**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

## COPY FOR PUBLIC INSPECTION

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service For the 2007 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Please use IRS Address change CENTER FOR RESPONSIVE POLITICS 52-1275227 print o Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return Specific 1101 14TH STREET, NW 1030 202-857-0044 Instruc Termin-F Accounting method: Cash X Accrual City or town, state or country, and ZIP + 4 Amended return Other (specify) WASHINGTON, DC 20005 Application Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Hand lare not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). Yes X No **H(a)** Is this a group return for affiliates? Website: >WWW.OPENSECRETS.ORG **H(b)** If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? (If "No," attach a list.) Organization type (check only one)  $\blacktriangleright$  X 501(c) (3)  $\blacktriangleleft$  (insert no.) 4947(a)(1) or N/A if the organization is not a 509(a)(3) supporting organization **and** its gross H(d) Is this a separate return filed by an organization covered by a group ruling? Yes X No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,063,797. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a Direct public support (not included on line 1a) 856,570. 1b Indirect public support (not included on line 1a) 1c **d** Government contributions (grants) (not included on line 1a) 1d 856,570 . noncash \$ 856,570. Total (add lines 1a through 1d) (cash \$ 1e Program service revenue including government fees and contracts (from Part VII, line 93) 152,830. 2 2 3 Membership dues and assessments 52,710. 4 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 6 a Gross rents 6b b Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a Other investment income (describe 7 8 a Gross amount from sales of assets other (A) Securities (B) Other than inventory 8a 8b **b** Less: cost or other basis and sales expenses Gain or (loss) (attach schedule) **d** Net gain or (loss). Combine line 8c, columns (A) and (B) 8d Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ **b** Less: direct expenses other than fundraising expenses 9b Net income or (loss) from special events. Subtract line 9b from line 9a 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 1,687. 11 Other revenue (from Part VII, line 103) 11 12 1,063,797. 12 **Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 Program services (from line 44, column (B)) 1,036,800. 13 13 239,519. Management and general (from line 44, column (C)) 14 14 98,963. Fundraising (from line 44, column (D)) 15 15 Payments to affiliates (attach schedule) 16 16

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Total expenses. Add lines 16 and 44, column (A)

Excess or (deficit) for the year. Subtract line 17 from line 12

Net assets or fund balances at beginning of year (from line 73, column (A))

Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year. Combine lines 18, 19, and 20

Form 990 (2007)

0.

1,375,282.

1,946,732.

 $1,635,\overline{247}$ 

-311,485.

17

18

19

20

17

18

19

20

52-1275227

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	, 0.94		(4)(1) 110110/10111910114114	a a o to b at o p a o man non o a no.	••
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	( <b>D)</b> Fundraising
22a Grants paid from donor advised funds	П				
(attach schedule)					
(cash $0 \cdot noncash$					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule					
(cash $$$ 0 • noncash $$$ 0 •					
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach	1				
schedule)	24				
<b>25a</b> Compensation of current officers, directors, key	F				
employees, etc. listed in Part V-A	25a	152,065.	51,702.	50,182.	50,181.
<b>b</b> Compensation of former officers, directors, key	1	202,0001	32,7323	30,2021	30,1011
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included	-				
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	720,827.	587,236.	113,499.	20,092.
27 Pension plan contributions not included on		.,.	,	-,	
lines 25a, b, and c	27	28,034.	22,897.	4,393.	744.
28 Employee benefits not included on lines	H	,		,	
25a - 27	28	79,372.	63,584.	12,890.	2,898.
29 Payroll taxes	29	63,953.	47,326.	11,805.	4,822.
30 Professional fundraising fees	30				
31 Accounting fees	31	9,365.	7,961.	997.	407.
32 Legal fees	32	160.	136.	17.	7.
33 Supplies	33	4,551.	3,368.	840.	343.
34 Telephone	34	9,307.	7,911.	991.	405.
35 Postage and shipping	35	1,994.	1,695.	212.	87.
36 Occupancy	36	153,401.	113,517.	28,318.	11,566.
37 Equipment rental and maintenance	37	1,313.	1,116.	140.	57 <b>.</b>
38 Printing and publications	38	2,354.	2,002.	250.	102.
39 Travel	39	8,468.	7,198.	902.	368.
40 Conferences, conventions, and meetings	40	10,556.	8,973.	1,124.	459.
41 Interest	41				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	42	26,033.	19,264.	4,806.	1,963.
43 Other expenses not covered above (itemize):	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
SEE STATEMENT 1	43g	103,529.	90,914.	8,153.	4,462.
44 Total functional expenses. Add lines 22a through	T	,	-	,	<u> </u>
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	1,375,282.	1,036,800.	239,519.	98,963.
Joint Costs. Check ▶ ☐ if you are following			•		
Are any joint costs from a combined educational campai			orted in <b>(B)</b> Program servi	ces? ▶ □	Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	sts \$		ii) the amount allocated to	Program services \$	<b>N/A</b> ;
(iii) the amount allocated to Management and general \$		N/A ; and (	iv) the amount allocated to	Fundraising \$	N/A
723011 12-27-07					Form <b>990</b> (2007)

### Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose?  SEE STATEMENT 3	Program Service Expenses
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 2	
		522.262
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here	539,263.
b	RESEARCH AND ANALYSIS: THE CENTER'S ON LINE NEWSLETTER	_
	(WWW.CAPITALEYE.ORG) PUTS THE CENTER'S DATA IN CONTEXT,	_
	POINTING OUT TRENDS, ADDING A MONEY-IN-POLITICS ANGLE TO ONGOING NEWS STORIES AND POLICY DEBATES.	-
	ONGOING NEWS STORIES AND POLICY DEBATES.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	41,482.
С	LIBRARY SERVICES: USING CRP'S VAST AND HIGHLY ADVANCED	
	DATABASES, THE LIBRARY'S STAFF PROVIDE CUSTOM RESEARCH TO	
	ACADEMICS, ACTIVISTS, JOURNALISTS AND PUBLIC-INTEREST	
	GROUPS.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	456,055 <b>.</b>
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,036,800.
		Form <b>990</b> (2007)

723021 12-27-07

Pa	rt IV	Balance Sheets (See the instructions.)					
Note		ere required, attached schedules and amounts wit ald be for end-of-year amounts only.	thin the	description column	(A) Beginning of year		<b>(B)</b> End of year
	45	Oach and interest has in			1,101,021.	45	968,716.
	45	Cash - non-interest-bearing		l l	1,101,021.	46	900,710.
	46	Savings and temporary cash investments				40	
	47 a	Accounts receivable	47a	450.			
		Less: allowance for doubtful accounts	47b	4500	450.	47c	450.
		2000. allowariou for addition accounts				.,,	
	48 a	Pledges receivable	48a				
		Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable			822,100.	49	675,063.
	50 a	Receivables from current and former officers, di					
		key employees				50a	
	b	Receivables from other disqualified persons (as defined under section					
ş		4958(f)(1)) and persons described in section 495	58(c)(3	(B)		50b	
Assets	51 a	Other notes and loans receivable	51a				
⋖	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			17,323.	53	4,805.
		Investments - publicly-traded securities				54a	
		Investments - other securities		Cost FMV		54b	
	55 a	Investments - land, buildings, and	ı				
		equipment: basis	55a				
	١.		l				
		Less: accumulated depreciation				55c	
	56	Investments - other	1	574,678.		56	
		Land, buildings, and equipment: basis  Less: accumulated depreciation STMT 4	57a 57b	541,982.	41,258.	57c	32,696.
	58	Other assets, including program-related investments	3/0	341,302.	41,250.	376	32,030.
	(describe ► SECURITY DEPOSITS			)	28,885.	58	28,885.
	59	Total assets (must equal line 74). Add lines 45	throual	n 58	2,011,037.		1,710,615.
	60	Accounts payable and accrued expenses			11,098.		10,935.
	61	Grants payable			•	61	
	62	Deferred revenue				62	
lities	63	Loans from officers, directors, trustees, and key				63	
	64 a	a Tax-exempt bond liabilities				64a	
Liab	t	Mortgages and other notes payable				64b	
	65	Other liabilities (describe > ACCRUED PAY	ROL	<u>L</u> ))	53,207.	65	64,433.
					44 44		
	66	Total liabilities. Add lines 60 through 65			64,305.	66	75,368.
	Orga	anizations that follow SFAS 117, check here	<u> </u>	and complete lines			
S		67 through 69 and lines 73 and 74.			075 022	0.7	050 604
Š	67	Unrestricted		<del>-</del>	975,832. 970,900.	67	959,684. 675,563.
sala	68	Temporarily restricted			970,900.	68 69	075,505.
βE		Permanently restricted anizations that do not follow SFAS 117, check l		■ and		09	
Ē	Orga	complete lines 70 through 74.	nere p	anu			
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds				70	
ets	71	Paid-in or capital surplus, or land, building, and		<del></del>		71	
Ass	72	Retained earnings, endowment, accumulated in		<del></del>		72	
et,	73	Total net assets or fund balances. Add lines 67 throu		<del></del>			
~	"	(Column (A) must equal line 19 and column (B) must	-	-	1,946,732.	73	1,635,247.
	74	Total liabilities and net assets/fund balances			2,011,037.	74	1,710,615.
					· ·		Form <b>990</b> (2007)

Part IV-A	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the
	instructions )

orr	m 990 (2007) CENTER FOR RESPONSIVE				12752	
Pa	art IV-A Reconciliation of Revenue per Audited Finan	ncial Statements W	ith Revenue p	er Re	eturn (Se	ee the
a	Total revenue, gains, and other support per audited financial statemen	nts			a   1.	063,797.
b	Amounts included on line <b>a</b> but not on Part I, line 12:	nto			<u> </u>	000,.5.0
-	Net unrealized gains on investments	1	ь1			
	Donated services and use of facilities		b2		-	
3			b3		-	
	Recoveries of prior year grants  Other (specify):		h4			
7			- 1		Ь	0.
•	Add lines <b>b1</b> through <b>b4</b> Subtract line <b>b</b> from line <b>a</b>				1 - 1	063,797.
Ç					t   ± ,	005,191.
	Amounts included on Part I, line 12, but not on line a:	1	امدا			
	Investment expenses not included on Part I, line 6b		d2			
2	Other (specify):					0
	Add lines d1 and d2				d	0.
e	Total revenue (Part I, line 12). Add lines c and dart IV-B   Reconciliation of Expenses per Audited Fina	noial Ctatamanta V	Vith Evenences	. •	e   ⊥,	063,797.
						200
	Total expenses and losses per audited financial statements				a 1,	375,282.
b	Amounts included on line <b>a</b> but not on Part I, line 17:	1	1			
	Donated services and use of facilities		b1			
	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify):		b4			
	Add lines <b>b1</b> through <b>b4</b>				b	0.
C	Subtract line <b>b</b> from line <b>a</b>				c  1,	375,282.
	Amounts included on Part I, line 17, but not on line a:					
1	Investment expenses not included on Part I, line 6b		d1			
	Other (specify):		d2			
	Add lines d1 and d2				d	0.
е	Total expenses (Part I, line 17). Add lines c and d				e 1,	375,282.
Pa	art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	ch person who was	s an o	fficer, dire	ctor, trustee,
	or key employee at any time during the year even if they we					
	(A) Name and address	(B) Title and average hours	(C) Compensation (If not paid, enter	(D)Co emple	ntributions to oyee benefit s & deferred nsation plans	( <b>E)</b> Expense account and
	( )	per week devoted to position	-0)	plans compe	s & deferred nsation plans	other allowances
SĒ	E STATEMENT 5		134,559.	17	,505.	0.
			<u> </u>			
			1			

Form **990** (2007)

	t V-A   Current Officers, Directors, Trustees, and K		iod)	32 12/3	22,	Yes	No
		<u> </u>				162	140
/5 a	Enter the total number of officers, directors, and trustees permitted		siness at board	0			
	meetings		<b>&gt;</b>	9			
b	Are any officers, directors, trustees, or key employees listed in Forn	n 990. Part V-A. or highest o	compensated emp	lovees			
•	listed in Schedule A, Part I, or highest compensated professional ar						
	Part II-A or II-B, related to each other through family or business rela						
	the individuals and explains the relationship(s)	•			75b		Х
С	Do any officers, directors, trustees, or key employees listed in Form						
	listed in Schedule A, Part I, or highest compensated professional at Part II-A or II-B, receive compensation from any other organizations						
	organization? See the instructions for the definition of "related organizations"		able, triat are rela	ted to the	750		Х
	-				75c		Λ
	If "Yes," attach a statement that includes the information described						
	Does the organization have a written conflict of interest policy?				75d	X	
Pai							
	<b>Benefits</b> (If any former officer, director, trustee, or key e the year, list that person below and enter the amount of co						
	the year, list that person below and enter the amount of co		(C) Compensation				
	(A) Name and address	(B) Loans and Advances	(if not paid,	`employee benefit	ી જે	<b>E)</b> Expe ccount	
	NONE		enter -0-)	plans & deferred compensation plan	- 41-	er allow	
					+		
					-		
					+		
					+-		
Pai	rt VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of c	onducting activities? If "Ye	s," attach a detaile	ed			
	statement of each change	-			76		Х
77	Were any changes made in the organizing or governing documents				77		Х
• •	If "Yes," attach a conformed copy of the changes.	and to the life	- •		• •		
70 .		20		t	70-		х
	Did the organization have unrelated business gross income of \$1,00				78a		
				N/A	78b		77
79	Was there a liquidation, dissolution, termination, or substantial cont	- ·			79		Х
80 a	Is the organization related (other than by association with a statewing	•	,				
	membership, governing bodies, trustees, officers, etc., to any other	exempt or nonexempt orga	anization?		80a		X
b	If "Yes," enter the name of the organization ►N/A						
		and check whether it is	exempt or	nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instruct	ions.)	81a	0.			
b	Did the organization file Form 1120-POL for this year?				81b		Х
	· ,					990	(2007)

	t VI Other Information (continued)	,,	Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially	1		
	less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization   0 •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			77
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
	List the states with which a copy of this return is filed DC			1 6
	Number of employees employed in the pay period that includes March 12, 2007	7 ^	0 4 4	16
91 a	The books are in care of ► THE ORGANIZATION  Telephone no. ► 202-85			
	Located at ► 1101 14TH STREET, NW SUITE 1030, WASHINGTON, DC ZIP+4 ► 2	4000		No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	041	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If "Yes," enter the name of the foreign country   N/A			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank			
	and Financial Accounts.			

Part IX Information Regard	ing Taxable S	ubsidiaries and Disregarded E	ntities (See the instruction	ons )				
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets				
	%							
N/A	%							
	%							
	%							
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)								

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form **990** (2007)

Ра		trolling organization as defined in section 512(b)(13).	N/A	es. Complete only if the organiz	cation is a
106	Did the repor	rting organization <b>make</b> any transfers <b>to</b> a controlled entity	as defined in section	512(b)(13) of the Code? If "Yes,	Yes No
	complete the	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а			-		
b			-		
С			-		
		Totals			Voc No
107		rting organization <b>receive</b> any transfers <b>from</b> a controlled eschedule below for each controlled entity.	entity as defined in sec	ction 512(b)(13) of the Code? If "	"Yes," Yes No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а			-		
b			-		
С			-		
		Totals			
108	annuities des	nization have a binding written contract in effect on August scribed in question 107 above?  alties of perjury, I declare that I have examined this return, including accomparete. Declaration of preparer (other than officer) is based on all information of w			Yes No
Plea Sigr	ise	inature of officer	mor property rice only known	Date	
	Тур	pe or print name and title	I Data	Chack it	N or DTIN (See Con Is-1)
Paid Prep	Preparer's signature		Date	self- employed	N or PTIN (See Gen. Inst. )
Use	I IIIII S IIaii	yed). \ \2100 PENNSYLVANIA AVENUE		0 Phone no. ► 202	
					Form <b>990</b> (2007

#### **SCHEDULE A**

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number 52 1275227 CENTER FOR RESPONSIVE POLITICS Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Litle and average hours (e) Expense (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation account and other more than \$50,000 position allowances **KEVIN ROONEY** MANAGING DIR 1101 14TH STREET. NW SUITE 1030, WASH 40.00 112,019 8,697 COMMUNICATIONS MASSIE RITSCH DTR 1101 14TH STREET, NW SUITE 1030, WASH 40.00 72,141. 6,048. SUSAN ALGER DIRECTOR IT1101 14TH STREET, NW SUITE 1030. WASH 40.00 89,288. 7,728. JIHAN ANDONI RESEARCH DIRECTOR 66,394. 14TH STREET NW SUITE 1030 WASH 40.00 17,987 Total number of other employees paid 0 over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 0 Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

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

F	Part III Statements About Activities (See page 2 of the instructions.)	<u></u>	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities \( \bigs \) \( \\$ \) \( (Must equal amounts on line 38, Part VI-A, or \)			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2b		Х
	c Furnishing of goods, services, or facilities?	2c		Х
	<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
	e Transfer of any part of its income or assets?	2e		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		Х
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	Зс		X
	<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		Х
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 ti	hrough 8 of the instructio	ns.)				
I certif	v that th	ne organization is not a private foundation because it is: (l	Please check only <b>ONE</b> a	pplicable box.)					
5		A church, convention of churches, or association of ch							
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part	, ,,	,,,,,					
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).								
8		A federal, state, or local government or governmental L	ınit. Section 170(b)(1)(A)	)(V).					
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,							
		and state 🕨							
10		An organization operated for the benefit of a college or	university owned or oper	rated by a governmental ι	ınit. Section	170(b)(1)(A)(i	v).		
		(Also complete the Support Schedule in Part IV-A.)							
11a	X	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general	public.			
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)						
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	nplete the Support Sche	dule in Part IV-A.)					
12		An organization that normally receives: (1) more than							
		receipts from activities related to its charitable, etc., fur							
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				sses acquireu			
			.,,,,		ŕ				
13	Ш	An organization that is not controlled by any disqualifie		undation managers) and (	otherwise me	ets the requir	ements of section		
		509(a)(3). Check the box that describes the type of sup	· ~—			□ <b>-</b>	Ou.		
		Type I Type II	Type III-Fu	nctionally Integrated		Type III-	-Otner		
		Provide the following information al	nout the supported organ	nizations (See page 8 of	the instruction	ons )			
		(a)	(b)	(c)	l (d	)	(e)		
		(a) Name(s) of supported organization(s)	(b) Employer	(c) Type of organization	(d Is the si	l l	(e) Amount of		
		(a) Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines	Is the si organizati	upported on listed in			
			Employer	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup	upported on listed in oporting	Amount of		
			Employer identification	Type of organization (described in lines	Is the si organizati the sup organi	upported on listed in	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi	upported on listed in oporting zation's	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi	upported on listed in oporting zation's	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		
Total			Employer identification	Type of organization (described in lines 5 through 12 above	Is the si organizati the sup organi governing	upported on listed in oporting zation's documents?	Amount of		

al
,808
,502
,694
,768
,772
,270
, 325
<b>545</b>
,715
,270
1 7 7
,177
,093 5424
ı of
e of,
d and
/A
/A
/A
,_
/A 9
/A %
 med 

NONE

723131 12-27-07

return. Do not include these grants in line 15.

Private School Questionnaire (See page 9 of the instructions.) Part V

# (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	0 1 0	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?			
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	Has the organization's right to such aid ever been revoked or suspended?			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

# Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Ν	/	Α

Che	eck <b>&gt; a</b>	if the organization belo	ngs to an affiliated group. Check ▶ b □	if you che	cked <b>"a"</b> and "limited contr	ol" provisions apply.
			n Lobbying Expenditures ditures" means amounts paid or incurred.)		<b>(a)</b> Affiliated group totals	(b) To be completed for all electing organizations
36 37 38 39 40 41	Total lobby Total lobby Other exen Total exem Lobbying I	ying expenditures to influenc ying expenditures (add lines mpt purpose expenditures npt purpose expenditures (ac	e public opinion (grassroots lobbying) e a legislative body (direct lobbying) 36 and 37) Id lines 38 and 39) e amount from the following table - The lobbying nontaxable amount is -	37 38 39	N/A	
43	Over \$500,00 Over \$1,000, Over \$1,500, Over \$17,000 Grassroots Subtract lii	00 but not over \$1,000,000	20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000 25% of line 41) if line 42 is more than line 36 if line 41 is more than line 38	41 42 43		
	Caution:	If there is an amount on e	ither line 43 or line 44, you must file Form 4720.			

# 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		N/A			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2006	(c) 2005	( <b>d)</b> 2004	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

## Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

Du	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
infl	uence public opinion on a legislative matter or referendum, through the use of:	168	NU	Aillouilt
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

12-27-07

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51		irectly or indirectly engage in any of		_							
	, ,	section 501(c)(3) organizations) or ir		litical organizations?	1						
а		ganization to a noncharitable exempt	-		E4 (1)	Yes	No				
					51a(i)		X				
					a(ii)		X				
b	Other transactions:				L (1)		77				
					b(i)		X				
	(ii) Purchases of assets from a	noncharitable exempt organization			b(ii)		X				
	(iii) Rental of facilities, equipme	ent, or other assets			b(iii)		X				
		ents			b(iv)		X				
					b(v)		X				
					b(vi)		X				
<ul> <li>c Sharing of facilities, equipment, mailing lists, other assets, or paid employees</li> <li>d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the</li> </ul>											
đ	-		, ,								
		given by the reporting organization.	-			<b>NT / 7</b>					
		nent, show in column (d) the value of	the goods, other assets, or	i		N/A					
( <b>a</b> ) Line r		Name of noncharitable exe	emnt organization	(d) Description of transfers, transactions, and sh	arina ar	rangem	ents				
	7 iiilodiit iiivoivod	Name of nononanable ox	ompt or gamzation	Bosonphon of Ransiors, Ransaottons, and Sin	uring ur	langon	101110				
	Code (other than section 501(c) If "Yes," complete the following	(3)) or in section 527? N/A			Yes	X	] No				
	( <b>a</b> Name of or	) ganization	( <b>b</b> ) Type of organization	(c) Description of relationship	1						
723152			ı	0.1.1							

12-27-07

## 2007 DEPRECIATION AND AMORTIZATION REPORT

FORM	990	PAGE	2	990
LOM	990	FAGE	4	990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PRINTERS	031604	SL	3.00	16	1,108.			1,108.	1,016.		92.
2	COMPUTERS	072004	SL	3.00	16	5,920.			5,920.	4,769.		1,151.
3	COMPUTER SERVER	010105	SL	3.00	16	3,123.			3,123.	2,082.		1,041.
4	FIREWALL	010105	SL	3.00	16	1,735.			1,735.	1,157.		578.
5	HARD DRIVE	010105	SL	3.00	16	709.			709.	473.		236.
6	HARD DRIVE	010105	SL	3.00	16	508.			508.	339.		169.
7	SOFTWARE FOR FIREWALL	010105	SL	3.00	16	766.			766.	510.		256.
8	COMPUTER EQUIPMENT	010105	SL	3.00	16	8,290.			8,290.	5,527.		2,763.
9	NEW COPIER MACHINE	010105	SL	3.00	16	4,860.			4,860.	3,240.		1,620.
10	NEW PRINTER	010105	SL	3.00	16	745.			745.	496.		249.
11	NEW LAPTOP	010105	SL	3.00	16	2,681.			2,681.	1,787.		894.
12		021006	SL	3.00	16	13,792.			13,792.	4,597.		4,597.
13	PLATINUM PLUS FOR BUSINESS	021606	SL	3.00	16	3,594.			3,594.	1,198.		1,198.
14	DELL COMMERCIAL CREDIT	022006	SL	3.00	16	19,666.			19,666.	6,555.		6,555.
15	DELL COMMERCIAL CREDIT	032206	SL	3.00	16	7,457.			7,457.	2,486.		2,486.
16	DELL COMMERCIAL CREDIT	051906	SL	3.00	16	585.			585.	195.		195.
		061606	SL	3.00	16	1,095.			1,095.	365.		365.
	PLATINUM PLUS FOR BUSINESS	061606	SL	3.00	16	605.			605.	201.		202.

728102 04-27-07

<sup>(</sup>D) - Asset disposed

FORM 990 PAGE 2

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	DELL COMMERCIAL CREDIT PLATINUM PLUS FOR	07210	6SL	3.00	16	1,119.			1,119.	373.		373.
		10160	6SL	3.00	16	403.			403.	137.		137.
	LEASEHOLD IMPROVEMENTS FULLY DEPRECIATED	09309	9	60 <b>M</b>	43	22,171.			22,171.	22,171.		0.
		VARIE	SSL	5.00	16	456,275.			456,275.	456,275.		0.
23	3 COMPUTERS	12010	7SL	3.00	16	9,634.			9,634.			268.
24	COMPUTER	05010	7SL	3.00	16	2,737.			2,737.			608.
	BLOG * TOTAL 990 PAGE 2	12310	7SL	3.00	16	5,100.			5,100.			0.
	DEPR & AMORT					574,678.		0.	574,678.	515,949.	0.	26,033.
		Ш										

FORM 990	OTHE	R EXPENSES		STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
SUBSCRIPTIONS ON LINE SERVICE CONSULTING FEES MISCELLANEOUS COMPUTER EXPENSES INSURANCE PAYROLL SERVICE OUTREACH	18,842. 13,076. 44,863. 11,366. 6,710. 5,145. 3,158. 369.	13,943. 11,116. 44,414. 9,247. 5,703. 3,807. 2,684.	3,478. 1,391. 354. 928. 715. 950. 337.	569. 95. 1,191. 292. 388.
TOTAL TO FM 990, LN 43	103,529.	90,914.	8,153.	4,462.

FORM 990	STATEMENT	OF	PROGRAM	SERVICE	ACCOMPLISHMENTS	STATEMENT	2

#### DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION AND OUTREACH: A FOUR TIME WEBBY WINNER FOR BEING THE BEST POLITICS RESOURCE ONLINE, THE CENTER'S WEBSITE, OPENSECRETS.ORG, ALLOWS USERS TO EXPLORE THE CONNECTIONS BETWEEN MONEY AND POLITICS. FREELY AVAILABLE, EASY-TO-USE DATABASES TRACK FEDERAL CAMPAIGN CONTRIBUTIONS AND LOBBYING IN A VARIETY OF ILLUMINATING WAYS, SUCH AS BY INDUSTRY AND INTEREST GROUP.

				GRA	NTS	EXPENSES	
TO FORM 990	, PART III, L	_			539,2	63.	
			= 				
FORM 990	STATEMENT OF	ORGANIZATION'S PART II		EXEMPT	PURPOSE	STATEMENT	3

## EXPLANATION

THE CENTER FOR RESPONSIVE POLITICS IS THE LEADING RESEARCH ORGANIZATION TRACKING MONEY'S EFFECTS ON FEDERAL ELECTIONS AND PUBLIC POLICY. THE CENTER'S NON PARTISAN WORK IS AIMED AT CREATING A MORE EDUCATED VOTER, AN INVOLVED CITIZENRY AND A MORE RESPONSIVE GOVERNMENT.

FORM 990	DEPRECIATION O	F ASSET	S NOT	HELD	FOR	INVESTMENT	STATEMENT	4
DESCRIPTION				T OR BASIS	5	ACCUMULATED DEPRECIATION	BOOK VALU	E
PRINTERS		_		1,10		1,108.		0.
COMPUTERS	ZED.			5,92		5,920.		0.
COMPUTER SERV	/EK			3,12 1,73		3,123. 1,735.		0. 0.
HARD DRIVE				-	9.	709.		0.
HARD DRIVE				5(	8.	508.		0.
SOFTWARE FOR	FIREWALL				56.	766.		0.
COMPUTER EQUI	PMENT			8,29		8,290.		0.
NEW COPIER MA	ACHINE			4,86		4,860.		0.
NEW PRINTER				74	15.	745.		0.

CENTER FOR RESPONSIVE POLITICS			52	2-1275227	
NEW LAPTOP DELL BUSINESS CREDIT PLATINUM PLUS FOR BUSINESS DELL COMMERCIAL CREDIT DELL COMMERCIAL CREDIT DELL COMMERCIAL CREDIT PLATINUM PLUS FOR BUSINESS PLATINUM PLUS FOR BUSINESS DELL COMMERCIAL CREDIT PLATINUM PLUS FOR BUSINESS LEASEHOLD IMPROVEMENTS FULLY DEPRECIATED ASSETS 3 COMPUTERS COMPUTERS COMPUTER BLOG TOTAL TO FORM 990, PART IV, LN 57	2,681. 13,792. 3,594. 19,666. 7,457. 585. 1,095. 605. 1,119. 403. 22,171. 456,275. 9,634. 2,737. 5,100.	73 40 74 22,17 456,27 26	94. 96. 10. 72. 90. 30. 03. 46. 74. 75. 58. 08. 0.	0. 4,598. 1,198. 6,556. 2,485. 195. 365. 202. 373. 129. 0. 0. 9,366. 2,129. 5,100.	
FORM 990 PART V-A - LIST OF CU	RRENT OFFICERS, ND KEY EMPLOYEE		STATI	EMENT 5	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
SHEILA KRUMHOLZ 1101 14TH STREET, NW SUITE 1030 WASHINGTON, DC 20005	EXECUTIVE DIRE 40.00	CTOR 134,559.	17,505.	0.	
PAUL HOFF 1101 14TH STREET, NW SUITE 1030 WASHINGTON, DC 20005	CHAIRMAN 2.00	0.	0.	0.	

MEMBER

MEMBER

MEMBER

MEMBER

0.25

0.25

0.25

0.25

ELLEN MILLER

SONIA JARVIS

JOHN MURPHY

JOHN PURCELL

WASHINGTON, DC 20005

WASHINGTON, DC 20005

WASHINGTON, DC 20005

WASHINGTON, DC 20005

1101 14TH STREET, NW SUITE 1030

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

0.

CENT	TER FOR RESPONSIVE POLITIC	S			52	-1275227	
1101 1	REICHE L4TH STREET, NW SUITE 1030 NGTON, DC 20005	MEMBER		0.	0.	0.	
1101 1	EY NORTH SEYMOUR, JR. L4TH STREET, NW SUITE 1030 NGTON, DC 20005		MEMBER 0.25		0.	0.	
1101 1	T WEINBERGER L4TH STREET, NW SUITE 1030 NGTON, DC 20005	MEMBER 0.		0.	0.	0.	
TOTALS	S INCLUDED ON FORM 990, PA	RT V-A	13	4,559.	17,505.	0.	
FORM S		ENT OF EXE	MPT PURPOSES	ТО	STATE	MENT 6	
93A FEES RECEIVED FROM LIBRARY SERVICES RELATED TO ORGANIZATION'S EXEMPT PURPOSE.  93B LICENSING OF ORGANIZATION'S DATA TO POT ON OTHER WEBSITES.  93C HONORARIA RECEIVED FROM SPEAKING ENGAGEMENTS  93D REIMBURSEMENTS OF EXPENSES RELATED TO ORGANIZATION'S EXEMPT PURPOSE MISCELLANEOUS REVENUE FROM ACTIVITIES RELATED TO THE ORGANIZATION'S  103A EXEMPT PURPOSE.							
SCHEDU	JLE A	OTHER I	NCOME		STATE	MENT 7	
DESCR1	IPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUI		2003 MOUNT	
MISCELLANEOUS		0	9,616.	10	,818.	6,334.	

0.

9,616.

10,818.

6,334.

TOTAL TO SCHEDULE A, LINE 22