | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin 2. Liability for uncertain tax positions. In Part XIII, provide | · · · · · · · · · · · · · · · · · · · | 98,017. | ial statements t | hat reports the |

Schedule D (Form 990) 2016

632053 08-29-16

| Da | edule D (Form 990) 2016 CENTER FOR RESPONSIVE POLI | | | | 12/522/ Page 4 |
|--|---|--|----------------|---------------|------------------------|
| гd | rt XI Reconciliation of Revenue per Audited Financial Statem | ents With | Revenue per F | Returr | า. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2,798,792. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | -18,711. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | | | | | |
| е | | | | 2e | -18,711. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,817,503. |
| 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 | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) | | | 5 | 2,817,503. |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Statem | nents Wit | h Expenses per | Retu | ırn. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | 1 | | | |
| | | • | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 2,117,097. |
| 1 2 | · · · · · · · · · · · · · · · · · · · | | | 1 | 2,117,097. |
| _ | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1 | 2,117,097. |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a | | 1 | 2,117,097. |
| 2 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a 2b | | 1 | 2,117,097. |
| 2 a b c | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a 2b 2c | | 1 | 2,117,097. |
| 2 a b c d | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | | 1 2e | 0. |
| 2 a b c d | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | | - | |
| 2 a b c d | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | | 2e | 0. |
| 2 a b c d e 3 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | | 2e | 0. |
| 2 a b c d 3 4 a | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d 4a | | 2e | 0. |
| 2 a b c d e 3 4 a b | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d 2d 4a 4b | | 2e | 0. 2,117,097. 0. |
| 2 a b c d e 3 4 a b c 5 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 2a 2b 2c 2d 2d 4a 4b | | 2e 3 | 0. 2,117,097. |
| 2 a b c d e 3 4 a b c 5 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a 2b 2c 2d 2d 4a 4b | | 2e 3 4c | 0. 2,117,097. 0. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

AT DECEMBER 31, 2016, THE CENTER'S TEMPORARILY RESTRICTED NET ASSETS

CONSISTED OF GENERAL SUPPORT TIME RESTRICTIONS AND THE RESEARCH AND

ANALYSIS PROGRAM.

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 FOR A

CONSISTENT APPROACH IN IDENTIFYING AND REPORTING UNCERTAIN TAX POSITIONS.

IT IS MANAGEMENT'S BELIEF THAT THE CENTER DOES NOT HOLD ANY UNCERTAIN TAX 632054 08-29-16 Schedule D (Form 990) 2016 32

17571005 742682 CNTRP1.0

2016.04030 CENTER FOR RESPONSIVE POLIT CNTRP1_2

400000

CENTER FOR RESPONSIVE POLITICS

Part XIII Supplemental Information (continued)

POSITIONS.

Schedule D (Form 990) 2016

632055 08-29-16

| SC | HEDULE J | Compensation Information | I | OMB No. 1 | 1545-00 | 47 | |
|--------|---|---|-----------|----------------|---------|--------|--|
| | rm 990) | For certain Officers, Directors, Trustees, Key Employees, and Highest | | 20 | 16 | | |
| • | | Compensated Employees | | 20 | IU |) | |
| Dono | tmont of the Treasury | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to Public | | | |
| | tment of the Treasury al Revenue Service | Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for | rm990. | Inspe | ction | | |
| Nan | ne of the organizatio | | | identificatio | | mber | |
| | | CENTER FOR RESPONSIVE POLITICS | 52-1 | 127522 | 7 | | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| | | | | | Yes | No | |
| 1a | Check the appropr | iate box(es) if the organization provided any of the following to or for a person listed on Form | ı 990, | | | | |
| | Part VII, Section A, | line 1a. Complete Part III to provide any relevant information regarding these items. | | | | | |
| | First-class or o | charter travel Housing allowance or residence for perso | nal use | | | | |
| | Travel for com | panions Payments for business use of personal re | sidence | | | | |
| | Tax indemnific | ation and gross-up payments Health or social club dues or initiation fee | S | | | | |
| | Discretionary | spending account Personal services (such as, maid, chauffe | ur, chef) | | | | |
| | | | | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow a written policy regarding payment or | | | | | |
| | reimbursement or p | provision of all of the expenses described above? If "No," complete Part III to explain | | 1 b | | | |
| 2 | Did the organizatio | n require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | | |
| | | | | | | | |
| 3 | | ny, of the following the filing organization used to establish the compensation of the organization | | | | | |
| | | ector. Check all that apply. Do not check any boxes for methods used by a related organizat | ion to | | | | |
| | · | ation of the CEO/Executive Director, but explain in Part III. | | | | | |
| | Compensation | | | | | | |
| | | compensation consultant Compensation survey or study | | | | | |
| | X Form 990 of o | ther organizations | ommittee | | | | |
| | | | | | | | |
| 4 | | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | | |
| | organization or a re | | | | | x | |
| a | | e payment or change-of-control payment? | | | | X | |
| b | | ceive payment from, a supplemental nonqualified retirement plan? | | | | X | |
| С | | ceive payment from, an equity-based compensation arrangement? | | 4c | | | |
| | If "Yes" to any of lif | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | |
| | Only soction 501/ | (2) 501(c)(4) and 501(c)(20) organizations must complete lines 5.0 | | | | | |
| F | | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati | ~~ | | | | |
| 3 | contingent on the r | | ווכ | | | | |
| • | • | | | 5a | | x | |
| a h | Any related organiz | ation? | | 5a 5b | | X | |
| 0 | | pr 5b, describe in Part III. | | | | | |
| 6 | | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati | on | | | | |
| J | contingent on the r | | | | | | |
| а | • | | | 6a | | x | |
| b | Any related organiz | ation? | | 6b | | X | |
| ~ | | pr 6b, describe in Part III. | | | | | |
| 7 | | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment. | s | | | | |
| • | | nes 5 and 6? If "Yes," describe in Part III | | 7 | | x | |
| 8 | | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t | | ····· | | | |
| - | | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | 8 | | x | |
| 9 | | id the organization also follow the rebuttable presumption procedure described in | | ····· • | | | |
| - | | 1 53.4958-6(c)? | | 9 | | | |
| LHA | | eduction Act Notice, see the Instructions for Form 990. | | dule J (Forn | n 990 |) 2016 | |
| | • | - | | • | - | | |

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52-1275227

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|---------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (B)(I)-(D) | reported as deferred on prior Form 990 |
| (1) SHEILA KRUMHOLZ | (i) | 145,656. | 0. | 0. | | 17,927. | 166,496. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 52-1275227

| | CENTER | FOR | RESPONSIVE | POLITICS | |
|--------|-------------------|-----|------------|----------|--|
| Part I | Types of Property | | | | |

| | | (a) Check if | (b) Number of | (c) Noncash contri | ibution | (d) Method of de | | nina | |
|-----|--|------------------------|-------------------------|------------------------|---------------|---------------------|-------|--------|-------|
| | | applicable | contributions or | amounts repor | ted on | noncash contribu | | • | S |
| 1 | Art - Works of art | | Items contributed | Form 990, Part VI | II, line 1g | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| 10 | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other ► (MS S/W LICENS) | Х | 1 | 187 | ,451. | FAIR MARKET | ' VA | LUE | |
| 26 | Other ► () | | | | - | | | | |
| 27 | Other () | | | | | | | | |
| 28 | Other ► () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organ | zation durin | g the tax year for o | contributions | | | | | |
| | for which the organization completed Form 82 | | | | 29 | | | | |
| | | | | - | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | on any property rej | oorted in Part I, line | es 1 throug | h 28, that it | | | |
| | must hold for at least three years from the dat | e of the initia | al contribution, and | d which isn't requir | ed to be us | sed for | | | |
| | exempt purposes for the entire holding period | ? | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | of any nonstandar | d contribu | tions? | 31 | | Х |
| 32a | 2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash | | | | | | | | |
| | contributions? | | | | | | | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in o | olumn (c) fo | r a type of propert | y for which columr | n (a) is cheo | cked, | | | |
| | describe in Part II. | | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see | the Instruc | tions for Form 99 | 0. | | Schedule M | (Form | 990) (| 2016) |

632141 08-23-16

17571005 742682 CNTRP1.0

| Schedule N | 1 (Form 990) (2016) | CENTER | FOR | RESPONSIVE | POLITICS | 52-1275227 | Pag |
|------------|----------------------|-----------------|----------|--------------------------|-------------------------|--|--------|
| Part II | Supplemental | Informatio | on. Prov | vide the information re | quired by Part I, lines | s 30b, 32b, and 33, and whether the organiz | zation |
| | is reporting in Part | I, column (b), | the nun | nber of contributions, t | he number of items | received, or a combination of both. Also cor | nplete |
| | this part for any ad | ditional inform | nation. | | | | |

| 632142 08-23-16 | Schedule M (Form 990) (20 |
|-----------------|---------------------------|
| | |
| | 38 |

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Schedule O (Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fd | ZU1b Open to Public |
|--|---|
| Name of the organization CENTER FOR RESPONSIVE POLITICS | Employer identification number 52-1275227 |
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS | SION: |
| ORGANIZATION TRACKING MONIES AND ITS EFFECTS ON FEDERAL EN | LECTIONS AND |
| PUBLIC POLICY. THE CENTER'S NON PARTISAN WORK IS AIMED AT | CREATING A |
| MORE EDUCATED VOTER, AN INVOLVED CITIZENRY AND A MORE RESI | PONSIVE |
| GOVERNMENT. | |
| | |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M | ISSION: |
| ON FEDERAL ELECTIONS AND PUBLIC POLICY. THE CENTER'S WORK | IS AIMED AT |
| CREATING A MORE EDUCATED VOTER, AN INVOLVED CITIZENRY AND | A MORE |
| RESPONSIVE GOVERNMENT. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| THE BOARD OF DIRECTORS REVIEWS THE 990 WITH THE TAX PREPAR | RER BEFORE IT IS |
| MAILED TO THE IRS. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST PO | OLICY 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 DIRECT | TORS REVIEWS |
| EXECUTIVE COMPENSATION INFORMATION FROM NON PROFIT ORGANIZ | ZATIONS THAT ARE |
| SIMILAR IN SIZE AND MISSION TO THE CENTER. THE COMPENSAT | ION FOR HIGHLY |
| COMPENSATED EMPLOYEES IS ALSO APPROVED BY THE BOARD OF DI | RECTORS BASED ON |
| RECOMENDATIONS MADE BY THE EXECUTIVE DIRECTOR. | |
| | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16 39

| Schedule O (Form 990 or 990-EZ) (2016) | | | | | | |
|--|---|--|--|--|--|--|
| Name of the organization CENTER FOR RESPONSIVE POLITICS | Employer identification number 52-1275227 | | | | | |
| FORM 990, PART VI, SECTION C, LINE 18: | | | | | | |
| THE FORM 990 IS AVAILABLE UPON WRITTEN REQUEST AND THE CE | NTER'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.

FORM 990, PART XII, LINE 2C:

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

FINALIZED. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | | | | ci s lucitaryi | ng number |
|---|---|-------------------------------------|---|-----------------------------|----------------------------------|--------------------|
| Type or | Name of exempt organization or other filer, see instru | Employer identification number (EIN | | on number (EIN) or | | |
| print | CENTER FOR RESPONSIVE POLI | 52-1275227 | | | | |
| File by the | | Social or | | | | |
| due date for filing your return. See | 1330 L STREET, NW, NO. 200 | Social se | ecurity numbe | er (5514) | | |
| instructions | City, town or post office, state, and ZIP code. For a f WASHINGTON, DC 20005 | foreign add | Iress, see instructions. | | | |
| Enter the | Return Code for the return that this application is for (fi | ile a separa | ate application for each return) | | | 01 |
| Applicat | ion | Return | Application | | | Return |
| ls For | | Code | Is For | | | Code |
| Form 990 |) or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 |)-BL | 02 | Form 1041-A | | | 08 |
| Form 472 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 |
| Form 990 |)-PF | 04 | Form 5227 | | | 10 |
| Form 990 | D-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | D-T (trust other than above) THE ORGANIZATI | 06 | Form 8870 | | | 12 |
| If this box 1 I reform | organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for the X calendar year 2016 or | Group Exe and atta | emption Number (GEN) uch a list with the names and EINs o MBER 15, 2017 , to file | If this is fo f all memb | or the whole g pers the exter | nsion is for. |
| Þ | tax year beginning | , an | d ending | | | |
| 2 If t | he tax year entered in line 1 is for less than 12 months, o | check reas | on: Initial return | Final retur | m | |
| 3a lft | his application is for Forms 990-BL, 990-PF, 990-T, 4720 |), or 6069, | enter the tentative tax, less any | | | |
| no | nrefundable credits. See instructions. | | | 3a | \$ | 0. |
| b lft | his application is for Forms 990-PF, 990-T, 4720, or 606 | 9, enter an | y refundable credits and | | | |
| est | imated tax payments made. Include any prior year over | payment a | llowed as a credit. | 3b | \$ | 0. |
| c Ba | lance due. Subtract line 3b from line 3a. Include your pa | ayment wit | h this form, if required, | | | |
| by | using EFTPS (Electronic Federal Tax Payment System). | See instru | ctions. | 3c | \$ | 0. |
| instructio | | | | 3453-EO a | | |
| LHA F | For Privacy Act and Paperwork Reduction Act Notice | , see instri | uctions. | | ⊦orm 8 | 8868 (Rev. 1-2017) |

17571005 742682 CNTRP1.0

OMB No. 1545-1709

Enter filer's identifying number