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GOVERNMENT COPY

IRS e-file Signature Authorization for an Exempt Organization

calendar year 2014, or fiscal year beginning	, 2014, and ending

Department of the Treasury Internal Revenue Service Name of exempt organization	Information about	ut Form 8879-EO and its inst	ructions is at		
Name of exempt organization	Information about		a detions is at www.jrs.gov/form	18879eo. L	
				Employer i	identification number
CENTER FOR RE	SPONSIVE POL	ITICS		52-12	275227
Name and title of officer					
SHEILA KRUMHC					
EXECUTIVE DIR		1.6			
		Information (Whole Dolla	**		
on line 1a, 2a, 3a, 4a, or 5	5a, below, and the amour	nt on that line for the return be	er the applicable amount, if any, ing filed with this form was blan urn, then enter -0- on the applica	k, then leave I	line 1b , 2b , 3b , 4b , or 5b ,
1a Form 990 check here	▶ X b Total r	evenue. if any (Form 990. Part	t VIII, column (A), line 12)	1b	1,503,739.
2a Form 990-EZ check he	ere b b To	tal revenue. if any (Form 990-	EZ, line 9)	2b	· · · · · · · · · · · · · · · · · · ·
3a Form 1120-POL check			ne 22)		
4a Form 990-PF check he	ere D b Tax	x based on investment incon	ne (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here			3c or Part II, line 8c)		
Part II Declara	tion and Signature	Authorization of Office	<u> </u>		
			n and that I have examined a co	ony of the orac	anization's 2014
			ated Financial Agent to initiate a		
debit) entry to the financia return, and the financial ir 1-888-353-4537 no later the processing of the electror payment. I have selected	al institution account indinstitution to debit the entinan 2 business days prionic payment of taxes to rea personal identification	cated in the tax preparation so ry to this account. To revoke a r to the payment (settlement) of eceive confidential information number (PIN) as my signature	ated Financial Agent to initiate a oftware for payment of the orgar a payment, I must contact the U date. I also authorize the financi i necessary to answer inquiries a for the organization's electronic	nization's fede .S. Treasury F al institutions and resolve iss	eral taxes owed on this inancial Agent at involved in the sues related to the
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Form **8879-EO** (2014)

PUBLIC INSPECTION COPY

990

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

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

OMB No. 1545-0047

АГ	OI LITE	e 20 14 calendar year, or tax year beginning and	enaing		
B c	heck if	C Name of organization		D Employer identifi	cation number
	Addres	CENTER FOR RESPONSIVE POLITICS			
	Name change			52-1	275227
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1101 14TH STREET, NW	Room/suite 1030		r 857-0044
	termin- ated			G Gross receipts \$	1,503,739.
	Ameno			H(a) Is this a group re	
	Applic	F Name and address of principal officer: SHEILA KRUMHOLZ		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)$	or 527	-	list. (see instructions)
		e: WWW.OPENSECRETS.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other ▶	L Year	of formation: 1983	N State of legal domicile: DC
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: THE	CENTER	R FOR RESPON	SIVE
anc		POLITICS IS THE LEADING RESEARCH (CONTIN			<u> </u>
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispo	sed of more	ı	
Šov				3	8
8		Number of independent voting members of the governing body (Part VI, line 1b)			8 28
Activities & Governance		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
tivi		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	D	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		1,564,901.	1,294,038.
nue		Program service revenue (Part VIII, line 2g)		139,704.	186,785.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,872.	12,491.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,635.	10,425.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,726,112.	1,503,739.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		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)		1,027,905.	1,290,577.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b	Professional fundraising fees (Part IX, column (A), line 11e)	83.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		386,471.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,414,376.	
. "	19	Revenue less expenses. Subtract line 18 from line 12		311,736.	-181,362.
t Assets or nd Balances			Be	eginning of Current Year	End of Year
ssel Bala	20	Total assets (Part X, line 16)		2,780,291.	2,605,379.
e -		Total liabilities (Part X, line 26)		75,890. 2,704,401.	82,340.
Pa Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		2,704,401.	2,323,039.
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	nents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			y knowledge and bellet, it is
,		A service of the serv	o proparo	l l	
Sigr	1	Signature of officer		Date	
Her		SHEILA KRUMHOLZ, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		MOLLIE G. LAMBERT		if self-employ	
	arer	Firm's name CHACONAS & WILSON, P.C.		Firm's EIN ▶	52-1480805
Use	Only		UITE 5		
		WASHINGTON, DC 20037		Phone no. (2	02) 429-8890
Мау	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d	Other program carvides	r program services (Describe in Schedule (ገ ነ
TU	Other brodiant services	Diodiani services (Describe in Scriedale (J.

including grants of \$

1,385,134.

Form **990** (2014)

) (Revenue \$

Form 990 (2014) CENTER FOR R Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,	١	v	
	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	4415		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		х
٨	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	11c		-21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	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			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			37
	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	4-		Х
40	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 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			w
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		-25
ט	11 100 to line 200, and the organization attach a copy of its addited illiancial statements to this return?		990	(201.4)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٦,
	Schedule K. If "No", go to line 25a	24a		X
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEh		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	25b		22
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
ZI	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1.	,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming						
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	28						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		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)							
За				3a		Х			
b	b If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>								
	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		Х			
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	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			•					
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?		_	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	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		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b					
				Form	990	(2014)			

432005 11-07-14 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec				
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8				
		8a		
b	• • • • • • • • • • • • • • • • • • • •	8b	X	
9		_		3,7
0		9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		· ·	
40-	Did the every instinct have level about we have been as efficience.	10-	Yes	No X
	•	IUa		
D		10h		
112			x	
		Ha		
		122	х	
Ĭ		12c	Х	
13				
			Х	
15				
а		15a	Х	
		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	NAME OF THE PARTY			
1a Enter the number of voting members of the governing body at the end of the tax year 1a 8 8 1 1 1 1 1 1 1 1				
18		availab	le	
19		d finan	cial	
••				
20				
	1101 14TH STREET, NW SUITE 1030, WASHINGTON, DC 20005			
	1101 1111 DIRECT, M. DOTTE 1000, MADITINGTON, DC 20005			

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

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

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

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

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

(A)	(B)	(C) Position						(D)	lirector, or trustee.	(F)	
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	n an	Reportable compensation	Reportable compensation	Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) ROBERT WEINBERGER MEMBER	2.00	X						0.	0.	0	
(2) LARRY MAKINSON	0.30										
MEMBER (3) SONIA JARVIS	0.30	Х						0.	0.	0	
VICE CHAIR	0.30	х						0.	0.	0	
(4) MARK RANALLI CHAIR	1.00	X						0.	0.	0	
(5) FRANK REICHE	0.30	X						0.	0.	0	
MEMBER (6) JOHN PURCELL	0.30										
MEMBER (7) JOHN JENKINS	0.30	Х						0.	0.	0	
SECRETARY		х						0.	0.	0	
(8) CHARLES LEWIS TREASURER	0.30	x						0.	0.	0	
(9) NICK PENNIMAN MEMBER	0.30	x						0.	0.	0	
(10) JEANNIEY MULLEN MEMBER	0.30	х						0.	0.	0	
(11) SHEILA KRUMHOLZ EXECUTIVE DIRECTOR	40.00			х				139,371.	0.	12,801	
		_									
		_	_			_		1		OOO (004	

	t VII Section A. Officers, Directors, Trus (A)	(B)	<u>'</u> ا			C)			(D)	(E)			(F)	
	Name and title	Average			Pos	itior			Reportable	Reportable		F	timate	he
	rearrie and title	hours per					than is bot		compensation	compensatio			nount	
		week					or/trus		from	from related			other	01
		(list any	tor						the	organization		com	pensa	tion
		hours for	r dire				pa:		organization	(W-2/1099-MIS	SC)	fr	om the	е
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	al trus	nal tr		oyee	g mb						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
		iii ie)	lnd	lus	#0	Key	Hig	훈						
-														
	Out. Askel							L	139,371.		0.	1	2,8	<u>01</u>
	Sub-total Total from continuation sheets to Part V								0.		0.		Z ,0	01.
									139,371.		0.	1	2,8	
<u>u</u>	Total (add lines 1b and 1c) Total number of individuals (including but r									000 of roportab			<u></u>	<u> </u>
2	compensation from the organization	iot iii iiited to ti	1036	Hote	su ai	DOV	C) WI	10 1	ecewed more than \$100	,000 or reportab	ic			1
													Yes	No
3	Did the organization list any former officer,			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				37
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the standard related organizations greater than \$15	•							-	•		4	х	
5	Did any person listed on line 1a receive or											4	71	
J	rendered to the organization? If "Yes," com					-						5		Х
Sec	tion B. Independent Contractors	•				•								
1	Complete this table for your five highest co	-	-								npens	sation	rom	
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vith	or w	rithir		year.		(0	<u> </u>	
	Name and business	address	N	INC	Ξ				(B) Description of s	ervices	C	Compe		n
								_						
	Total number of independent contractors (including but a	ot !:	mito	d to	the	sec li	otos	d abovo) who received =	oro than				
2	Total number of independent contractors (\$100,000 of compensation from the organi		IOL II	е	u iO		se II:	5160	above, who received m	iore triall				
												Form	aan /	2014

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-	rt V		Check if Schedule O conta		onse	or note to any lir	ne in this Part VIII			
						·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a	a .					
ara our		b	Membership dues	1t	o					
S, (С	Fundraising events	10	:					
ait		d	Related organizations	10	k					
imi		е	Government grants (contributi	ons) 16	•					
rior S		f	All other contributions, gifts, grant							
the ib			similar amounts not included above	/e 1f	: 1,	294,038.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines	1a-1f: \$						
<u>වූ ස</u>		h	Total. Add lines 1a-1f			>	1,294,038.			
						Business Code				
Se	2	а	CONTRACTS			900099	167,225.	167,225.		
ë vi		b	LIBRARY FEES			900099	19,560.	19,560.		
enu		С								
ran ?ev		d								
Program Service Revenue		е								
Д.		f	All other program service rever	nue						
		g	Total. Add lines 2a-2f)	186,785.			
	3		Investment income (including			•	10 101			10.404
			other similar amounts)				12,491.			12,491.
	4		Income from investment of tax	•		•				
	5		Royalties							
				(i) Rea	ıl	(ii) Personal				
	6		Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
	_		Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Securi	ties	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)							
	_		Net gain or (loss)			>				
nue	8	а	Gross income from fundraising including \$		Οί					
ver			contributions reported on line	of						
Other Revenue			Part IV, line 18	-	_					
:her		h	Less: direct expenses							
ō			Net income or (loss) from fund							
			Gross income from gaming ac							
	-	-	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from gam							
			Gross sales of inventory, less							
			and allowances		а					
		b	Less: cost of goods sold							
			Net income or (loss) from sales							
			Miscellaneous Revenue			Business Code				
	11	а	OTHER INCOME			900099	10,425.			10,425.
		b								
		С								
		d	All other revenue							
		е	Total. Add lines 11a-11d			>	10,425.			
	12		Total revenue. See instructions.				1,503,739.	186,785.	0	22,916.
43200 11-07	9 -14									Form 990 (2014)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	152,172.	114,129.	15,217.	22,826
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				,
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	950,858.	816,715.	52,168.	81,975
8	Pension plan accruals and contributions (include	43 505	44 688	E 0 0	4 440
	section 401(k) and 403(b) employer contributions)	13,505.	11,677.	709.	1,119 7,900 7,966
9	Other employee benefits	89,622.	76,682.	5,040.	7,900
10	Payroll taxes	84,420.	71,335.	5,119.	7,900
11	Fees for services (non-employees):				
	Management	200.		200.	
	Legal	23,560.	19,908.	1,429.	2,223
	Accounting	23,300.	19,900.	1,429.	2,225
	Lobbying				
f a	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A) amount, list line 11g expenses on Sch 0.)	68,190.	23,650.	30,163.	14,377
12	Advertising and promotion	00,200	23,0301	30,200	
13	Office expenses	36,823.	29,355.	4,301.	3,167
14	Information technology	,		7,002	- 7
15	Royalties				
16	Occupancy	191,049.	161,436.	11,584.	18,029
17	Travel	6,762.	2,107.	4,420.	235
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	29,094.	24,584.	1,764.	2,746
20	Interest				
21	Payments to affiliates	9,132.	7,716.	554.	862
22 23	Depreciation, depletion, and amortization	6,392.	5,401.	388.	603
23 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)	0,332.	3,101.	300.	
а	amount, list line 24e expenses on Schedule 0.) ON LINE SERVICE	12,429.	10,502.	754.	1,173
a b	SERVICE BUREAU CONTRACT	6,169.	5,213.	374.	582
C	SUBSCRIPTIONS	4,724.	4,724.	3,10	
d		-,	-,,-14		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,685,101.	1,385,134.	134,184.	165,783
26	Joint costs. Complete this line only if the organization		. ,	, -	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
42001	0 11-07-14			•	Form 990 (2014)

Form 990 (2014)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,048,334.	1	2,045,127.
	2	Savings and temporary cash investments Pledges and grants receivable, net				2	
	3				650,000.	3	485,000.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of sec					
Ø		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				23,690.	9	24,421.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	114,726.			
	b		10b	114,726.	29,382.	10c	21,946.
	11	Investments - publicly traded securities				11	<u> </u>
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			28,885.	15	28,885.
	16	Total assets. Add lines 1 through 15 (must equ			2,780,291.	16	28,885. 2,605,379.
	17	Accounts payable and accrued expenses	17,720.	17	21,718.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to current and forme	r office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ıyables	to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			58,170.	25	60,622.
	26	Total liabilities. Add lines 17 through 25			75,890.	26	82,340.
		Organizations that follow SFAS 117 (ASC 958	3), ched	ck here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar			0.054.404		0 000 000
auc	27	Unrestricted net assets			2,054,401.	27	2,023,039.
Fund Balances	28	Temporarily restricted net assets			650,000.	28	500,000.
pu	29					29	
£		Organizations that do not follow SFAS 117 (A	SC 95	8), check here ▶∟			
ğ		and complete lines 30 through 34.					
Sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			0 704 404	32	2 502 020
_	33	Total net assets or fund balances		<u> </u>	2,704,401.	33	2,523,039.
	34	Total liabilities and net assets/fund balances			2,780,291.	34	2,605,379.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

orm	1990 (2014) CENTER FOR RESPONSIVE POLITICS	52-12.	15221	Pa	ge 12
Pa	rt 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	1,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,68		
3	Revenue less expenses. Subtract line 2 from line 1	3	-18		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,70	4,4	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,52	3,0	39.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR RESPONSIVE POLITICS

Employer identification number 52-1275227

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)						
3		A hospital or a cooperative		•	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz					-	the hospital's name
		city, and state:	a operatea ee					and noophal o name,
5		An organization operated for	or the benefit of a co	allege or university owne	d or opera	ted by a gr	overnmental unit describ	ned in
5		section 170(b)(1)(A)(iv). (C		mege of difficulty owne	a or opera	ica by a go	overnmental unit descrit	JCG II1
6			· · · · ·	nantal unit described in	cootion 17	70/6\/4\/4\/	(v)	
	X	A federal, state, or local go	-				•	nublic described in
7	21	An organization that norma	•	initial part of its support	iroin a gov	emmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•	(d)(A)(ni) (Commisto Don	.			
8	H	A community trust describe						
9		An organization that norma	*	-	-			•
		activities related to its exen	•	•			· · · · · · · · · · · · · · · · · · ·	•
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.
40		See section 509(a)(2). (Con	•	:	datu Caa	ti FC	00(a)(4)	
10	H	An organization organized	·		•			
11	ш	An organization organized	·	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	~					neck the box in
_		lines 11a through 11d that	* *			•		. mission m
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	· ·	•			
		the supported organization		• • • •	a majority	or the alrec	ctors or trustees of the s	supporting
		organization. You must o	- ·				- d	
b		☐ Type II. A supporting org	-					-
		control or management o			same perso	ons that co	ontroi or manage the sup	pported
_		organization(s). You mus			in connoc	tion with a	and functionally integrat	ad with
C		☐ Type III functionally inte	- :				· ·	ea with,
-1		its supported organizatio		•				:ti(-)
d								• •
		that is not functionally int	-		•			iveriess
_		requirement (see instruct	•	-				
е		 Check this box if the orga functionally integrated, or 					гтурет, туреті, туретіі	
	Ento	er the number of supported of	* *					
'		ride the following information						
9		i) Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	•	organization		(described on lines 1-9	listed i	n your	support (see	other support (see
				above or IRC section (see instructions))	Yes	No	Instructions)	Instructions)
				(see instructions))				
Гotа	ıl							l

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	163,835.	682,289.	1120043.	1564901.	1294038.	4825106.	
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	163,835.	682,289.	1120043.	1564901.	1294038.	4825106.	
5	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)						2642620.	
6	Public support. Subtract line 5 from line 4.						2182486.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	163,835.	682,289.	1120043.	1564901.	1294038.	4825106.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	9,231.	6,921.	10,218.	14,872.	12,491.	53,733.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	845.	6,574.	9,070.	6,635.	10,425.		
11	Total support. Add lines 7 through 10						4912388.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,132,074.	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
~	organization, check this box and stop	here					<u></u> ▶□	
	ction C. Computation of Publ					г т	44 42	
14	Public support percentage for 2014 (I					14	44.43 %	
15	Public support percentage from 2013					15	62.60 %	
16a	16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
D	b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
47-	and stop here. The organization qualifies as a publicly supported organization							
17a	'a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
L								
O	10% -facts-and-circumstances tes	_						
	more, and if the organization meets the		•					
10	organization meets the "facts-and-circ							
18	Private foundation. If the organization	in did Hot check a	DUX UITIIITIE 13, 16	a, 100, 17a, 0f 1/k	, GIRCK IIIS DOX 2	ina see instruction	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2014

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	r the organization'	s first, second. thi	rd, fourth. or fifth t	tax year as a secti	on 501(c)(3) organi:	zation,
		-			•		
Se	ction C. Computation of Publ						Í
	Public support percentage for 2014 (column (f))		15	%
	Public support percentage from 2013					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20)14 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	oorted organization	· > □
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- **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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) 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.)

	Yes	No
	. 55	
1		
2		
2-		
3a		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
		
5b 5c		_
6		
7		
o		
8		
9a		
9b		
9c		
10a		
 10b 90 or 99	0 EZ\	2014

Pa	rt IV	Supporting Organizations (continued)			
	_	(VIIIIIIII)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		v, the governing body of a supported organization?	11a		
b		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
		Dr. Type i eapperaing enganizatione		Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-				
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	4		
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		η how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion [D. Type III Supporting Organizations			
		·		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year,	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? Provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
C4	ion A. Adiustad Nat Income		(A) Drien Veen	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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	y-integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		<u> </u>	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied 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	Distrik	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2014 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
_	Diatrik	system of the constraint of th		Pre-2014	Amount for 2014
1		outable amount for 2014 from Section C, line 6			
2		rdistributions, if any, for years prior to 2014			
		onable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2014:			
a					
<u>b</u>					
C					
d	From	2012			
		of lines 3a through e			
		ed to underdistributions of prior years ed to 2014 distributable amount			
		over from 2009 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2014 from Section D,			
•	line 7:				
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2014, if			
•		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2014. Subtract lines 3h			
-		b from line 1 (if amount greater than zero, see			
		ctions).			
7		ss distributions carryover to 2015. Add lines 3j			
	and 4	-			
8		down of line 7:			
а					
b					
С					
	Exces	ss from 2013			
		es from 201 <i>4</i>			

Schedule A (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 ·

OMB No. 1545-0047

Name of the organization

Employer identification number

CENTER FOR RESPONSIVE POLITICS

52-1275227

Organiz	Organization type (check one):					
Filers of	:	Section:				
Form 99	0 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-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	vour organization is	s covered by the General Rule or a Special Rule .				
		(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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, line 1. Complete Parts I and II.				
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2014)

Name of organization Employer identification number

CENTER FOR RESPONSIVE POLITICS 52-1275227

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

CENTER FOR RESPONSIVE POLITICS

52-1275227

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 11-05		Schedule R /Form	990. 990-EZ. or 990-PF) (201

Name of organization Employer identification number 52-1275227 CENTER FOR RESPONSIVE POLITICS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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.

OMB No. 1545-0047
2014

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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," to 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," to 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 $501(a)(4)$ (5) or (6) organize	tions: Complete Bart III					
	Section 501(c)(4), (5), or (6) organiza ne of organization	tions. Complete Part III.		l En	nployer identification number		
	•	FOR RESPONSIVE PO	DLITICS		52-1275227		
Pa		ganization is exempt unde		or is a section 527			
2	Provide a description of the organize Political expenditures Volunteer hours	·		>			
Pa	rt I-B Complete if the org	ganization is exempt unde	er section 501(c)	(3).			
	Enter the amount of any excise tax	·			\$		
	Enter the amount of any excise tax						
	If the organization incurred a section						
4a	Was a correction made?				Yes No		
_	If "Yes," describe in Part IV.						
Pa	irt I-C Complete if the org	ganization is exempt unde	er section 501(c)	, except section 50)1(c)(3).		
3	 Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a 						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and		

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014

27,835.

1,392.

2,088.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

27,835.

1,392.

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 e	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1	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:					
а	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?					
	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 similar means?					
	Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	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?	504/-\//	- \	- .		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(:	o), or se	ection		
	· · · · · · · · · · · · · · · · · · ·			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
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 expenditures from the prior year?					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			t III-A, IIr	ne 3, is	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
С						
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
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					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
	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 actions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part II-A	A, lines 1 a	and 2 (see		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CENTER FOR RESPONSIVE POLITICS

Employer identification number 52-1275227

Pa	rt I	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line		ds or Accounts.Complete if the
		organization answered fes to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Totalı	number at end of year	.,	.,
2		gate value of contributions to (during year)		
3		gate value of grants from (during year)		
4		gate value at end of year		
5		e organization inform all donors and donor advisors in v		vised funds
Ĭ		e organization's property, subject to the organization's	-	
6		e organization inform all grantees, donors, and donor a		
•		aritable purposes and not for the benefit of the donor o	• •	•
		missible private benefit?		
Pa	rt II	Conservation Easements. Complete if the org		
1	Purpo	se(s) of conservation easements held by the organizati	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or e	education) Preservation of a hi	storically important land area
		Protection of natural habitat	Preservation of a ce	ertified historic structure
		Preservation of open space		
2	Comp	lete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the for	m of a conservation easement on the last
	day of	the tax year.		
				Held at the End of the Tax Year
а	Totalı	number of conservation easements		2a
b	Total a	acreage restricted by conservation easements		2b
С	Numb	er of conservation easements on a certified historic str	ucture included in (a)	2c
d	Numb	er of conservation easements included in (c) acquired	after 8/17/06, and not on a historic stru	cture
	listed	in the National Register		2d
3	Numb	er of conservation easements modified, transferred, rel	leased, extinguished, or terminated by	he organization during the tax
	year 🕨			
4	Numb	er of states where property subject to conservation ea	sement is located >	_
5		the organization have a written policy regarding the per		
	violati	ons, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff a	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amou	nt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements duri	ng the year ➤ \$
8	Does	each conservation easement reported on line 2(d) abov	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
		ection 170(h)(4)(B)(ii)?		
9	In Par	t XIII, describe how the organization reports conservati	on easements in its revenue and expen	se statement, and balance sheet, and
	includ	e, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	es the organization's accounting for
_		rvation easements.		
Pa	rt III	Organizations Maintaining Collections of		Other Similar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stat	ement and balance sheet works of art,
	histori	cal treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the te	xt of the footnote to its financial statements that descri	bes these items.	
b	If the	organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasu	res, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide the following amounts
		g to these items:		
	(i) R	evenue included in Form 990, Part VIII, line 1		
				> \$
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financ	cial gain, provide
	the fo	llowing amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Rever			
b	Asset	s included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

Cobo	dulo D /Form 000) 2014 CENTER F(OR RESPONS	SIVE POLIT	TCS	52-1	275227 Page 2			
	dule D (Form 990) 2014 CENTER FO								
3	Using the organization's acquisition, accession		-						
_	(check all that apply):	,	-,,,		9				
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other	3 1 3					
С	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No								
Pai	t IV Escrow and Custodial Arrange	ements. Comple	te if the organizatio	n answered "Yes" to	o Form 990, Part IV	/, line 9, or			
	reported an amount on Form 990, Part >	K, line 21.	_						
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for contribution	s or other assets no	ot included				
	on Form 990, Part X?				L	Yes No			
b	If "Yes," explain the arrangement in Part XIII an	d complete the fol	lowing table:						
						Amount			
С	Beginning balance				1c				
	Additions during the year								
	e Distributions during the year								
	Ending balance								
	Did the organization include an amount on Form		•			Yes No			
	If "Yes," explain the arrangement in Part XIII. C					<u></u>			
Pai	' '					11/25			
	[(a) Current year	(b) Prior year	(c) Two years back	· , , , ,				
	Beginning of year balance	650,000.	645,834.	,	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	Contributions	515,000.	650,000.	500,000.	370,10	0.			
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities	665 000	645 024	200 266	225 00	720 000			
	and programs	665,000.	645,834.	299,266.	225,00	0. 720,000.			
	Administrative expenses	500,000.	650,000.	645,834.	445,10	0. 300,000.			
	End of year balance		,	· · · · · · · · · · · · · · · · · · ·	445,10	300,000.			
2	Provide the estimated percentage of the currer	nt year end balance		a)) neid as:					
	Board designated or quasi-endowment	0/	_%						
	Permanent endowment ► Temporarily restricted endowment ► 100	-% •00 %							
C	The percentages in lines 2a, 2b, and 2c should								
32	Are there endowment funds not in the possess	-	tion that are hold a	nd administered for	the organization				
Sa		non or the organiza	illon that are nelu a	na administered for	trie organization	Yes No			
	by:					 			
	(i) unrelated organizations								
h	(ii) related organizations								
4	Describe in Part XIII the intended uses of the or					30			
	t VI Land, Buildings, and Equipme		windit iuilus.						
41	Complete if the organization answered		Part IV, line 11a. S	ee Form 990. Part X	., line 10.				
	Description of property	(a) Cost or ot			Accumulated	(d) Book value			
	becomplien of property	basis (investm	` '	' '	epreciation	(a) Doon value			
4-	Land	,	, 	. ,					

21,946. Schedule D (Form 990) 2014

21,946.

92,780.

e Other

b Buildings c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment

114,726.

Part VII Investments - O	ther Securities.
--------------------------	------------------

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part IX, line 12c. (e) Method of valuation: Cost or end of year market value (e) (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valua	Part VII	Investments - Other Securities.			D	
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (F) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(a) Descrin					d-of-vear market value
			(b) Dook value	(c) Method of	valuation. Oost of en	u-or-year market value
(3) Other (4) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10						
A		Tield equity interests				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(C) (D) (E) (F) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(E) (F) (G) (H) Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 12.) ▶ Total. (Col. (t)) must equal Form 990, Part X, col. (B) line 12.) ▶ Part XIII Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end of-year market value (d) Book value (e) Book value (e) Book value (f) Book value (f						
(E) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F						
(F) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C						
(G) (H) (Fight) (Figh						
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)						
Total_(Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d)						
Part VIII Investments - Program Related.		o) must equal Form 990, Part X, col. (B) line 12.)				
Complete if the organization answered "Vee" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				•		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (1) must equal Form 990, Part X, col. ((8) line 13.) ▶		,	to Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED PAYROLL (3) (4) (5) (6) (7) (8) (9) (9)		(a) Description of investment		(c) Method of	valuation: Cost or en	d-of-year market value
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(1) Federal income taxes (2) ACCRUED PAYROLL (3) (4) (5) (6) (7) (8) (9)	1	•	10 1 01111 990, 1 211 1		11 990, 1 art X, iii le 25	
(2) ACCRUED PAYROLL 60,622. (3) (4) (5) (6) (7) (8) (9)	-			(b) Book value	_	
(3) (4) (5) (6) (7) (8) (9)				60.622	-	
(4) (5) (6) (7) (8) (9)				00,022		
(5) (6) (7) (8) (9)					-	
(6) (7) (8) (9)						
(7) (8) (9)						
(8) (9)						
(9)						
60.400						
		mn (b) must equal Form 990, Part X, col. (B) lin	e 25.)	60,622		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2014

I G	Reconciliation of Revenue per Audited Financial St		iue per neturi	l .
_	Complete if the organization answered "Yes" to Form 990, Part IV, I		11	1,503,739.
1	Total revenue, gains, and other support per audited financial statements			1,303,733.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a		
a b				
C				
d				
e			2e	0.
3	Subtract line 2e from line 1			1,503,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>
а		4a		
b				
С		<u>-</u>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			1,503,739.
Pa	rt XII Reconciliation of Expenses per Audited Financial S			
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	1,685,101.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	0.1			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,685,101.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , ,			
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1,685,101.
	rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d A: Part IV lines 1h and 2h:	Part V line 4: Part	Y line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		rait v, iiile 4, rait	A, III le Z, I alt Ai,
100	Za ana 45, ana 1 art XIII, imos Za ana 45. 7 100 complete tino part to provide	arry additional information.		
PAI	RT V, LINE 4:			
FOI	R THE YEAR ENDED DECEMBER 31, 2014, TH	E CENTER'S TEM	PORARILY I	RESTRICTED
NE'	I ASSETS CONSISTED OF GENERAL SUPPORT	TIME RESTRICTI	ONS AND PI	ROGRAM
RES	STRICTIONS.			
D 3 1	DE W 1 TAKE 0			
PAI	RT X, LINE 2:			
		TNG GMANDADDG	DOADD / !! E!	A CID II \
THI	E CENTER HAS ADOPTED FINANCIAL ACCOUNT	ING STANDARDS	BOARD ("FA	ASB")
7.00		\ 740 10 "TMG	OME MAYER	" """
ACC	COUNTING STANDARDS CODIFICATION ("ASC") /40-10, INC	OME TAXES	, WHICH
ומם	ECCUTURE MEXCUIDEMENT AND DICCLOCUDE DE	OUTDEMENTE FOR	CHIDDENIM :	A ATD
PKI	ESCRIBES MEASUREMENT AND DISCLOSURE RE	QUIREMENTS FOR	CURRENT	AND
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ופת	FERRED INCOME TAX PROVISIONS. THE INTE	VLVETHIION BKO	ATDED LOK	n .
רחי	NSISTENT APPROACH IN IDENTIFYING AND R	EDOBATNG IINGED	ጥልፐለ፣ ጥልሄ ፣	POSTUTOMS
<u></u>	TOTOTOTION IN TOTOTION OF AND A	TIONIING ONCER	TUTIN TUV	COTITONS.
ΙT	IS MANAGEMENT'S BELIEF THAT THE CENTE	R DOES NOT HOL	D ANY UNC	ERTAIN TAX

31

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Open to Public Inspection Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Department of the Treasury

Internal Revenue Service

CENTER FOR RESPONSIVE POLITICS

Employer identification number 52-1275227

OMB No. 1545-0047

Part I **Questions Regarding Compensation** No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X **a** Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a $\overline{\mathbf{x}}$ **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2014

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 in 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 are not 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-MISC compensation				(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) SHEILA KRUMHOLZ	(i)	139,371.	0.	0.	2,787.	10,014.	152,172.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							ļ
	(ii)							
	(i) (ii)							
	(i)							
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	(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 O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTER FOR RESPONSIVE POLITICS

Employer identification number 52-1275227

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ORGANIZATION TRACKING MONIES AND ITS EFFECTS ON FEDERAL ELECTIONS AND PUBLIC POLICY. THE CENTER'S NON PARTISAN WORK IS AIMED AT CREATING A MORE EDUCATED VOTER, AN INVOLVED CITIZENRY AND A MORE RESPONSIVE GOVERNMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ON FEDERAL ELECTIONS AND PUBLIC POLICY. THE CENTER'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 11:

THE BOARD OF DIRECTORS REVIEWS THE 990 WITH THE TAX PREPARER BEFORE IT IS MAILED TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD OF DIRECTORS REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION WHEN PREPARING THE CENTER'S ANNUAL BUDGET. THE BOARD OF DIRECTORS REVIEWS EXECUTIVE COMPENSATION INFORMATION FROM NON PROFIT ORGANIZATIONS THAT ARE SIMILAR IN SIZE AND MISSION TO THE CENTER. THE COMPENSATION FOR HIGHLY COMPENSATED EMPLOYEES IS ALSO APPROVED BY THE BOARD OF DIRECTORS BASED ON RECOMENDATIONS MADE BY THE EXECUTIVE DIRECTOR.

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

Schedule O (Form 990 or 990-EZ) (2014)

CENTER FOR RESPONSIVE POLITICS	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 POL	ICY 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.	
PART VII BOARD OF DIRECTORS LISTING	
PART VII INCLUDES BOARD MEMBERS WHO SERVED DURING THE YEA	R ENDED
DECEMBER 31, 2014. AT DECEMBER 31, 2014 TWO MEMBERS LIST	ED ON PART VII
HAD RESIGNED.	

Form 886	88 (Rev. 1-2014)					Page 2
● If you a	are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this	s box		X
	ly complete Part II if you have already been granted a					
	are filing for an Automatic 3-Month Extension, comp					
Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no co	pies need	ed).
	•		Enter filer's	identifyir	ng number, s	ee instructions
Type or	Name of exempt organization or other filer, see ins	Employe	mployer identification number (EIN)			
print						, ,
File by the	GENTED FOR REGRONGIVE DOLLTELGG				52-1275227	
due date for	Number, street, and room or suite no. If a P.O. box	k, see instruc	tions.	Social se	curity numbe	r (SSN)
filing your return. See	1101 14TH STREET, NW, NO.	1030			•	•
instructions.	City, town or post office, state, and ZIP code. For	a foreign add	dress, see instructions.			
	WASHINGTON, DC 20005		•			
	•					
Enter the	Return code for the return that this application is for	(file a separa	ite application for each return)			0 1
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Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01				9000
Form 990		02	Form 1041-A			08
	20 (individual)	03	Form 4720 (other than individual)			09
Form 990		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870		12	
	o not complete Part II if you were not already gran			iously file	ad Form 8868	
0101.0	THE ORGANIZAT		natio o month extension on a pro-	nously inc	74 1 01111 0000	,
• The ho	ooks are in the care of 1101 14TH STR		w SUITE 1030 - WAS	нтист	ON. DC	20005
	$\frac{202 - 857 - 0044}{1000000000000000000000000000000000$		Fax No. ▶ 202-857-78	09	0117 20	
	organization does not have an office or place of busin	Jacc in the I li				
	is for a Group Return, enter the organization's four di					roup check this
box $ ightharpoonup$. If it is for part of the group, check this box		ach a list with the names and EINs o			
	guest an additional 3-month extension of time until		BER 15, 2015.	i all mome	CIS THE CATOR	31011 13 101.
	calendar year 2014, or other tax year beginning		, and endin	a		
	ne tax year entered in line 5 is for less than 12 months			Final r	oturn	·
0 11 11	Change in accounting period	s, check reas	on initiarreturn _		Cluiii	
7 Sta	te in detail why you need the extension					
AT	DDITIONAL TIME IS NEEDED TO	ОВТАТ	N TNFORMATION TO C	OMPLE	TE AN Z	CCURATE
	TURN.	OD IIII	., 11,1 01,111 101, 10 0	0111 111	10 111 1	
	-1-01-11					
8a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 47	20 or 6060	enter the tentative tax less any			
	nrefundable credits. See instructions.	20, 01 0003,	enter the tentative tax, less any	8a	\$	0.
					Ψ	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					0.
<u>-</u>	lance due. Subtract line 8b from line 8a. Include your	navmont wit	th this form if required by using	8b	\$	
	•		in this form, in required, by using	8c	\$	0.
EF	TPS (Electronic Federal Tax Payment System). See in Signature and Verific		st be completed for Part II		Ψ	
Under pen	Signature and verifical alties of perjury, I declare that I have examined this form, inc		•	-	f my knowleda	e and belief.
it is true, c	orrect, and complete, and that I am authorized to prepare thi	s form.	, , , , , , , , , , , , , , , , , , , ,		, y	,
Signature	► Title ▶	► CPA		Date		
					Form 88	368 (Rev. 1-2014)