COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources Legislative hearing on:

HR 2231 (Hastings of WA), To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. <u>"Offshore Energy and Jobs Act"</u>

June 11, 2013

For Individuals: N/A

1. Name:

- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Ryan Alexander
- 2. Name of Organization(s) You are Representing at the Hearing:

Taxpayers for Common Sense

- 3. Business Address: [Information redacted for privacy]
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

Title/Organization: Ryan Alexander, Taxpayers for Common Sense

Title/Date of Hearing: Legislative hearing on: **HR 2231 (Hastings of WA),** To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. "Offshore Energy and Jobs Act" / June 11, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

B.A., Wesleyan University, Middletown, CT J.D., University of Wisconsin, Madison, WI

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member, West Virginia State Bar

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

President, Taxpayers for Common Sense

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

No.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

None.

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

No, thank you.

Witnesses Representing Organizations

Title/Organization: Ryan Alexander, Taxpayers for Common Sense

Title/Date of Hearing: Legislative hearing on: **HR 2231(Hastings of WA)**, To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. "Offshore Energy and Jobs Act" / June 11, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

President.

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

No.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

None.

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Form	990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Open to Public

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

Dep Inte	partment of i rnal Revenu	he Treasury le Service	► Th	e organization		se a copy of this retu	-			ments		Open to Public Inspection	
A			dar year, or tax					and ending			1983		
в	Check if a		C	<u>, , , , , , , , , , , , , , , , , , , </u>			,,	and enamy	9	D Employ	/er Ider	, ntification Number	
	Addre	ess change	Taxpayers	For Co	mmon Ser	ise						1122	
	Name	e change	651 Penns	ylvania	Avenue,	SE				E Telephe			
	Initial	return	Washington	n, DC 2	0003							5-8500	
	Termi	inated											
	Amer	ided return								G Gross r	eceints	\$ 1,669,81	7
	Applic	ation pending	F Name and addr	ess of principa	l officer: Ry	an Alexand	er	1	H(a) Is this	a group retur			No.
			Same As C	Above	1				H (b) Are all	affiliates inc	luded?	Yes	No
1	Tax-exe	mpt status	X 501(c)(3)	501(c) ()◄ (ir	nsert no.) 494	7(a)(1) or	527	lf 'No,'	attach a list.	(see in	istructions)	_] ····
J	Websi	ite: ► ww	w.taxpayer	.net					H(c) Group	exemption n	umber ^I	▶	
ĸ		organization:	X Corporation	Trust	Association	Other ►	LY	ear of Formatic		_		legal domicile: DC	
Pa	art I	Summary	/										
	1 Br	iefly describ	be the organizat	tion's missi	ion or most s	significant activiti	ies: <u>TC</u>	S is de	dicat	ed to	cut	ting wastefu	1
e	<u> _S</u>	penatud	<u>ano supsi</u>	<u></u>	<u>n_oraer</u> _	<u>to_achieve</u>	<u>a res</u>	<u>sponsib</u>	le and	leffic	ien	<u>t_government</u>	
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ven					·						· ·		
ĝ	2 Ch 3 Nu	IECK THIS DO	x ► if the o	organizatio	n discontinu ming body (F	ed its operations Part VI, line 1a).	or dispo	sed of mor	e than 2	5% of its		ssets.	~
Activities & Governance	4 NL	imber of vo	lependent votin	a members	s of the gove	rning body (Part	VI line	1b)	•••••		3		
itie	5 To	tal number	of individuals e	mployed in	i calendar ve	ar 2011 (Part V,	line 2a)	10)	• • • • • • • • •	••••	_ 4 5		$\frac{6}{13}$
ctiv	6 To	tal number	of volunteers (e	estimate if	necessary).						6		<u></u>
4	7a To	tal unrelate	d business reve	enue from F	Part VIII, col	umn (C), line 12					7a		0.
	b Ne	t unrelated	business taxab	le income	from Form 9	90-T, line 34	<u></u>		.	<u>N.</u>	7b		0.
	0.0									nor Year		Current Year	
ę	8 Co 9 Pr	Intributions	and grants (Pai	rt VIII, line	1h)				1	,160,1	23.	1,476,41	.3.
Revenue	10 Inv	ograni servi	ce revenue (Pa	rt VIII, line	≤2g)	, and 7đ)»	5 N N				0.7		
Re	10 m	her revenue	(Part VIII, colu	imn (A) lir	4), intes 3, 4, 205 5 6d -8c	, and 2000	·	•••••		2,7		-82	
	12 To	tal revenue	- add lines 8 t	hrough 11	(must equal	Part VIII, column	e) h.(A) linu	- 12\	1	20,4		60,22 1,535,81	
	13 Gr.	ants and sir	nilar amounts p	aid (Part)	X column //), lines 1-3)	- (/ y, iii)	<u> </u>	<u> </u>	,105,5	<u> </u>	1,000,01	5.
	14 Be	nefits paid	to or for membe	ers (Part IX	Column (A), line 4)							
	15 Sa	laries, othe	r compensation	, employee	benefits (Pa	art IX, column (A	.). lines f	5-10)		752,5	39	899,88	2
ses						ine 11e)				10270	<u> </u>	0,00	4.
Expenses						e 25) ►		2,014.					
ŭ						11f-24e)			<u></u>		668.00	454 04	
	12 Ou 18 To	tal evnence	s (rait iz, colu s Add linos 13	17 (must c	aud Dort IV	, column (A), line				294,9		471,81	
						2			<u>1</u>	,047,4		1,371,69	
P 8	10 110	Venue less	expenses. Subt			۷		· · · · · · · · · · · · · · · · · · ·	Destauto	135,9		164,12	3.
anç	20 To	tal assets (F	Part X, line 16)			-			ведіяній	g of Current 777,2		End of Year 951,20	0
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Pun						ne 20				741,1			
Pa		Signature				10 20			L	/41,1	10.1	903,28	<u> </u>
Und				mined this retu	rn, including acc	ompanying schedules	and statem	ents and to th		w knowlodgo	ond he	linf it in the second second	
com	plete. Decla	ration of prepar	er (other than officer) is based on	all information of	which preparer has a	ny knowledg	ge.	e best of fi	iy knowledge		lief, it is true, correct, and	
			m-	PIC-	H-					(0/11	12013	
Sig	in	Signature	of officer		1				Dat	e	1		
Hei	re		Alexander	<u> </u>					Presi	dent			
	- , <u>-</u> ,,_,_,		rint name and title.										
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Pai	d		E. Jester							self-employe	d I	P01218020	
rre Uc	eparer	Firm's name	► <u>Harvey</u>			1				_			
Use Only Firm's address > 2841 Woodlawn Avenue										Firm's EIN	•		
• /		<u> </u>			VA 2204					Phone no.	(703	/	
May	the IRS	discuss this	return with the	preparer :	shown above	? (see instructio	ns)		· · · · · · · · · ·	<u></u> .		X Yes N	0
ВА	+ For Pa	perwork Re	duction Act No	tice, see th	ne separate i	nstructions.		TEEAC	0113L 08/	18/11		Form 990 (20	11)

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art III Statement of Program Service Accomplishments		
Check if Schedule O contains a response to any question in this Part III	<u></u>	X
1 Briefly describe the organization's mission:		
See_Schedule_O		
2 Did the organization undertake any significant program services during the year which were not listed	l on the prior	_
Form 990 or 990-EZ?	Yes	X No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	X No
If 'Yes,' describe these changes on Schedule O.		
4 Describe the organization's program service accomplishments for each of its three largest program see Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the others, the total expenses, and revenue, if any, for each program service reported.	ervices, as measured by ex amount of grants and alloc	penses. ations to
ta (Code: Image: Second s	(Revenue \$	
Environment Program - TCS works to eliminate environmentally ha	rmful and wastefu	1
spending on issues including energy, public lands, and agricult	ure.	· · · · · · ·
•••••••••••••••••••••••••••••••••••••••	-1	
A-	¥	
	<u></u>	
b (Code:) (Expenses \$ 297,345. including graption ((Revenue \$ 40,	,000.)
Budget Oversight, Investigations and General Programs - TCS wor monitor the federal budget, and in panticular, earmarked spendi	ks to track and	······································
TCS_investigates_and_attempts_to_identify_the_true_beneficiari	ng crends and imp	acts.
provisions In addition WC days and databases and analy	es of discrete fu	naing
provisions. In addition, TCS develops broad databases and analy proposals. These efforts are designed to make the budget proce	ses of spending	
American taxpayers and to make members of Congress and the Adri	ss more transpare	<u>nt to</u>
American taxpayers and to make members of Congress and the Admi accountable for their spending decisions. General programs inv	distration direct	<u></u>
miscellaneous issues of government waste not reflected in the o	oive activities o	n
categories.	ther program	
c (Code:) (Expenses \$140,777. including grants of \$)	(Revenue \$)
<u>National Security Reform Program - TCS works for reforms to ach</u>	(Revenue \$ ieve_a_strong_U.S_)
c (Code:) (Expenses \$140,777. including grants of \$) National Security Reform Program - TCS works for reforms to ach military at a reasonable cost to taxpayers.	(Revenue \$ ieve_a_strong_U.S))
<u>National Security Reform Program - TCS works for reforms to ach</u>	(Revenue \$ ieve a strong U.S)
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Form 990 (2011) Taxpayers For Common Sense Part IV Checklist of Required Schedules

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<u> tereteren</u>			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D Part 1.	, 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
1 0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		x
	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X	
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	<u>11 b</u>		х
(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 VII.	11 c		X
(Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule & Part X.	11 d		х
	Did the organization report an amount for other frabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e		
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	x	
	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, XII, and XIII is optional	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ا 	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>л</u> Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Form 990 (2011) Taxpayers For Common Sense
Part IV Checklist of Required Schedules (continued)

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No. of Street, or other		- <u>r</u>	r	
			Yes	No
21	United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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
24	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24-		v
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	\mathbf{c} 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		
		24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part W.	28a		Х
I	A family member of a current or former officer, director, trustee, or key employees Arres, complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee so key emphyse (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yea' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 m non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of arc 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, Parts II, III, IV, and V, line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
BAA		Form		2011)
			V-	

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Form 990 (2011) Taxpayers For Common Sense	52-1941122	Page 5
Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V	·····	<u></u>
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	8	Yes No
c Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	I reportable gaming	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	13	
 b If at least one is reported on line 2a, did the organization file all required federal employment tax Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i>. (see instruct 		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		<u>X</u>
4a At any time during the calendar year, did the organization have an interact in, or a cignature or at	hor outbority over a	
financial account in a foreign country (such as a bank account, securities account, or other financial b If 'Yes,' enter the name of the foreign country: ►	al account)? 4a	<u> </u>
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance		
 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra 		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible?		<u>X</u>
 b If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible? 	utions or gifts were 6b	100000000000000000000000000000000000000
7 Organizations that may receive deductible contributions under section 170(c).a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly for the organization receives a payment in excess of \$75 made partly as a contribution and partly as a contributing a contribution and partly as a contri	for goodes and	
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 		<u> </u>
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282? 	was required to file	x
d If 'Yes,' indicate the number of Forms 8282 filed during the year		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef f Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit co	it contract? 7e	X X
g If the organization received a contribution of qualified intellectual property, did the organization file as required?	e Form 8899 7 q	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have a holdings at any time during the year?	anizations. Did the xcess business 8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12 a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		5.540 Providence
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
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		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu		X
, set a mod a rom region oport anoso payments: in no, provide an explanation in Schedi	14D	

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For	n 990 (2011) Taxpayers For Common Sense 52-1941122	2	Page 6
Pa	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be	elow,	and for
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or cha	ngeś	in
	Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI		V
Sec	ction A. Governing Body and Management	<u></u>	X
	sion / a doverning body and management		Vee Ne
1	a Enter the number of voting members of the governing body at the end of the tax year	6	Yes No
	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.		
		6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		
-	officer, director, trustee or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	x
4	Did the organization make any significant changes to its governing documents		
_	since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	6	X
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 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 other persons other than the governing body?	7b	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
;	a The governing body?	8a	X
1	Each committee with authority to act on behalf of the governing body?	8b	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	,	h aana 1
			Yes No
	a Did the organization have local chapters, branches, or affiliates?	10a	X
1	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1.01	
11;	a Has the organization provided a complete copy of this Form 990 to altern the state of its governing body before filing the form?	10b 11a	X
	Describe in Schedule O the process harv, used by the organization to review this Form 990. See Schedule O Did the creation by the state of the state		
12;	a Did the organization have a written confilerent interest policy? If 'No,' go to line 13	12a	X
1	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise		
	to conflicts?	12b	_X
(Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSee. Schedule O	12-	v
13	Did the organization have a written whistleblower policy?	12c	X X
14	Did the organization have a written document retention and destruction policy?	14	X
15			
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
	The organization's CEO, Executive Director, or top management official. See Schedule 0	15a	X
I	Other officers of key employees of the organization	15b	X
	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	X
ł	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	104	
Sec	tion C. Disclosure	16b	
17	List the states with which a copy of this Form 990 is required to be filed ► None		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailabl	e for public
	Own website X Another's website X Upon request		
19	Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avait the public during the tax year. See Schedule 0	lable to	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org	anizati	on:
I	The Organization 651 Pennsylvania Ave, SE Washington DC 20003 202-546-8500		
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Form 990 ((2011)	Taxpayers	For	Common	Sense	

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

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

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

1 a 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.

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

	(C)									
(A)	(B)	(do no	ot che	ck mo	ition ore th	an one	box,	(D) Reportable	(E)	(F)
Name and title	Average hours per week	unles	ss per and a	son is direc	s botl ctor/tr	h an offi rustee)	icer	compensation from	Reportable	Estimated amount of other
	(describe hours for	Indi or d	Insti	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	related organiza- tions in	Individual trustee or director	Institutional trustee	ĕ	Key employee	lest c	ner			organization and related organizations
	Schedule O)	r trust	al tru		oyee	ompe				
		ee	istee			Highest compensated employee				
(1) Mark Smith		-				<u> </u>				
Board Chair	0	Х						0.	N 0.	0.
(2) Jay McAllister								a DL		0.
Treasurer	0	Х				~		IGT 0.	0.	0.
(3) Danielle Brian					¢,					
Director	0	X						0.	0.	Ο.
_(4) Marion Edey		21								
Director	0							0.	0.	0.
_(5)_Courtney_Cuff										
Director	0	_X						0.	0.	0.
_(6) Noleen Tillman										
Director	0	X						0.	0.	0.
_(7) Ryan_Alexander President				.,					-	
	40			X				130,007.	0.	6,396.
_(8)										
_ <u>(9)</u>	· ,	~					_			
(10)										
<u>(11)</u>										
(12)										<u> </u>
<u>(13)</u>										
<u>(14)</u>										
man										

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Form 990 (2011) Taxpayers For Common Sens	se								52-1941122	2 Page 8
Part VII Section A. Officers, Directors, Trust	ees, I	<mark>≺ey</mark>	En		oye C)	es,	anc	I Highest Com	pensated Empl	oyees (cont)
(A) Name and title	(B) Average hours	box,	Position (do not check more than one			h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	per week (describ e hours for related organi- zations in Sch O)	vidual trust irector	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)			<u>.</u>							
(22)										
(23)				_						
(24)					>		Ĝ			
(25)					H					
1 b Sub-total	A			 		 	> >	130,007. 0.	<u>0.</u> 0.	<u>6,396.</u> 0.
 d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited from the organization 					• • •		► [130,007.	0.	6,396.
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ir	ndividua	al	• • •	••••	• • •	• • • •	• • • •	••••••••••••••••••		Yes No 3 X
 4 For any individual listed on line 1a, is the sum of replaced organization and related organizations greater the such individual. 5 Did any person listed on line 1a receive or accrue or a	• • • • • •		<i>·</i> · · ·	••••	•••	••••	• • • •	• • • • • • • • • • • • • • • • • • • •		4 X

 1
 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

 (A)
 (B)
 (C)

 Name and business address
 Description of services
 Compensation

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

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Form 990 (2011)

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Form 990 (2011) Taxpayers For Common Sense Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
εş	1aFederated campaigns1a13,588.				
RAN UNT	b Membership dues 1b				
S, G AMO	c Fundraising events 1c				
AR A	d Related organizations 1d				
MIL S.	e Government grants (contributions) 1 e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,462,825.				
AND	g Noncash contributions included in Ins 1a-1f: \$► h Total. Add lines 1a-1f►	1 476 412			
	Business Code	1,476,413.			
ENU	2a				
Ē	b				
ICE	c				
ËR	d				
MA	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
PRC	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)	2,423.			2,423.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties			4	
	(i) Real (ii) Personal		A		
	6a Gross rents				
	b Less: rental expenses: c Rental income or (loss) 20,229.		DLF		
	d Net rental income or (loss)►				
	(i) Securities (ii) Other 🗰		SPLA		20,229.
	7a Gross amount from sales of assets other than inventory. 130, 752.				
	b Less: cost or other basis and sales expenses 134,2002.			가 많은 것을 같은 같은 것은 것을 같은	
	c Gain or (loss)				
	d Net gain or (loss)	-3,250.	-3,250.	and the second	
я	8a Gross income from fundraising events (not including. \$				
ER REVENUE	of contributions reported on line 1c).				
RE	See Part IV, line 18a				and the second second
Ë	b Less: direct expensesb	A Contractory			
OTH	c Net income or (loss) from fundraising events►				
	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities			and a set of the second se	
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory►				
	Miscellaneous Revenue Business Code				
	11a Contracts900099	40,000.	40,000.		
	b				
	d All other revenue	40.000			
	e Total. Add lines 11a-11d	40,000.	26 75		
	12 Total revenue. See instructions	1,535,815.	36,750.	0.	22,652.

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Form 990 (2011) Taxpayers For Common Sense

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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a r		n in this Part IX		
<u>6b,</u>	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		-		<u> </u>
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	·			
4					
5	Compensation of current officers, directors, trustees, and key employees	136,403.	119,271.	13,948.	3,184
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7		640,592.	575,475.	47,787.	17,330
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	52,227.	47,088.	3,755.	1,384
10	Payroll taxes	70,660.	64,078.	4,803.	1,779
11					
	a Management				
_ I	b Legal	2,257.	970.	1,287.	
	c Accounting	41,532.		41,532.	
	Lobbying				· · · · · · · · · · · · · · · · · · ·
	${f e}$ Professional fundraising services. See Part IV, line 17 \dots				
	Investment management fees		- CVI		
	g Other	178,055.	779,1 97.	1,732.	1,126
	Advertising and promotion	5,000.	5,000.		
13	Office expenses.	12 530.	8,092.	4,196.	242
14	Information technology	18,454.	15,731.	1,301.	1,422
15	Royalties				
16	Occupancy	107,029.	96,027.	8,182.	2,820.
17	Travel	18,334.	18,135.	50.	149.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings	986.	857.	129.	
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	8,862.	7,717.	787.	358.
	Insurance	5,631.		5,631.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Printing and Publications	40,635.	37,209.	2,353.	1,073.
	Communications	31,307.	27,939.	2,501.	867.
	Postage and Shipping	1,198.	625.	293.	280.
c					200.
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,371,692.	1,199,411.	140,267.	32,014.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	•	· · · · · · · · · · · · · · · · · · ·		52/011.
	Check here ► if following SOP 98-2 (ASC 958-720)		t,		

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Form 990 (2011) Taxpayers For Common Sense Part X Balance Sheet

TF1 Annum (n. 1676)

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		(A) Beginning of year		(B) End of year ·
	1 Cash – non-interest-bearing.	150,831.	1	24,948.
	2 Savings and temporary cash investments	112,017.	2	387,067.
	3 Pledges and grants receivable, net	355,000.	3	358,000.
	4 Accounts receivable, net	4,633.	4	106,966.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	, i i i i i i i i i i i i i i i i i i i	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	
A S E T	7 Notes and loans receivable, net	·····	7	· · · · · · · · · · · · · · · · · · ·
E	8 Inventories for sale or use	······································	8	
T S	9 Prepaid expenses and deferred charges	5,306.	9	5,540.
1	0a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 44,105.			5,540.
	b Less: accumulated depreciation	11,784.	10 c	7,372.
1		133,262.	11	57,886.
1	2 Investments other securities. See Part IV, line 11		12	
1			13	
1		4,000.	14	3,000.
1		430.	15	430.
1		777,263.	16	951,209.
1		35,147.	17	46,927.
1			18	40,527,
1			19	
Ļ 2	0 Tax-exempt bond liabilities	4 2 1	20	
Å 2	1 Escrow or custodial account liability.Complete Part IV of Schedule D. 🔔 🎮 🏌		21	
1 2 L T	2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons complete and of Schedule L.		22	
			23	
^S 2			24	
2	5 Other liabilities (including federal neone tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	1,000.	25	1,000.
2		36,147.	26	47,927.
N E T	Organizations that follow SFAS 117, check here ► X and complete lines			
	27 through 29 and lines 33 and 34.			
		368,355.	27	483,564.
Ĕ 2		372,761.	28	419,718.
· 43	2		29	
R	Organizations that do not follow SFAS 117, check here ► 🗌 and complete			
F . U 3	lines 30 through 34.			
3 3			30	 and a set of a se
3 3			31	
L 32			32	
	3 Total net assets or fund balances	741,116.	33	903,282.
s 3∕	Total liabilities and net assets/fund balances.	777,263.	34	951,209.
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Form 990 (2		-1941122		Pa	age 12
Part XI	Reconciliation of Net Assets	·······			
	Check if Schedule O contains a response to any question in this Part XI				. X
1 Total r	evenue (must equal Part VIII, column (A), line 12)	. 1	1,53	35,8	315.
2 Total e	expenses (must equal Part IX, column (A), line 25)	. 2	1,37	11,6	;92.
	ue less expenses. Subtract line 2 from line 1		16	54,1	.23.
4 Net as	sets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	74	41,1	.16.
5 Other	changes in net assets or fund balances (explain in Schedule O) . See. Schedule .0	. 5		-1,9	5 7.
colum	sets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, n (B))	. 6	90)3,2	82
Part XII	Financial Statements and Reporting			0,1	
·····	Check if Schedule O contains a response to any question in this Part XII.				
				Yes	No
1 Accourt	nting method used to prepare the Form 990: Cash X Accrual Other				
in Sch	rganization changed its method of accounting from a prior year or checked 'Other,' explain edule O.				
2a Were t	he organization's financial statements compiled or reviewed by an independent accountant?		2a	and the second second	Х
b Were t	he organization's financial statements audited by an independent accountant?	· · · <i>· ·</i> · · · · · · · · ·	2b	Х	
c If 'Yes' review	to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or compilation of its financial statements and selection of an independent accountant?	f the audit,	2c	x	
If the c	rganization changed either its oversight process or selection process during the tax year, explain				
d lf 'Yes' separa	to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is te basis, consolidated basis, or both: beparate basisConsolidated basisXBoth consolidated and separate basis	sued on a			
3a As a re Audit A	sult of a federal award, was the organization required to undergo an audit or audits as set forth in the ct and OMB Circular A-133?	e Single	3a		Х
b If 'Yes, or audi	' did the organization undergo the required audit or audits? If the organization did not undergothe re ts, explain why in Schedule O and describe any steps taken to undergo₂stich audits	quired audit	3ь		
BAA			Form 9	9 90 (2	2011)
	did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization and regions the required audit or audits?				,

SCHEDULE A (Form 990 or 990-EZ)		c Charity Status			-	-			OMB No. 1545-0047
	Complete if the	organization is a sectio 4947(a)(1) nonexem	n 501(c) ot charit	(3) orga able tru:	nizatior st.	1 or a se	ection		Open to Public
Department of the Treasury Internal Revenue Service	► Attach to	o Form 990 or Form 990-	EZ. ► Se	ee sepa	rate inst	ruction	s.		Inspection
Name of the organization	0						1		ation number
Taxpayers For							52-1	94112	2
The organization is not	r Public Charity Stat	us (All organizations	s must	compl	ete thi	s part.) See	instruc	tions.
1 A church, cor 2 A school desc 3 A hospital or	nvention of churches or as cribed in section 170(b)(1) a cooperative hospital ser	sociation of churches de (A)(ii). (Attach Schedule vice organization describ	scribed i E.) ed in se	n sectio	on 170(b 70(b)(1)()(1)(A)(i A)(iii).			
name, city, a	search organization operat nd state:	ted in conjunction with a	hospital	describ	ed in se	ction 17	70(b)(1)((A)(iii) . E	Inter the hospital's
5 An organizati	on operated for the benefi v). (Complete Part II.)	t of a college or universi	ty owned	d or ope	rated by	a gove	rnmenta	al unit de	escribed in section
6 A federal, sta 7 X An organizati in section 17	te, or local government or on that normally receives 9(b)(1)(A)(vi). (Complete F	a substantial part of its s Part II.)	upport f	rom a g	1 70(b)(1 overnme	l)(A)(v). ental un	it or froi	m the ge	neral public described
9 An organization of the second secon	trust described in section on that normally receives: s related to its exempt fun- come and unrelated busin 5. See section 509(a)(2). (6	(1) more than 33-1/3% of the second s	of its sup	port fro	nd (2) n	o moro	than 22	1/20/ -4	
	on organized and operated		ublic sat	fety. See	e sectio	n 509(a))(4).		
11 An organizatio	on organized and operated supported organizations o type of supporting organiz	d exclusively for the bond	stit of to	norforn	n tha fu	notiona		arry out t 509(a)(3	the purposes of one or). Check the box that
a Type	b Type II	c Type I	ll – Fun	ctionally	/ integra	ated		dП	Type III – Other
e by checking t other than fou section 509(a)	his box, I certify that the o indation managers and oth)(2).	organization is not contro ner than one or more put	lled dire blicly sup	ctly or in ported	ndirectly organiza	by one	or more escribed	e disqua I in secti	lified persons on 509(a)(1) or
f If the organiza check this boy	ation received a written de	termination from the IRS	that is	a Type I	De	or Vr	e fil sur	oporting	organization,
	17, 2006, has the organization		contril	oution I	om any	of the f	ollowing	person:	s?
(i) A perso	n who directly or indirectly		tonethe	r with n	orconc c	locariba	din (i)	and (III)	Yes No
	n who directly or indirectly he governing body of the		·····			escribe	a in (ii)	and (III)	11 g (i)
	member of a person desc								11g (ii)
(iii) A 35% c	controlled entity of a perso	n described in (i) or (ii) a	above?	• • • • • • • •	•••••			• • • • • • • • •	11 g (iii)
	llowing information about		1		1		1		
(i) Name of suppor organization	rted (ii) EIN	 (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) 	organi: column (your g	Is the zation in i) listed in overning ment?	the organ	you notify nization in In (i) of upport?	organiz colur organiz	Is the zation in mn (i) ed in the S.?	(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)	•								-
(C)									
(D)									
(E)									
Total									
BAA For Paperwork Re	eduction Act Notice, see th	he Instructions for Form	990 or 9	90-EZ.		S	Schedule	A (Forr	m 990 or 990-EZ) 2011

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 Schedule A (Form 990 or 990-EZ) 2011
 Taxpayers
 For
 Common
 Sense
 52-1941122

 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	ction A. Public Support						
	ndar year (or fiscal year inning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	947,012.	920,294.	1,075,409.	1,160,123.	1,476,413.	5,579,251.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	947,012.	920,294.	1,075,409.	1,160,123.	1,476,413.	5,579,251.
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)						1,540,984.
	Public support. Subtract line 5 from line 4						4,038,267.
Sec	tion B. Total Support						·
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	947,012.	920,294.	1,075,409.	1,160,123 🗤	1476,413.	5,579,251.
8 . "	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	30,334.	23,993.		23,254.		122 010
9	Net income from unrelated business activities, whether or not the business is regularly carried on.		<u>slic</u>	Dires	- 23,234.	22,652.	122,910.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	PUL					0.
11	Total support. Add lines 7 through 10						5,702,161.
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2						70.82%
1 6 a	33-1/3% support test – 2011. If t and stop here. The organization	he organization di qualifies as a pub	d not check the t licly supported or	oox on line 13, an ganization	d the line 14 is 33	8-1/3% or more, c	heck this box
b	33-1/3% support test – 2010. If t and stop here. The organization	he organization di qualifies as a pub	d not check a bo licly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	33-₩3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts	neets the 'facts-a	nd-circumstances	s' test, check this	hoy and ston her	Evolain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	l-circumstances' t	est. The organiza	tion qualifies as a	box and stop here publicly supporte	e. Explain in Part ed organization	IV how the
	Private foundation. If the organiz	ation did not cheo	ck a box on line 1	3, 16a, 16b, 17a,			
BAA					Sch	edule A (Form 99	0 or 990-EZ) 2011

Page 2

Schedule A (Form 990 or 990	D-EZ) 2011	Taxpayers	For	Common	Sense	

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.)

Sec	tion A. Public Support						
Caler	ıdar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	and membership fees received. (Do not include						() rotar
~	any 'unusual grants.')						
2	Gross receipts from admis- sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
Ŭ	that are not an unrelated trade						
_	or business under section 513.						
4	Tax revenues levied for the						
	organization'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						
7 a	Amounts included on lines 1,						
	2, and 3 received from						
L	disqualified persons.						
Ľ	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.						
8	Public support (Subtract line						
0	7c from line 6.)			1C			
Sec	tion B. Total Support			MID		(Balancia Strata	
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	
	Amounts from line 6	(a) 2007		Etc) 2009	(u) 2010	(e) 2011	(f) Total
	Gross income from interest,						
100	dividends, payments received	AI 10					
	on securities loans, rents,	PUT					
	royalties and income from similar sources						
b	Unrelated business taxable						•
	income (less section 511						
	taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include			1 1 1			
14	gain or loss from the sale of			n I			
	čapital assets (Explain in Part IV.)	·					
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	stop here	tion's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	►□
Sec	tion C. Computation of Put	olic Support P	ercentage				·····
	Public support percentage for 20			e 13. column (f))			00
16	Public support percentage from 2	2010 Schedule A	Part III line 15				
Sec	tion D. Computation of Inv	estment Incon	e Percentage	•			0
	Investment income percentage for				mn (f))		Q,
18	Investment income percentage fr	om 2010 Schedul	e A Part III lino	17			
	33-1/3% support tests - 2011. If						8
130	is not more than 33-1/3%, check	this box and stor	ond not check the here. The organ	ization qualifies a	na line 15 is more	e than 33-1/3%, and	t line 17 ►
b	33-1/3% support tests - 2010. If	the organization of	did n'of check a h	ox on line 14 or li	ne 19a and line 1	6 is more than 33	1/2% and
	line 18 is not more than 33-1/3%	, check this box a	ind stop here. The	e organization qua	alifies as a public	y supported organiz	zation ►
20	Private foundation. If the organiz						

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Schedule A (Form 990 or 990-EZ) 2011

52-1941122

Schedule A (Form 990 or 990-EZ) 2011 Taxpayers For Common Sense	52-1941122 Page 4
Part IV Supplemental Information. Complete this part to provide the explanation of the ex	anations required by Part II, line 10; irt for any additional information.
	-,
PUBLIC DISP	
<u>Y</u> <u>Y</u>	
	· · · · · · · · · · · · · · · · · · ·
<u></u>	

Schedule A (Form 990 or 990-EZ) 2011

TEEA0404L 05/25/11

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SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No. 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2011
	► Complete if the organization is described below.	Oncer to Dublic
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.	Open to Public Inspection
 Section 501(c)(3) Section 501(c) (ot Section 527 organ 	nswered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaig organizations: Complete Parts I-A and B. Do not complete Part I-C. ther than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete nizations: Complete Part I-A only.	Part I-B.
 Section 501(c)(3) 	aswered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activiti organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A.	Do not complete Part II-B.
ran II-A.	organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part	•
 Section 501(c)(4). 	swered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy . (5), or (6) organizations: Complete Part III.	/ Tax), then
Name of organization		dentification number
Taxpayers For	Common Sense 52-19	41122
Part I-A Comple	te if the organization is exempt under section 501(c) or is a section 527 or	ganization.
 Provide a descri 	iption of the organization's direct and indirect political campaign activities in Part IV.	
2 Political expendi	itures	►\$
3 Volunteer hours		
Part I-B Comple	te if the organization is exempt under section 501(c)(3).	
1 Enter the amour	nt of any excise tax incurred by the organization under section 4955	.►\$ 0.
2 Enter the amoun	nt of any excise tax incurred by organization managers under section 4955	.►\$0.
3 If the organization	on incurred a section 4955 tax, did it file Form 4720 for this year?	Yes No
4a Was a correction	n made?	Yes No
b If 'Yes,' describe	e in Part IV.	
Part I-C Comple	te if the organization is exempt under section 501(c) , except section 501(c)(3).
 Enter the amount 	nt directly expended by the filing organization for section 527 exempt function activities.	·►\$
2 Enter the amoun function activities	nt of the filing organization's funds contributed to other organizations for section 527 exempt	►\$
mie 170	nction expenditures. Add lines 1 and 2. Enter here and on Form 1/20-POL,	► \$
4 Did the filing org	anization file Form 1120-POL togethic year	
5 Enter the names organization mac amount of politic segregated fund	, addresses and employer identification number (EIN) of all section 527 political organization de payments. For each organization listed, enter the amount paid from the filing organization al contributions received that were promptly and directly delivered to a separate political orga or a political action committee (PAC). If additional space is needed, provide information in P	s to which the filing s funds. Also enter the anization, such as a separate art IV.
(a) Name	(b) Address (c) EIN (d) Amount paid from organization's func If none, enter-0-	filing (e) Amount of political
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C	

Schedule C (Form 990 or 990-EZ) 20	11 Taxpavers F	'or Common Sense		52-1941	122 Page 2
Part II-A Complete if section 501	the organizatio	n is exempt under see	ction 501(c)(3) and	filed Form 5768 (ele	ection under
		ongs to an affiliated group	(and list in Part IV each	affiliated group member	's name
address	, EIN, expenses, an	d share of excess lobbying	expenditures).	innated group member	s hame,
B Check ► if the fili	ng organization che	cked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ing Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit				talana and a second	
		egislative body (direct lobb			
		nd 1b)		0.	0.
				1,339,678.	
		nes 1c and 1d)		1,339,678.	0.
f Lobbying nontaxable ar both columns.	mount. Enter the arr	ount from the following tab	ole in	208,968.	
If the amount on line 1e, co	lumn (a) or (b) is:	The lobbying nontaxable a	mount is:	<u> anna an ann an an</u>	
Not over \$500,000		20% of the amount on line 1e.		gan in secondaria	a esta de la compañía
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	\$225,000 plus 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000		\$1,000,000.			the second second
		of line 1f)		52,242.	0.
		s, enter -0 , enter -0		0.	0.
				0.	0.
section 4911 tax for this	s year?	her line 1h or line 1i, did th		<u> </u>	Yes No
(Som	e organizations tha column	4-Year Averaging Period U t made a section 501(h) ele s below. See the instructio	nder Section 501(h) ection do not have to co ons for lines 2a t <u>h</u> rough	mplete all of the five	
		ying Expenditures During		Share And	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	0 (;) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	168,18	158,303.	175,540.	208,968.	710,998.
b Lobbying ceiling amount (150% of line	- Y *				
2a, column (e)) c Total lobbying					1,066,497.
expenditures				· · · ·	0.
d Grassroots nontaxable amount	42,04	7. 39,576.	43,885.	52,242.	177,750.
e Grassroots ceiling amount (150% of line 2d, column (e))					266,625.
f Grassroots lobbying expenditures					0.
BAA		· · ·		Schedule C (Form 9	990 or 990-EZ) 2011

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Page 3

Schedule C (Form 990 or 990-EZ) 2011 Taxpayers For Common Sense 52-1941122 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
of the lobbying activity.	Yes	No	Amount	
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:				
a Volunteers?	L			
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	·			
i Other activities?				
j Total. Add lines 1c through 1i.				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	840196.3.	Führenden		
b If 'Yes,' enter the amount of any tax incurred under section 4912		(A. 200)		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		1000		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	STATE:	1924-2029-5		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(section 501(c)(6).	(c)(5)	, or	<u>.</u>	
		•••	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?			2	
3 Did the organization agree to carry over lobbying and political expenditures from the agent wear?			2	
Part III-B Complete if the organization is exempt under section 501(c)(4); sectio	R (b)	Part	III-A, line 3, is	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	6	3	· · · · · · · · · · · · · · · · · · ·	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politi expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa Also, complete this part for any additional information.	rt II-A;	and F	Part II-B, line 1.	
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Schedule C (Form 990 or 990-EZ) 2011

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JZ. –		~	4			1	1.

Schedule C (Fo	orm 990 or 990	-EZ) 2011	Taxpayers	For	Common	Sense
Part IV	Supplem	ental I	Information	(conti	nued)	

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DUBLIC DISPL
PUBLIC DISPL.
PUBLIC DISP
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Schedule C (Form 990 or 990-EZ) 2011

TEEA3204L 06/14/11

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SCHEDULE D	-				OME	No. 15
(Form 990)		plemental Finance				201
Department of the Treasury	► Comple Part IV, lines	ete if the organization and 6, 7, 8, 9, 10, 11a, 11b, 1	swered 'Yes,' to Form 1c. 11d. 11e. 11f. 12a.	990, or 12b.	-	en to F
nternal Revenue Service	► Att	s 6, 7, 8, 9, 10, 11a, 11b, 1 ach to Form 990. ► See	separate instructions	· · · · · · · · · · · · · · · · · · ·	Ins	oectio
anna an an an gannadaan					Employer identificati	on num
Taxpayers For	Common Sense				52-1941122	
Part I Organizat	ions Maintaining Dono	r Advised Funds or	Other Similar Fun	ds or Acco	ounts. Comple	te if
	zation answered 'Yes' f					
1 Total number at e	end of year	(a) Donor adv	ised tunds	(b) Fi	unds and other a	cour
	putions to (during year)					
3 Aggregate grants	from (during year)					
4 Aggregate value	at end of year					
5 Did the organizat	ion inform all donors and do anization's property, subject	nor advisors in writing tha	at the assets held in de	onor advised		ſ
					Yes	l
used only for cha	ion inform all grantees, donc ritable purposes and not for	the benefit of the donor o	r donor advisor, or fo	any other		
purpose conterrir	ig impermissible private ben	efit?				
Part II Conservat	tion Easements. Comp	lete if the organizatio	on answered 'Yes'	to Form 99	90, Part IV, lin	e 7.
	nservation easements held b					
	of land for public use (e.g., i	recreation or education)			ally important land	larea
	natural habitat		Preservation of	of a certified h	nistoric structure	
	of open space	an hald a string t				
last day of the tax	a through 2d if the organizati k year.	on neid a qualified consei	rvation contribution in	the form of a	conservation ea	seme
				J B	eld at the End of	the 1
a Total number of c	conservation easements					
b Total acreage res	tricted by conservation ease	ments		20	•	
c Number of conser	vation easements on a certi	fied historic structure inclu	uded in a.	2c		
d Number of conser	vation easements included i	n (c) acquired after 8/1	A AND	ric		
structure listed in	the National Register			2d		
3 Number of conser tax year ►	vation easements modified,	transferred, released, ext	inguished, or terminal	ed by the org	anization during	he
	where property subject to					
				_		
5 Does the organiza and enforcement	ation have a writter policy re of the conservation easemen	garding the periodic moni	toring, inspection, har	ndling of viola	itions, Yes	Г
6 Staff and voluntee	er hours devoted to monitorin	ng, inspecting, and enforc	ing conservation ease	ments during	the year	L
▶						
7 Amount of expens ►\$	ses incurred in monitoring, ir	specting, and enforcing c	conservation easemen	ts during the	year	
	vation easement reported or	line 2(d) above esticts ti	o roquiromente of	ation		
170(h)(4)(B)(i) an	d section 170(h)(4)(B)(ii)?		ne requirements of se	ULIOF1	Yes	Г
9 In Part XIV. describ	be how the organization reports	conservation easements in	tits revenue and expen	sa statement		∟ and
include, if applica conservation ease	ble, the text of the footnote t	to the organization's finan	cial statements that d	escribes the o	organization's acc	ount
Part III Organizat	ions Maintaining Colle	ctions of Art, Histori	cal Treasures, or	Other Sim	ilar Assets.	
Complete	if the organization answ	wered 'Yes' to Form S	990, Part IV, line	8.		
1a If the organization	elected, as permitted under	SFAS 116 (ASC 958), no	ot to report in its rever	nue statement	t and balance she	et w
art, instorical trea	sures, or other similar assets ext of the footnote to its finar	s neid for nunlic exhibition) education or resear	ch in furthera	ince of public ser	/ice,
				. 4 . 1		
instoncal treasure	elected, as permitted under s, or other similar assets he	d for public exhibition. ed	lucation, or research in	statement and 1 furtherance	d balance sheet v of public service	orks/
tollowing amounts	relating to these items:					2014
	uded in Form 990, Part VIII,					
					►Ś	
(ii) Assets include	ed in Form 990, Part X					
(ii) Assets include2 If the organization	ed in Form 990, Part X received or held works of a	rt. historical treasures. or	other similar assets for			llowir
(ii) Assets include2 If the organization amounts required	ed in Form 990, Part X received or held works of a to be reported under SFAS	rt, historical treasures, or 116 (ASC 958) relating to	other similar assets for these items:	or financial ga	ain, provide the fo	llowir
(ii) Assets include2 If the organization amounts requireda Revenues included	ed in Form 990, Part X received or held works of a	rt, historical treasures, or 116 (ASC 958) relating to 1	other similar assets for these items:	or financial ga	ain, provide the fo ►\$	llowi

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Schedule D (Form 990) 2011 Taxpa	ayers For Co ining Collection	ommon Sense	prical Treasures		41122	ontin	Page 2
3 Using the organization's acquisit							
items (check all that apply):	, ,					5 0010	CUON
	ationa		<u> </u>				
4 Provide a description of the orga		ons and explain ho	w they further the orga	nization's exempt purp	ose in		
5 During the year, did the organiza	tion solicit or rece	eive donations of ar	t, historical treasures,	or other similar		ī	
Part IV Escrow and Custodia	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Provide the estimated preconsult or receive donations of art, historical treasures, or other similar assets to be solid to raise funds to be maintained as part of the organization's collection? Yes Step or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not Included on Form 990, Part X2. If 'Yes,' explain the arrangement in Part XIV and complete if the organization's exempt purpose in Part XV. We Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part X, line 21. If 'Yes,' explain the arrangement in Part XIV. We Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10. (a) Durrent year (b) Prior year (c) Two years back (d) Three years back (o) Prior year (c) Two years back (d) Three years back (d) Three years back (d) Prior year (c) Two years back (d) Three years back (d) Prior year (c) Two years back (d) Three years back (d) Prior year (c) Two years back (d) Three years back (d) Prior year (c) Two years back (d) Three years back (d) Prior year (c) Two years back (d) Three years back (d) Prior year (d) Prior year (c) Two years back (d) Three years back (d) Prior year (d) Prior year (c) Two years back (d) Three years back (d) Prior (d) Description of the organization that are held and administered for the (f) wearbace (f) related organizations (f) related organization (f) related organizations (f) related organization) Par	<u>No</u>				
line 9, or reported an	Public exhibition d Chain or exchange programs childrey research Preservation for future generations Trovide a description of the organization's collections and explain how they further the organization's exempt purpose in art XW. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sets to be solicit or receive donations of art, historical treasures, or other similar sets to be solicit or receive donations of art, historical treasures, or other similar sets to be solicit or receive donations of art, historical treasures, or other similar sets to be solicit or receive donations of art, historical treasures, or other similar sets to be solicit or receive donations of art, historical treasures, or other similar sets to be solicit or receive donations of art, historical treasures, or other similar sets to be solicit or reported an amount on Form 990, Part X, line 21. Set organization an agent, trustee, custodian, or other intermediary for contributions or other assets not cludidions during the year. defining balance. defining of year balance. definite the organization subalabance (line 1g, column (a)) beld as:	5, i ai	ι,,				
1 a is the organization an agent, trus	stee, custodian, o	other intermediary	for contributions or ot	her assets not		·	
included on Form 990, Part X?		- 			. 🗌 Yes	. [No
b If 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ing table:				
5					Amour	t	
							<u> </u>
		90, Part X, line 21:		• • • • • • • • • • • • • • • • • • • •	Yes	L	No
Part V Endowment Funds Co	mplete if the c	vrganization and	wered 'Ves' to For	m 000 Port IV lir	10		
						Four yoo	ra baak
1a Beginning of year balance	(a) ourront your			(u) Thee years back		roui yea	IS DACK
					- 100 D.X. 1993-199		na anna anna anna anna anna anna anna
and losses							
d Grants or scholarships							
e Other expenditures for facilities			AGPI				
					a significant use of its colle exempt purpose in nilar Yes Yes' to Form 990, Pa not Yes Arnount Yes Part IV, line 10. Tree years back (e) Four yes (c) Four yes (aan 1997 (ni sa
					he Yes ary Jack (d) Book va (d) Book va (f) Book va (
	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sested to be solid to raise funds rather than to be maintained as part of the organization soliciton? Ives Bit Me Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990 Inc 9, or reported an amount on Form 990, Part X, line 21. Ives a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X2. Ives b If Yes,' explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance. 1c d Additions during the year. 1e e Distributions during the year. 1e f Ending balance. 1f g Ind the organization include an amount on Form 990, Part X, line 217. Ives b If Yes, 'explain the arrangement in Part XIV. Ives if Ves if a login the arrangement in Part XIV. if Ves if a login the arrangement in Part XIV. if Yes, explain the arrangement in Part XIV. if a login the arrangement in Part XIV. if Yes, explain the arrangement in Part XIV. if a login the arrangement in Part XV. if Yes, explain the arra						
	e Other						
		Je le			lar Yes es' to Form 990, Part ot ot Amount Amount Yes art IV, line 10. eyears back (e) Four years art IV, line 10. eyears back (e) Four years art IV, line 10. eyears back (e) Four years art IV, line 10. art IV, line 10. eyears back (e) Four years art IV, line 10. art IV, line 10. eyears back (e) Four years art IV, line 10. eyears back (e) Four years art IV, line 10. art IV art IV, line 10. art IV back (e) Four years art IV, line 10. art IV art IV art IV		
	5	0.				e of its collection in Yes N 990, Part IV Yes N Mount Yes N 0. (e) Four years back (c) Four years back (
		6				(continued) of its collection of its collection of (es No 290, Part IV (es (res No (es (es No (es (e) Four years bac (e) Four years bac (e) Four years bac (fes No (e) Four years bac (b) Four years bac (c) Four years bac (b) Four years bac (c) Four year	
3a Are there endowment funds not in organization by:	n the possession	of the organization	that are held and adm	inistered for the	ſ		N-
5					20(1)	res	NO
							<u> </u>
				•••••••••••••••••••••••••••••••••••••••			<u>.</u>
Part VI Land, Buildings, and E	quipment. Se	e Form 990, Pa	rt X. line 10.	· · · · · · · · · · · · · · · · · · ·			
		ost or other basis	(b) Cost or other	(c) Accumulated	(d) (Book va	alue
1 a Land		,			-		
				annan an that is an an the state of the set of the			
c Leasehold improvements							········
d Equipment			44,105.	36,733.		7	,372.
e Other							
Total. Add lines 1a through 1e. (Colum	n (d) must equal i	Form 990, Part X, o	column (B), line 10(c).)			7	,372.
BAA					dule D (F		

Schedule D (Form 990) 2011 Taxpayers For Comm	non Sense	52-1941122 Pa	ge 3
Part VII Investments - Other Securities. See	Form 990, Part X, li	ine 12. N/A	<u>ge 5</u>
(a) Description of security or category	(b) Book value	(c) Method of valuation:	
(including name of security) (1) Financial derivatives		Cost or end-of-year market value	
(2) Closely-held equity interests	· · ·		
(3) Other			
(A)			
(B)			
 _(E)			
<u>(G)</u>			
<u>(H)</u>			
_(!)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ►			
Part VIII Investments - Program Related. See	Form 990, Part X, I	line 13. N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
(1)		Cost or end-of-year market value	<u> </u>
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			
(4)			
(5)		· ·	
(6)			
(7)	· ·		
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.). ►		GPP	
Part IX Other Assets. See Form 990, Part X, I			
	scription	(b) Book value	
(1)			
	•		
(4)			
(5) (6)			
(7)			
(8)		P	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)	•	
Part X Other Liabilities. See Form 990, Part >	(, line 25.	······································	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Sublet security deposit	1,000	<u>.</u>	
(3)		\neg	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	▶ 1,000).	

2 FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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	edule D (Form 990) 2011 Taxpayers For Common Sense	52-1941122	2 Page 4
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,535,815.
2	Total expenses (Form 990, Part IX, column (A), line 25).		1,371,692.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		164,123.
4	Net unrealized gains (losses) on investments.		-1,957.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.).		
9	Total adjustments (net). Add lines 4 through 8		-1,957.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		162,166.
Pa	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
	Total revenue, gains, and other support per audited financial statements		1,533,858.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,000,000.
	Net unrealized gains on investments	57	
	Donated services and use of facilities		
	Recoveries of prior year grants		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d.	2e	-1,957.
	Subtract line 2e from line 1		1,535,815.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1/000/010.
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b.	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,535,815.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	1/000/010.
	Total expenses and losses per audited financial statements		1,371,692.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Ł	Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV.) 2d Add lines 2a through 2d 2d Subtract line 2e from line 1 1000000000000000000000000000000000000		
c	Other losses		
c	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d.	2e	
3	Subtract line 2e from line 1		1,371,692.
4	Amounts included on Form 990, Par IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
L,	Other (Describe in Part XIV.)		
ç	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	1,371,692.
	t XIV Supplemental Information		
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	rt IV, lines 1b and	d 2b;
anya	additional information.	plete this part to	provide
			•
	, 		
	· · · · · · · · · · · · · · · · · · ·		

Schedule D (Form 990) 2011 Taxpayers For Common Sense	<u> </u>
Schedule D (Form 990) 2011 Taxpayers For Common Sense Part XIV Supplemental Information (continued)	_
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Attnent of the Treasury Complete if the one of the organization and Revenue Service e of the organization te of the organization te of the organization txpayers For Common Sense (Complete if the organization) Itemative (a) Name, address, and ElN of disregarded entity Itemative (a) Itemative (a) Itemative (b) Itemative (c) Itemative	rganization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. • See separate instructions. if the organization answered 'Yes' to Form 990, Part IV, lin Primary activity Legal domicile (state Total income or foreign country)	es' to Form 990, Part IV, line - See separate instructions. answered 'Yes' to Forn Legal domicile (state or foreign country)		/, line 33, 34, 35, 36, or 37. tions. Form 990, Part IV, line			Open to Public Inspection
Name of the organization Common Sense Taxpayers For Common Sense Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' Name, address, and ElN of disregarded entity Primary activity Legal dom(c) or foreign c (1) Image: Second	the organization Primary activity	answered 'Yes Legal domi- or foreign		, Part IV, line			
Identification of Disregarded Entities (Complete if Name, address, and ElN of disregarded entity Name, address, and ElN of disregarded entity	the organization Primary activity	answered 'Yes Legal domic or foreign		, Part IV, line	Emp 52	Employer identification number 52-1941122	on number
	Primary activity	Legal domic or foreign			33.)		
				(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
		IJ	LA JUS				
Partill Identification of Related Tax-Exempt Organizations (Complete if the one or more related tax-exempt organizations during the tax wear	s (Complete if the	ne organization answered 'Yes' to Form 990, Part IV, line 34 because it had	answered 'Ye	s' to Form 99(), Part IV, I	ine 34 bec	ause it had
Name, address, and EIN of related organization Prima	Legal Legal	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity status (if section 501 (c)(3))		(f) Direct controlling entity	g Sec 512(b)(13) controlled entity? Yes No
(1) Taxpayers for Common Sense Action 651 Pennsylvania Avenue, SE Mashington, DC 20003 -52-2071292 reso	Discourage waste of government resources	DC	501 (c) (4)			N/A	
(3) 							
(4) 							

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Schedule R (Form 990) 2011 Taxpayers For Common Se Part III Identification of Related Organizations Taxa	Taxpayers Fo	For Common	inse ble as	a Partnership (Complete if the		52-1941122 organization answered 'Yes' to Form 990. Part IV. line	vered 'Yes'	52-1 to Form 990	52-1941122 990 Part IV lin	Page 2
ecause it had o	one or more re	lated orga	inizations treat	ed as a partner		tax year.)				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	() Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(K) Percentage ownership
					ţ	7				
entification of ne 34 because	Identification of Related Organizations Taxal line 34 because it had one or more related or	nizations nore relat	Taxable as a C ed organization	ble as a Corporation or Trust ganizations treated as a corp	(Completed)	s if the organization answ trust during the tax year.)	ttion answei tax year.)	he organization answered 'Yes' to Form 990, Part IV, during the tax year.)	rm 990, P	art IV,
address, and ElN	(a) Name, address, and ElN of related organization	zation	Primary activity	Legal domicit Gare on oreig country)	Direct Direct controlling entity	(C corp, S cor	Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
)) 							-
				TEEA5002L	05/24/11			Sch	Schedule R (Form 990)	n 990) 2011

Schedule R (Form 990) 2011 Taxpayers For Common Sense	52-1941122	Page 3
Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)	art IV, line 34, 35, 35a, or 36.)	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedu During the tax year did the organization engage in any of the following trans.	24703	Yes
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity b Gift. grant. or capital contribution to related organization(s).		1a X 1 b X
c Gift, grant, or capital contribution from related organization(s).		
		X
e Loans of Ioan guarantees by related organization(s)		le X
f Sale of assets to related organization(s)		1f X
 h Exchange of assets with related organization(s). i Lease of facilities, equipment, or other assets to related organization(s). 		1h X 1i X
J Lease of lacilities, equipment, of other assets from related organization(s)		1] X V V
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		×
•		1n X .
• Reimbursement paid to related organization(s) for expenses		10 X
		1g X
r Other transfer of cash or property from related organization(s) v v v v v v v v v v v v v v v v v v		1r X
(b) Name of other organization Type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Taxpayers for Common Sense Action d	102,916. Cash	
		·
(5)		
(6)		
BAA TEEA5003L 05/24/11	Schedule R (F	Schedule R (Form 990) 2011

Remarking Unrolated Organizations Taxable as a Partnership (Complete if the organization answered Yres' to Form 990, Part IV, line 37). Percend the Valency Informations Taxable as a Partnership (Complete if the organization concentration answered Yrea in the predict first activities (neared of by total scale of organization concentration) and the reserved the valence in the analysis of the concentration of the activities (neared of by total scale of organization concentration) and the reserved the valence in the analysis of the concentration of the activities (neared of by total scale of organization concentration) and the reserved the valence in the analysis of the interval scale of the activities (neared of by total scale of organization concentration) and the reserved the activities (neared of by total scale of organization concentration) and the reserved the activities (neared of by total scale of organization) and the reserved the activities (neared of by total scale of organization) and the reserved the activities (neared of by total scale of organization) and the reserved the activities (neared of by total scale of organization) and the reserved the activities (neared of by total scale of organization) and the reserved total scale of the activities (neared of by total scale of organization) and the reserved of the activities (neared of by total scale of organization) and the reserved of the activities (neared of by total scale of organization) and the reserved of the activities (neared of by total scale of organization) and the reserved of the activities (neared of by total scale of organization) and the nearest of the activities (neared of by total scale of organization) and the nearest of the activities (neared of by total scale of organization) and the nearest of the activities (neared of by total scale of organization) and the nearest of the activities (neared of by total scale of organization) and the nearest of the activities (neared of by total scale of organization) and the nearest of the neare

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Schedule R	(Form 990) 2011 Page	e 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R	
	(see instructions).	
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Schedule R (Form 990) 2011

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	s on	OMB No. 1545-0047 2011 Open to Public Inspection
Name of the organization <u>Taxpayers</u> For C	ommon Sense	Employer identification 52-1941122	number
Form 990, Part	III, Line 1 - Organization Mission		
<u>Mission T</u>	axpayers for Common Sense (TCS) is a 501(c)(3) non-	<u>-partisan bud</u>	lget
watchdog_ser	ving as an independent voice for American taxpayers	<u>s. Our missi</u>	<u>on is to</u>
achieve_a_go	vernment that spends taxpayer dollars responsibly a	and operates	within
its_means	We work with individuals, policymakers, and the med	<u>dia to increa</u>	.se
transparency	, expose and eliminate wasteful and corrupt subsidi	<u>ies, earmarks</u>	and
corporate_we	lfare, and hold decision makers accountable.		
<u>Goals TCS</u>	seeks to ensure that the federal government spends	<u>s taxpayer do</u>	<u>llars</u>
efficiently_	and effectively by:	- 	
1Eliminati	ng wasteful and harmful programs and substdies;		
2Increasin	g government transparency and accountability relate	ed to the fed	eral
budget_an	d_appropriations process; and		_
3Developin	g and promoting solutions to prevent irresponsible	spending	_
Form 990, Part	III, Line 4d - Other Program Services Description		
Water_and_In	frastructure Program - TCS works to eliminate unnec	cessary_and	
ill-conceive	d infrastructure projects and policies through targ	geted efforts	on Army
<u>Corps of Eng</u>	ineers, transportation systems, drinking water and	wastewater	
infrastructu	re, and federal subsidization of western water reso	ources	
Form 990, Part	VI, Line 11b - Form 990 Review Process	·	
The Form 990	is reviewed by the Board of Directors, the Preside	ent, Treasure	r and
Accountant b	efore it is filed, and the preparer makes any chang	ges that are	
recommended	as a result of those reviews.		

Schedule 0 (Form 990 or 990-EZ) 2011	Page 2
Name of the organization Taxpayers For Common Sense	Employer identification number 52-1941122
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
Board members submit an annual conflict of interest policy com	pliance statement,
requiring them to acknowledge that they have received, read, and	nd understand the
conflict of interest policy, that they agree to comply by its	terms, and to note any
potential or actual conflicts. The compliance statements are	reviewed by the Board
Chair and/or the President of TCS.	-
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	Exec. Dir., or Top Mgtment
The Organization's Board of Directors reviewed comparability da	ata and as a Board
approved the compensation of the President.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The annual information return Form 990 is made public online the	nrough Guidestar and
upon request directly to our office. The governming documents	and conflict of
interest policy may be provided to the public at the discretion	of management.
interest policy may be provided to the public at the discretion 	
pUP	
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Schedule O (Form 990 or 990-EZ) 2011

TEEA4902L 07/14/11

2011	Schedule O - Supplemental Information	Page
	Taxpayers For Common Sense	52-194112
Form 990, Part XI, L Other Changes in N	Line 5 Net Assets or Fund Balances	
	Gains or Losses on Investments	-1,957. -1,957.
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Form **990**

Return of Organization Exempt From Income Tax

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

Den	artment of t	he Treasury	(except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements.										blic			
Inte	nal Revenu	he Treasury e Service	► The or	Inspectio	n											
Α	For the	2010 calendar	year, or tax ye	ar begin	ning		, 2010,	and endin	ng			,				
в	Check if ap	plicable:								D Employ	/er Identi	fication Number				
	Address change Taxpayers For Common Sense										52-1941122					
	Name	change 65	51 Pennsyl	ľ	E Telepho											
	Initial	return	ashington,	DC 2	0003				202	-546-	-8500					
	Termi	nated							ŀ							
	Amen	ded return								G Gross r	ocointe ¢	1 1 8 3	3,377.			
	Applic	ation pending F	Name and address	of principa	officer: R	yan Alex	ander		H(a) Is this a							
			ame As C Al		,	1	andor		H(b) Are all a			Yes				
ī	Tax-exer			01(c) () • ((insert no.)	4947(a)(1) or	527	If 'No,' a	ittach a list.	(see inst	ructions)				
J	Websi		taxpayer.r					027	H(c) Group e	vernation n	imbor Þ					
ĸ				rust	Association	Other ►		ear of Formal			·····	gal domicile: D	~			
Pa	a the state of the	Summary			, 199001011	Outer		·		111		gar uomiche. Di				
Charlest of Charlest	1 Br	iefly describe	the organizatior	n's missi	on or most	significant a	activities: TC	Sisd	edicate	ot be	Cut t	ing wast				
e U	s	pending a	nd subsidi	les ir	n order	to achi	eve a reg	sponsit	ole and	effic	ient	dovernm	ent			
anc	t	hat opera	tes within	n its	means.			- <u>Pouch</u>			<u>, TOTIC</u>					
Activities & Governance																
Ň		eck this box 🕨	if the org	anizatio	n discontin	ued its opera	ations or dispo	osed of mo	ore than 25	% of its	net ass	 sets.				
ల ళ	3 Nu	mber of voting	g members of th	ne gover	ning body	(Part VI, line	a 1a)	· · · · · · · <i>·</i> · · · ·			3		8			
es	4 Nu	mber of indep	endent voting n	nembers	s of the gov	erning body	(Part VI, line	1b)		· · · · · · · ·	4		8			
iviti	5 To	tal number of	individuals emp	loyed in	calendar y	/ear 2010 (P	art V, line 2a))			5		14			
Act	7 a To	tal number of	volunteers (esti pusiness revenu	imate in	necessary)				•••••		6		0			
	b Ne	t unrelated hu	siness taxable	income t	from Form	990-T line 3	ие т∠	• • • • • • • • • • • •		••••	7a 7b		0.			
						<u>550 i j inte e</u>				or Year	7.0	Current \				
	8 Co		,075,4	09),123.										
Revenue			d grants (Part V revenue (Part V						· · ·	1010/1			,120.			
ver			ne (Part VIII, co							-1,6	95.	2	2,797.			
å			Part VIII, columr						20,8			,457.				
	12 To	tal revenue –	add lines 8 thro	ough 11,	(musteque	I Par VIII, c	olumn (A), lir	ne 12)	. 1	,094,5			3,377.			
	13 Gr	ants and simil	ar amounts pair	Part I	& column	A), lines 1-3	3)									
	14 Be	nefits paid to	or for members	anux	column (A), line 4)										
~	15 Sa	laries, other c	ompensation, 🖥	pensation, employee benefits (Part IX, column (A), lines 5-10)							94.	752	,539.			
sec	16a Pro	ofessional fund	draising fees (P	art IX, c	olumn (A),	line 11e)						·····				
Expenses			expenses (Par													
ŭ			(Part IX, columr							265,4	22	204	,915.			
			Add lines 13-17							930,1			, <u>915.</u> , 454.			
			penses. Subtrac							164,4			, <u>434</u> .			
አ \$		101120 1000 04				14			Beginning			End of Y				
ete	20 Tot	tal assets (Par	rt X, line 16)							647,7			,263.			
Ase I Ba			Part X, line 26).							58,6			, <u>203.</u>			
Net Assets or Fund Balances			id balances. Su						·	589,1			,116.			
		Signature E		budet in						<u> </u>	04.	/41	,110.			
1				od this rotu	ro, including a	companying co	hodulos and stator	monto and to	the best of m			A 14 1- 4				
com	plete. Decla	ration of preparer	e that I have examine other than officer is	based on	al information	of which prepare	er has any knowled	dge.	the best of my	Knowledge	and belle	a, it is true, corre	st, and			
		AN	10- 1	21	L											
Sig	n	Signature of	officer						Date							
He	re	🕨 Ryan A	Alexander						Presi	dent						
		Type or print	t name and title.									·				
	Print/Type preparer's name Preparer's signature Date								Check X	if P	TIN					
Pai	d	Harvey E	. Jester					9/10/		elf-employe	- 1	I/A				
Pre	parer	parer Firm's name ► Harvey E. Jester, CPA									l -	·				
Us	e Only	Firm's address	► 2841 Woo			9			F	irm's FIN	► N/A					
			Falls Ch							Firm's EIN ► N/A Phone no. (703) 241-2418						
May	the IRS	discuss this re	eturn with the p				tructions)				<u>,,,,,</u> ,	X Yes	No			
											<u>····</u>	147 163				

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

OMB No. 1545-0047

2010

Form	rm 990 (2010) Taxpayers For Common Sense	52-1941122	2 Page 2
	art III Statement of Program Service Accomplishments		Y
2070303655	Check if Schedule O contains a response to any question in this Par	t III	X
1	1 Briefly describe the organization's mission:		
	See Schedule 0		
2	2 Did the organization undertake any significant program services during the	vear which were not listed on the prior	
-	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on Schedule O.		
2	3 Did the organization cease conducting, or make significant changes in how	it conducts, any program services?	Yes X No
5	If 'Yes,' describe these changes on Schedule O.		
4		area largest program services by expenses. S	ection $501(c)(3)$
4	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	port the amount of grants and allocations to o	others, the total
	expenses, and revenue, if any, for each program service reported.		
			<u></u>
4a	4a (Code:) (Expenses \$ 652,786. including grants of	\$) (Revenue \$)
	Environment Program - TCS works to eliminate en	vironmentally harmful and was	steful
	spending on issues including energy, public lan	ds, and agriculture.	
	4b (Code:) (Expenses \$ 116,817. including grapsof) (Revenue \$	١
41	National Security Reform Program - TCS morks f	$\phi_{$	<u>~ II S</u>
	military at a reasonable cost to taxaayens.		9 0.0.
	military at a reasonable cost to tax avers.		
		- 	
			·····
40	4c (Code:) (Expenses \$ 84,114. including grants of)
	Water and Infrastructure Program - TCS works to		
	ill-conceived infrastructure projects and polic		<u>on Army</u>
	Corps of Engineers, transportation systems, dri		
	infrastructure, and federal subsidization of we	stern water resources.	
4	4d Other program services. (Describe in Schedule O.) See Sche	dule 0	·
	(Expenses \$ 70,192. including grants of \$) (Revenue \$)
4	4e Total program service expenses ► 923, 909.	· · · · · · · · · · · · · · · · · · ·	/
BAA		······································	Form 990 (2010)

Form 990 (2010) Taxpayers For Common Sense Part IV Checklist of Required Schedules

E C		~ •	 4 0	~
- 5ž	2-1	94	12	2

Ρ	ade	3
1	ayu	•

			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? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? / '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.			
ä	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		<u>X</u>
	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 Schedure D, Part VII.	11 c		X
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule Part V.	11 d		X
	Did the organization report an amoun for other habilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		<u>X</u>
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		X
17	column (A), lines 6 and 11e? If Yes, complete Schedule G, Part I (see instructions).	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>	19		X
20 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010)

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Form	990 (2010) Taxpayers For Common Sense 52-194112	2	P	age 4
Par	tIV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and IL</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J</i> .	23		x
24 a	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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i> .	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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Party	28a		X
t	A family member of a current or former officer, director, trustee, or key employees in the second seco	28b		х
c	An entity of which a current or former officer, director, trustee they employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes, 'komplete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 mono-cash commoutions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of an initiation of the sures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Substant M.	30		x
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		X
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
a	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			
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 ((2010)

Form 990 (2010) T	axpayers For Common Sense	52-194112	2	I	Page 5
Part V Stateme	nts Regarding Other IRS Filings and Tax Compliance				
Check if Se	chedule O contains a response to any question in this Part V				🔲
				Yes	No
1 a Enter the numb	er reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 14			
b Enter the number	er of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		а. 1	
c Did the organiza (gambling) winn	ation comply with backup withholding rules for reportable payments to vendors ings to prize winners?	s and reportable gaming	1 c	X	
2a Enter the numb ments, filed for	er of employees reported on Form W-3, Transmittal of Wage and Tax State- the calendar year ending with or within the year covered by this return	2 a 14			
	reported on line 2a, did the organization file all required federal employment		2b	X	2 128060 0786 A
	of lines 1a and 2a is greater than 250, you may be required to e-file. (see in				
	ation have unrelated business gross income of \$1,000 or more during the year		3a		X
	ed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		3b		
financial accour	ng the calendar year, did the organization have an interest in, or a signature It in a foreign country (such as a bank account, securities account, or other fin	nancial account)?	4a		X
	e name of the foreign country: ►	a			
	for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fi				
	ation a party to a prohibited tax shelter transaction at any time during the tax		5 a		X
	party notify the organization that it was or is a party to a prohibited tax shelte		5b		X
c If 'Yes,' to line 5	ia or 5b, did the organization file Form 8886-T?	·····	5c		
6a Does the organiz solicit any contr	zation have annual gross receipts that are normally greater than \$100,000, ar ibutions that were not tax deductible?	nd did the organization	6a		x
b If 'Yes,' did the not tax deductib	organization include with every solicitation an express statement that such co	ntributions or gifts were	6b		
7 Organizations t	nat may receive deductible contributions under section 170(c).				
a Did the organiza services provide	tion receive a payment in excess of \$75 made partly as a contribution and pa d to the payor?	artly for goods and	7a		x
	organization notify the donor of the value of the goods or services provided?.		7b		
c Did the organiza	tion sell, exchange, or otherwise dispose of tangible personal property or wh		7c		x
d If 'Yes,' indicate	the number of Forms 8282 filed during the year	7 d	e en en	ta de la p	C. CAR
e Did the organiza	tion receive any funds, directly or indirectly, to pay premiums on a personal b	penefit contract?	7e		Х
	tion, during the year, pay premiums directly or indirectly, on a personal bene		7f		X
g If the organization as required?	on received a contribution or quanted intellectual property, did the organization	n file Form 8899	7g		
h If the organization Form 1098-C?	on received a contribution of cars, boats, airplanes, or other vehicles, did the		7h		
8 Sponsoring org supporting organ holdings at any	anizations maintaining donor advised funds and section 509(a)(3) supportin nization, or a donor advised fund maintained by a sponsoring organization, ha time during the year?	g organizations. Did the ave excess business	8		
	anizations maintaining donor advised funds.				
a Did the organiza	tion make any taxable distributions under section 4966?		9a		
b Did the organiza	tion make a distribution to a donor, donor advisor, or related person?	· · · · · · · · · · · · · · · · · · ·	9b		
) organizations. Enter:				
		10a	1 1		
		10b			
	2) organizations. Enter:	1			
		11 a			
against amounts	•	11ь			
	1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
		12b			i i i i i i i i i i i i i i i i i i i
	9) qualified nonprofit health insurance issuers.				
	on licensed to issue qualified health plans in more than one state?		13a		
	structions for additional information the organization must report on Schedule	e O.			
b Enter the amour which the organi	It of reserves the organization is required to maintain by the states in zation is licensed to issue qualified health plans	13b			2.5.980
c Enter the amoun		13D 13c			
	tion receive any payments for indoor tanning services during the tax year?	·····	14a		X
	ed a Form 720 to report these payments? If 'No,' provide an explanation in S		14a 14b		<u> </u>
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Forn	n 990 (2010) Taxpayers For Common Sense 52-1941122		Р	age 6
	tVI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char Schedule O. See instructions.	low, iges	and	
	Check if Schedule O contains a response to any question in this Part VI	<u></u>	<u>.</u>	X
Sec	tion A. Governing Body and Management			
	a Enter the number of voting members of the governing body at the end of the tax year 1a 8 Denter the number of voting members included in line 1a, above, who are independent 1b 8		Yes	No
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders?	5		<u>X</u> X
-	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	- 7a		X
I	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	X	
	b Each committee with authority to act on behalf of the governing body?	8b		<u>X</u>
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
10.		10-	Yes	No X
	a Does the organization have local chapters, branches, or affiliates?	10 a		<u> </u>
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	17	
	a Has the organization provided a copy of this Form 990 to all members of its poverning body before filing the form? b Describe in Schedule O the process, if any, used by the organization or reveal this Form 990. See Schedule O	11 a	X	
	a Does the organization have a written conflict of interest poincy? If No, go to line 13	12a	X	
	• Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
(c Does the organization regularly and constitutive monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	
	Does the organization have a written whistleblower policy?	13	X	
	Does the organization have a written document retention and destruction policy?	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See . Schedule0	15a	X	
	b Other officers of key employees of the organization	15a 15b	^	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			2.233
16;	a 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		X
. 1	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vailabl	e for	oublic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public. See Schedule O	icy, ar	nd fina	ncial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the org		ion:	

Form 990 (2010)

Form 990 (2010) Taxpayers For Common Sense	52-1941122 Page 7
Part VII Compensation of Officers, Directors, Trustees,	Key Employees, Highest Compensated Employees.
and Independent Contractors	
Check if Schedule O contains a response to any question in	this Part VII

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

1 a 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.

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

(A)	(B)			((C)			(E)	(F)	
Name and title	Average hours per week				·····	that app 말 표		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from	Estimated amount of other
	(describe hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization
· ·	related organiza- tions in	ior ial Fr	onal		ploy	ee				organization and related organizations
	Schedule O)	ıstee	trust		8	Ipens				
			96			ated				
(1) Danielle Brian										
Director	0	X						0.	👞 🖉 0.	0.
<u>(2) Tim Atkin</u>										
Director	0	X						0.	0.	0.
_(3)_David_Terry						_	.	IGPY		
Director	0	X						0.	0.	0.
_(4) <u>Marion Edey</u> Director	0	VS							0	<u> </u>
(5) Kathleen Welch		X				y		0.	0.	· 0 .
Director		\boldsymbol{Q}						0.	0.	0
(6) Courtney Cuff									0.	0.
Chair	0	х						0.	ο.	0.
7 Rob Stuart										<u> </u>
Secretary	0	Х						0.	0.	0.
(8) Mark Smith										
Treasurer	0	Х						0.	0.	0.
_ (9) Ryan_Alexander									49	
President & CEO	40			X				121,000.	0.	5,940.
<u>(10)</u>										
<u>(11)</u>										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)				\dashv						
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Form 990 (2010) Taxpayers For Common Sens	se								52-1941		Page 8
Part VII Section A. Officers, Directors, Trus	tees, k	٢ey	Em	plo	bye	es,	an	d Highest Cor	npensated E	mploy	/ees (cont)
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			he Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fro related organizati (W-2/1099-MISC	ons	Estimated amount of other compensation from the organization and related organizations
(18)											
(19)						·					
(20)								;			
(21)											
(22)											
(23)											
(24)				-							
(25)											
<u>(26)</u>											
(27)							C	PLF	·····		
(28)		ſ	•								
1b Sub-total							•	121,000.		0.	5,940.
c Total from continuation sheets to part VII, Section d Total (add lines 1b and 1c).							•	<u> </u>		0.	<u> </u>
 2 Total number of individuals (including but not limite from the organization ► 1 									\$100,000 in rej		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	individua	al			• • • •	• • • •					Yes No 3 X
4 For any individual listed on line 1a, is the sum of return organization and related organizations greater such individual	than \$15	50,00	0? /	f 'Y	'es'	сот	plet	e Schedule J for	trom		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	compens <i>complet</i>	sation e Sc	n fro hedi	m a <i>ile</i> .	any <i>J foi</i>	unre r <i>su</i> a	elate ch p	d organization or erson	individual	• • • • •	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization.	ted inde	penc	lent	con	ntrac	ctors	; tha	t received more t	han \$100,000 o	f	
(A) Name and business addres	ŝS							(B Description) of services	Co	(C) mpensation
2 Total number of independent contractors (including		limit	ted t	o th	nose	e list	ed a	above) who receiv	ed more than		
\$100,000 in compensation from the organization >	0										NUMBER OF STREET

Form 990 (2010) Taxpayers For Common Sense

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<u>r</u> d	rt vill Statement of Revenue	(A)	(B)	(C) Unrelated	(D)
•		Total revenue	Related or exempt function revenue	business revenue	Revenue excluded from tax under sections 512, 513, or 514
ε.,	1a Federated campaigns 1a 7,844		Tevenue		512, 513, 61 514
INTS	b Membership dues 1b				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events 1c				
	d Related organizations 1 d				
S, G	e Government grants (contributions) 1e				
ION R SI	f All other contributions, gifts, grants, and				
SH F	similar amounts not included above 1f 1,152,279				
ЦЧ Ч	g Noncash contributions included in Ins 1a-1f: \$ 5,121				
ß≰	h Total. Add lines 1a-1f	▶ 1,160,123.			
IUE	Business Code				
S.	2a				
ER	b				
Ĩ,	c			• •	
SE	d				
RAM	e				
PROGRAM SERVICE REVENUE	f All other program service revenue:				
đ	g Total. Add lines 2a-2f.	►			
	3 Investment income (including dividends, interest and other similar amounts)	▶ 2,797.			2 707
	4 Income from investment of tax-exempt bond proceeds.		· · · · · · · · · · · · · · · · · · ·		2,797.
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses.				
	c Rental income or (loss) 20, 457.				
	d Net rental income or (loss)	► \$0,457¢			20,457.
	7a Gross amount from sales of (i) Securities (ii) Other		SPLA		and the second secon
	assets other than inventory.				
	b Less: cost or other basis				
	and sales expenses				
	d Net gain or (loss)				
EVENUE	8a Gross income from fundraising events (not including. \$				
	of contributions reported on line 1c).				
RR	See Part IV, line 18 a				
OTHER R	b Less: direct expenses b	a Rose Caller			
Ĩ	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 a				and a strength of most set
	b Less: direct expenses b	-			
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns			20	
	and allowancesa				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory			 A strategy of the second strateg	
ļ	Miscellaneous Revenue Business Code	(2) Comparison of the second s Second second se			
	¹¹ a				
	b				
ļ	d All other revenue	>			
				<u></u>	
BAA		► 1,183,377.	0.	0.	23,254. Form 990 (2010)
					1 UHH 330 (2010)

	tatement of Functional Expens Section 501(c)(3 All other organizations must comp	3) and 501(c)(4) organiz	ations must complete a not required to complet		<i>(D</i>).
Do not includ 6b, 7b, 8b, 9b	e amounts reported on lines and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants a and orga line 21	nd other assistance to governments nizations in the U.S. See Part IV,				
2 Grants a	nd other assistance to individuals in See Part IV, line 22				
organiza	nd other assistance to governments, ions, and individuals outside the Part IV, lines 15 and 16			En altra de la companya de la company Reference de la companya de la comp	
4 Benefits	paid to or for members				
5 Compens trustees,	ation of current officers, directors, and key employees	126,940.	126,940.	0.	0.
disqualifi section 4	sation not included above, to ed persons (as defined under 958(f)(1)) and persons described 1 4958(c)(3)(B)	0.	0.	0.	0.
	aries and wages.	531,245.	492,116.	23,151.	15,978.
section 4	plan contributions (include 01(k) and section 403(b) contributions)			· ·	<u> </u>
9 Other en	ployee benefits	44,436.	41,753.	1,413.	1,270.
-	axes	49,918.	47,340.	1,326.	1,252.
	services (non-employees):				
+	nent	C 100	F 265		
-		6,193.	5,365.	828.	
	ng	40,440.		40,440.	
, ,	I fundraising services. See Part IV, line 17				
	nt management fees	150.		150.	
		34,423.	21 5 9	1,985.	10,899.
-	ng and promotion		ALDI		· · · · · · · · · · · · · · · · · · ·
13 Office ex	penses	8,444.	7,745.	547.	152.
14 Informati	on technology	14 969.	13,501.	357.	1,111.
		RL			
	cy	107,755.	102,108.	2,993.	2,654.
18 Payment expenses	s of travel or entertainment s for any federal, state, or local icials	11,188.	10,498.	690.	
20 Interest .	ces, conventions, and meetings	5,447.	646.	131.	4,670.
2	s to affiliates	E 600	E 420	1.61	
•	tion, depletion, and amortization	<u>5,680</u> . 5,514.	5,439.	<u> </u>	80.
24 Other ex covered in line 24 of line 25	penses. Itemize expenses not above (List miscellaneous expenses f. If line 24f amount exceeds 10% b, column (A) amount, list line 24f	J, J14.		J, J14.	
	on Schedule O.) ing and Publications	37,345.	32,573.	1,150.	3,622.
	nications	15,435.	14,678.	392.	365.
	ge and Shipping	1,932.	1,668.	259.	5.
d e					
	expenses				
26 Joint cos SOP 98- only if th (B) joint	tional expenses. Add lines 1 through 24f sts. Check here ► if following 2 (ASC 958-720). Complete this line e organization reported in column costs from a combined educational n and fundraising solicitation	1,047,454.	923,909.	81,487.	42,058.

Form 990 (2010)TaxpayersForCommonSensePart IXStatement of Functional Expenses

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Form 990 (2010)

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Form 990 (2010) Taxpayers For Common Sense Part X Balance Sheet

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					(4)	<u>Т</u>	(D)
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			168,059.	1	150,831.
	2	Savings and temporary cash investments	199,332.	2	112,017.		
	3	Pledges and grants receivable, net			145,000.	3	355,000.
	4	Accounts receivable, net			3,049.		4,633.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trustees II of Sche	s, key employees, dule L		5	
	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contr sponsoring organizations of section 501(c)(9) volunta organizations (see instructions)		6			
ASSETS	7	Notes and loans receivable, net				7	
S E	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges			3,987.	9	5,306.
	10a	a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1 1	40,655.			
	L	Less: accumulated depreciation.	10b	28,871.	12,500.	10 c	11,784.
	11	Investments – publicly traded securities			110,442.	11	133,262.
	12	Investments - other securities. See Part IV, line 11.				12	100,202.
	13	Investments - program-related. See Part IV, line 11.				13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets.			5,000.	14	4,000.
	15	Other assets. See Part IV, line 11			430.	15	430.
	16	Total assets. Add lines 1 through 15 (must equal line			647,799.	16	777,263.
	17	Accounts payable and accrued expenses			57,615.	17	35,147.
	18	Grants payable		18			
	19	Deferred revenue		19	······································		
L	20	Tax-exempt bond liabilities			20		
Á B I	21	Escrow or custodial account liability. Complete Part I		- 927 -		21	
	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per of Schedule L	stees, key sons. Corr	employees; aplete Part II		22	
E S	23	Secured mortgages and notes payable to unrelated th	uro parties			23	
	24	Unsecured notes and loans payable to unrelated third				23	
	25	Other liabilities. Complete Part of Schedule D			1,000.	24	1,000.
	26	Total liabilities. Add lines 17 through 25.			58,615.	26	36,147.
N		Organizations that follow SFAS 117, check here ►	X and co	omplete lines			
N F		27 through 29 and lines 33 and 34.					
ŝ	27	Unrestricted net assets			92,782.	27	368,355.
ASSE	28	Temporarily restricted net assets			496,402.	28	372,761.
ŝ	29	Permanently restricted net assets			100/1021	29	
R		Organizations that do not follow SFAS 117, check he	re ► 🔽	and complete			
		lines 30 through 34.	ــــ]P			
F U N D	30	Capital stock or trust principal, or current funds				30	
Ŗ	31	Paid-in or capital surplus, or land, building, or equipm				31	
Ĩ	32	Retained earnings, endowment, accumulated income,				32	
	33	Total net assets or fund balances.			589,184.	33	741,116.
S	34	Total liabilities and net assets/fund balances			647,799.	34	777,263.
RAA					0111100.		111,203.

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Form 990 (2010)

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Form		2-1941122	P	age 12
Pai	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> <i>.</i> </u>	<u></u>	. X
1	Total revenue (must equal Part VIII, column (A), line 12)		1,183,	377
2	Total expenses (must equal Part IX, column (A), line 25).		1,047,	
3	Revenue less expenses. Subtract line 2 from line 1		135,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		589,	
5	Other changes in net assets or fund balances (explain in Schedule O). See. Schedule .0			009.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	741,	116.
Pai	TXII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	· · · · · · · · · · · · · · · · · · ·		
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 X Accrual 🗌 Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
ł	b Were the organization's financial statements audited by an independent accountant?		2b X	
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	issued on a		
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	3a	x
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization and not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo and audits.	required audit	3b	
BAA	b If 'Yes,' did the organization undergo the required audit or audits? If the organization and and undergo the or audits, explain why in Schedule O and describe any steps taken to undergo the und		Form 990	(2010)

SCH	ΞDL	JLI	ΞA	
(Form	99 0	or	99 0	·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.

0	MB No.	1545-00	47
	20	10	
	20	10	
C)pen to Inspe	Pub	lic
	Inspe	ction	
72.2040.204.925.42	ADREDIG/COCOCCE/COCZER	CARAMOSTICS	50-000-000-000-000-000-000-000-000-000-

Department of the Treasury Internal Revenue Service	► Attach to	Form 990 or Form 990-I	EZ. ► Se	e separ	ate inst	ructions	s. ·			to Pur bection	
Name of the organization							Employe	er identifica	tion number		
Taxpayers For							52-1	941122	2		
	or Public Charity Statu) See	instruct	tions.		
	ot a private foundation becau	•	5,								
	onvention of churches or ass			n sectio	n 1 70(b)	(1)(A)(i)).				
	scribed in section 170(b)(1)(
	r a cooperative hospital serv										
4 A medical r name, city,	esearch organization operate and state:	ed in conjunction with a l	nospital	describe	ed in se	ction 17	'0(b)(1)(A)(iii) . Er	nter the ho	ospital'	S
5 An organiza	tion operated for the benefit (iv). (Complete Part II.)	of a college or universit	y owned	or oper	ated by	a gover	rnmenta	il unit de	scribed in	sectio	
7 X An organiza	ate, or local government or tion that normally receives a	substantial part of its s	ibed in s upport fi	section ⁻ rom a go	170(b)(1 overnme)(A)(v). ental uni	it or fror	n the aei	neral publ	ic desc	cribed
In section 1	70(b)(1)(A)(vi). (Complete P y trust described in section	art II.)						Jer Jer			
					- ·						
investment	tion that normally receives: es related to its exempt func ncome and unrelated busine 75. See section 509(a)(2). (C	tions – subject to certai ess taxable income (less	n excen	tions ar	vd (2) na	n more t	han 22.	1/3% of	ite eunnor	t from	arocc
10 🗌 An organiza	tion organized and operated	exclusively to test for pr	ublic saf	ety. See	section	1 509(a)	(4).				
more public	tion organized and operated y supported organizations d e type of supporting organiz	escribed in section 509(a	a)(1) or s	section !	509(a)(2	nctions o). See s	of, or ca section	rry out th 509(a)(3)	he purpos . Check t	es of o he box	ne or that
а 🗌 Туре I	b Type II		I — Fun	-		ted		d 🗌	Type III	– Othe	er
e By checking other than fo section 509(this box, I certify that the or oundation managers and oth a)(2).	manization is not control	led dired	- tly or in	directly	hy one	or möre escribed	e disquali in sectio	ified perso on 509(a)(ons (1) or	
f If the organi	zation received a written det	ermination from the IRS	that is a	a Type 1	De	l or Typ	e III sup	porting o	organizatio	on,	
g Since Augus	t 17, 2006, has the organiza	tion accepted any gift o	contril	ution	om any	of the fo	ollowing	persons	?		—
<i></i>										Yes	No
(i) A pers below.	on who directly or indirectly the governing body of the s	controls either alone or						and (iii)	11 g (i)		
	ly member of a person desc								11g (ii)		
	controlled entity of a person								11 g (iii		
	following information about t									×1	
(i) Name of sup organizatio	oorted (ii) EIN n	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	ls the ation in i) listed in overning ment?	the organ	ou notify nization in n (i) of upport?	organiz colur	is the ration in nn (i) ed in the S.?	(vii) Amou	int of sup	oport
			Yes	No	Yes	No	Yes	No			
<u>(</u> A)											
(B)					L						_
									·		
(C)											
(D)											
<u>(E)</u>											
Total											

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Taxpayers For Common Sense 52-1941122 PartII 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	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	<u>(</u> e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')	748,905.	947,012.	920,294.	1,075,409.	1,160,123.	4,851,743.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 5	Total. Add lines 1 through 3 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)	748,905.	947,012.	920,294.	1,075,409.	1,160,123.	4,851,743. 1,758,712.
6	Public support. Subtract line 5 from line 4						3,093,031.
Sec	tion B. Total Support						·····
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	748,905.	947,012.	920,294.	1,075,409.	1/160,123.	4,851,743.
8	Gross income from interest, dividends, payments received on securities loans, rents, royatties and income from similar sources	30,703.	30,334.	3 993	22,996.	22,677.	130,703.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		3LIC				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	PU				100mm 02007000 4200000	0.
11	Total support. Add lines 7 through 10						4,982,446.
1 2	Gross receipts from related activ	vities, etc (see ins	tructions)				0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ►
	tion C. Computation of Pu			11 1 (0)			60.1.4
	Public support percentage for 20 Public support percentage from	• •					62.1% 64.7%
-1 6 a	33-1/3% support test – 2010. If and stop here. The organization	the organization d qualifies as a put	lid not check the b blicly supported of	oox on line 13, ar rganization	nd the line 14 is 3	3-1/3% or more, o	check this box ►X
ł	33-1/3% support test – 2009. If and stop here. The organization	the organization d qualifies as a put	id not check a bo blicly supported or	x on line 13 or 16 ganization	5a, and line 15 is	33-1/3% or more,	check this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	tIV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization.	t IV how the
BAA	Private foundation. If the organi	Zation ald not che		15, 10a, 10b, 17a			structions
-, •,					00		

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Schedule A (Form 990 or 990 EZ) 2010 Taxpayers For Common Sense PartIII 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.)

	ction A. Public Support						
Caler	ndar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions						
	and membership fees received. (Do not include						
	any 'unusual grants.')						
2	Gross receipts from admis-						· · · · · · · · · · · · · · · · · · ·
	sions, merchandise sold or services performed, 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 business under section 513.						
4	Tax revenues levied for the						·····
	organization'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						
Ł	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13						
	for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line				DLI		
<u> </u>	7c from line 6.)						
	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6						
10 a	Gross income from interest.						
			AB V				
	dividends, payments received	OUL					
	dividends, payments received on securities loans, rents, royalties and income from	PUR					
	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUR					
b	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUL					
b	dividends, payments received on securities loans, rents, royalties and income from similar sources	pur					
b	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUr					
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	PUr					
	dividends, payments received on securities loans, rents, royalties and income from similar sources 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	PUr					
c	dividends, payments received on securities loans, rents, royalties and income from similar sources	bnr					
c	dividends, payments received on securities loans, rents, royalties and income from similar sources 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	bnr					
с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUr					
с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUr	· · · · · · · · · · · · · · · · · · ·				
с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUr					
11 12	dividends, payments received on securities loans, rents, royalties and income from similar sources	PUr					· · · · · · · · · · · · · · · · · · ·
11 12 13	dividends, payments received on securities loans, rents, royalties and income from similar sources	put is for the organiza	ation's first, secon	d. third. fourth. o	r fifth tax year as	a section 501(c)(3)	·
11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources	put is for the organiza stop here	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties and income from similar sources	olic Support P	ercentage				· · · · · · · · · · · · · · · · · · ·
11 12 13 14 <u>Sec</u> 15	dividends, payments received on securities loans, rents, royalties and income from similar sources	olic Support P 10 (line 8, columr	ercentage	e 13, column (f)).	· · · · · · · · · · · · · · · · · · ·		
11 12 13 14 <u>Secc</u> 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources	blic Support P 10 (line 8, columr 2009 Schedule A,	ercentage n (f) divided by lin Part III, line 15	e 13, column (f)).	· · · · · · · · · · · · · · · · · · ·		
11 12 13 14 <u>Secc</u> 15 16 <u>Secc</u>	dividends, payments received on securities loans, rents, royalties and income from similar sources. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Inve	olic Support P 10 (line 8, columr 2009 Schedule A, estment Incon	ercentage (f) divided by lin Part III, line 15 1e Percentage	e 13, column (f)).	· · · · · · · · · · · · · · · · · · ·		<u> </u>
11 12 13 14 <u>Secc</u> 15 16 <u>Secc</u>	dividends, payments received on securities loans, rents, royalties and income from similar sources	olic Support P 10 (line 8, columr 2009 Schedule A, estment Incon	ercentage (f) divided by lin Part III, line 15 1e Percentage	e 13, column (f)).	· · · · · · · · · · · · · · · · · · ·		<u></u>
11 12 13 14 <u>Secc</u> 15 16 <u>Secc</u> 17	dividends, payments received on securities loans, rents, royalties and income from similar sources	Dic Support P 10 (line 8, columr 2009 Schedule A, estment Incon pr 2010 (line 10c,	ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided	e 13, column (f)). d by line 13, colu	mn (f))		00 00 00
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	dividends, payments received on securities loans, rents, royalties and income from similar sources. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv. Investment income percentage from 33-1/3% support tests – 2010. If	Dic Support P 10 (line 8, column 2009 Schedule A, estment Incon or 2010 (line 10c, rom 2009 Schedul the organization	ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the	e 13, column (f)) by line 13, colu 17	mn (f))	15 16 17 18 18	8 8 9 9 9 9 9 9 9
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	dividends, payments received on securities loans, rents, royalties and income from similar sources	blic Support P 10 (line 8, column 2009 Schedule A, estment Incon or 2010 (line 10c, rom 2009 Schedul the organization of this box and stop	ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the phere. The organi	e 13, column (f)) d by line 13, colu 17 box on line 14, a zation qualifies a	mn (f)) nd line 15 is more is a publicly suppo	15 16 17 18 than 33-1/3%, and orted organization	8 8 8 8 1 line 17
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	dividends, payments received on securities loans, rents, royalties and income from similar sources	blic Support P 10 (line 8, column 2009 Schedule A, estment Incon or 2010 (line 10c, rom 2009 Schedul the organization of this box and stop	ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the phere. The organi	e 13, column (f)) d by line 13, colu 17 box on line 14, a zation qualifies a	mn (f)) nd line 15 is more is a publicly suppo	15 16 17 18 than 33-1/3%, and orted organization	8 8 8 8 1 line 17
11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a b	dividends, payments received on securities loans, rents, royalties and income from similar sources. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv. Investment income percentage from 33-1/3% support tests – 2010. If	Dic Support P 10 (line 8, column 2009 Schedule A, estment Incon or 2010 (line 10c, rom 2009 Schedul the organization of this box and stop the organization of , check this box a	ercentage (f) divided by lin Part III, line 15 ne Percentage column (f) divided e A, Part III, line did not check the here. The organi did not check a bo nd stop here. The	e 13, column (f)) d by line 13, colu 17 box on line 14, a zation qualifies a ox on line 14 or li e organization qua	mn (f)) nd line 15 is more as a publicly suppo ne 19a, and line 1 alifies as a publicl	than 33-1/3%, and orted organization 6 is more than 33- supported organization 26 is more than 35- supported or	8 8 8 1 line 17 ►

Schedule A (Form 990 or 990-EZ) 2010

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52-1941122

Schedule A (Form 990 or 990-EZ) 2010 Taxpayers For Common Sense	52-1941122 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any (See instructions).	required by Part II, line 10; additional information.
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Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE C	F	Political Campaign and	Lobbvina Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		izations Exempt From Income Tax			2010
	r ör örgan	 Complete if the organization 			
Department of the Treasury Internal Revenue Service	► ,	Attach to Form 990 or Form 990-EZ			Open to Public
		orm 990, Part IV, line 3, or Form 990			
• Section 501(c)(3) or	rganizations: Con	plete Parts I-A and B. Do not com	plete Part I-C.	onacai oampaign Aca	viacs), alen
 Section 501(c) (other 	er than section 50)1(c)(3)) organizations: Complete P		Do not complete Part I	-B.
 Section 527 organiz 					
● Section 501(c)(3) or	wered 'Yes,' to For rganizations that	orm 990, Part IV, line 4, or Form 990 have filed Form 5768 (election unde	I -EZ, Part VI, line 47 (er section 501(h)): Co	Lobbying Activities), the mplete Part II-A. Do no	ien t complete Part II-B.
Part II-A.		have NOT filed Form 5768 (election			
If the organization ans	wered Yes, to Fo	orm 990, Part IV, line 5 (Proxy Tax) ations: Complete Part III.	or Form 990-EZ, Part	V, line 35a (Proxy Tax)	, then
Name of organization	5), or (6) organiza	ations: Complete Part III.		Employer identifie	
<u>Taxpayers</u> For (Common Sens	â		Employer identific 52-194112	
		zation is exempt under secti	on 501(c) or is a		
1 Provide a descript	tion of the organic	zation's direct and indirect political	om solic) of is a	Bort IV	240011.
2 Political expenditu	ires			rrantiv. ► č	
		<u> </u>			
Part -B Complete	e if the organiz	zation is exempt under secti	on 501(c)(3)		
		incurred by the organization under		Þć	0.
		incurred by organization managers			
		on 4955 tax, did it file Form 4720 for			
b If 'Yes,' describe i					
		zation is exempt under secti	on 501(c) . excep	t section $501(c)(3)$	
1 Enter the amount	directly expended	by the filing organization for section	on 527 exempt function	on activities	
2 Enter the amount	of the filing organ	nization's funds contributed to other	834		
	tion expenditures	. Add lines 1 and 2. Enter here and	on Former 20-POL,		
		1120-POL for this year		····· ► Ş	Yes No
5 Enter the names, organization made amount of political	addresses and er e payments. For I contributions re	nployer in entitleation atmber (EIN) ach organization listed, enter the a cored bay were promptly and direc committee (PAC). If additional spa	of all section 527 pol mount paid from the tly delivered to a sepa ace is needed, provid	itical organizations to w filing organization's fun arate political organizati e information in Part IV	hich the filing ds. Also enter the
(a) Name		(b) Address			· · · · · · · · · · · · · · · · · · ·
		(u) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
BAA For Paperwork Reduct	tion Act Notice, see t	he Instructions for Form 990 or 990-EZ.		Schedule C (For	m 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 Taxpayers For Common Sense

Part IFA Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check if the filing organization belongs to an affiliated group. Α ► if the filing organization checked box A and 'limited control' provisions apply. B Check Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) (b) Affiliated group totals (a) Filing organization's totals 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)..... **b** Total lobbying expenditures to influence a legislative body (direct lobbying)..... 0. c Total lobbying expenditures (add lines 1a and 1b). 0. 1,005,396 d Other exempt purpose expenditures 1,005,396 0. e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. 175,540 The lobbying nontaxable amount is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 \$1,000,000. Over \$17,000,000 43,885 g Grassroots nontaxable amount (enter 25% of line 1f)..... 0. 0. h Subtract line 1g from line 1a. If zero or less, enter -0-.... 0. 0 0. i Subtract line 1f from line 1c. If zero or less, enter -0-.... j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?..... Yes No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.

	المله المله الم				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	4-Year Averaging Perio	(d) 2010	(e) Total
2a Lobbying non-taxable amount	168,400.	168,187.	158,303.	175,540.	670,430
b Lobbying ceiling amount (150% of line 2a, column (e))	PU				1,005,645
c Total lobbying expenditures	250.				250
d Grassroots nontaxable amount	42,100.	42,047.	39,576.	43,885.	167,608
e Grassroots ceiling amount (150% of line 2d, column (e))					251,412
f Grassroots lobbying expenditures					C

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Schedule C (Form 990 or 990-EZ) 2010

Page 2

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Schedule C (Form 990 or 990-EZ) 2010 Taxpayers For Common Sense 52-1941122 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)).

	(a	3)	(b)	
·	Yes	No	Amount	
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:				
a Volunteers?	46400000000000000			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If 'Yes,' describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	0.000			
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c 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?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) section 501(c)(6).	c)(5),	or		
			Yes N	10
1 Were substantially all (90% or more) dues received nondeductible by members?	f		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	ä		2	
3 Did the organization agree to carryover lobbying and political expenditures from the provider?	<u></u>		3	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Par is answered 'Yes.'	c)(5), t III-/	or A, line	e 3	
1 Dues, assessments and similar amounts from members.		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 52 (1) tax was part).				
a Current year	[2a		
b Carryover from last year	[2b		
c Total	[2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic	`al ∣∛			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Also, complete this part for any additional information.	Part	II-B, I	ine 1i.	
	<u> </u>			

Schedule C (Form 990 or 990-EZ) 2010

Page 3

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52-1941122 Page 4

Schedule C (Form 990 or 990-EZ) 2010 Taxpayers			Sense
Part IV Supplemental Information	(conti	inued)	

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Schedule C (Form 990 or 990-EZ) 2010

(Fo	SCHEDULE D Form 990) epartment of the Treasury epartment of the Treasury ternal Revenue Service Example Attach to Form 990. See Separate instructions.						20	1545-0047)10 to Public stion
Name	e of the organization					Employer iden	itification n	umber
		Common Sense				52-1941	122	
Pa	rt I Organizat	ions Maintaining Dono zation answered 'Yes' t	r Advised Funds or C	Other Similar Fur	nds or Acc	ounts. Cor	nplete	if
		zation answered res t	, , ,	·			•	
1	Total number at a	end of year	(a) Donor advis	sed funds	(b) F	unds and oth	ner acco	unts
		outions to (during year)						
3		from (during year)						
		at end of year						
-			L					
5	funds are the org	ion inform all donors and dor anization's property, subject	to the organization's exclu	sive legal control?	· · <i>·</i> · · · · · · · · · · · ·	······ 🗋	Yes	No
0	used only for cha	ion inform all grantees, dono ritable purposes and not for	the benefit of the donor or	donor advisor, or fo	ds can be r any other			
	purpose conterrin	ig impermissible private bene	efit?				Yes	No
Pa		ion Easements. Compl			to Form 9	90, Part IV	/, line 🕽	7.
1		nservation easements held by		all that apply).				
		of land for public use (e.g., r	ecreation or education)	Preservation of	of an historica	ally importan	t land ar	'ea
		natural habitat		Preservation	of a certified	historic struc	ture	
		of open space						
2	Complete lines 2a last day of the tax	a through 2d if the organizati k vear.	on held a qualified conserv	vation contribution in	the form of a	a conservatio	on easen	nent on the
	·····		· · · · · · · · · · · · · · · · · · ·		L L B	eld at the Er	nd of the	Tax Year
ä	a Total number of c	conservation easements			2 2a			
		tricted by conservation easer		<i></i>	20			
		vation easements on a certi			2c			······································
	d Number of conser	vation easements included in the National Register	n (c) acquired after 8/1700	TON VERSION AND VIEW	ric 2d			
3	Number of conser tax year ►	vation easements modified,	transfetred, released, extr	nguished, or termina	ted by the org	ganization du	uring the	
4		where property subject to co						
5		ation have a written policy re of the conservation easemen					(es	No
6	Staff and voluntee ►	er hours devoted to monitorir	ng, inspecting, and enforci	ng conservation ease	ements during	g the year		
7	Amount of expens ►\$	ses incurred in monitoring, in	specting, and enforcing co	onservation easemer	nts during the	year		
8	Does each conser 170(h)(4)(B)(i) an	vation easement reported or d section 170(h)(4)(B)(ii)?	line 2(d) above satisfy th	e requirements of se	ction	🏹 Y	/es	No
9	conservation ease							nd nting for
Par	t III Organizat Complete	ions Maintaining Collect if the organization answ	ctions of Art, Historic wered 'Yes' to Form 9	al Treasures, or 90, Part IV, line	Other Sim 8.	ilar Asset	s.	
	in Part XIV, the te	n elected, as permitted under sures, or other similar assets ext of the footnote to its finar	s held for public exhibition, icial statements that descr	education, or reseautes items.	rch in furthera	ance of publi	c service	e, provide,
Ł	following amounts	n elected, as permitted under is, or other similar assets hel is relating to these items:	d for public exhibition, edu	ication, or research i	n furtherance	of public se	neet worl rvice, pr	ks of art, ovide the
	(i) Revenues incl	luded in Form 990, Part VIII,	line 1			►\$		
		ed in Form 990, Part X						

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	provide the following
а	Revenues included in Form 990, Part VIII, line 1	►\$
L	Assets included in Form 990, Part X	►Ś

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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 11/15/10

Schedule **D** (Form 990) 2010

Schedule D (Form 990) 2010 Taxpayers For		· · -	52-194			⁻ age 2
Part III Organizations Maintaining Colle						
3 Using the organization's acquisition, accession items (check all that apply):	n, and other records, che	ck any of the following	that are a significant ι	ise of its c	ollecti	on
a Public exhibition	d Loan o	r exchange programs				
b Scholarly research	e 🗌 Other					
c Preservation for future generations						
4 Provide a description of the organization's col Part XIV.				se in		
5 During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art, be maintained as part of	, historical treasures, o f the organization's col	r other similar lection?	Yes	Г	No
Part IV Escrow and Custodial Arrangen 9, or reported an amount on For	nents. Complete if o	rganization answe			. IV, I	
1 a Is the organization an agent, trustee, custodia included on Form 990. Part X?	an, or other intermediary	for contributions or oth	er assets not	Yes		 No
b If 'Yes,' explain the arrangement in Part XIV						1
				Amount		
c Beginning balance			1c			
d Additions during the year			1d			
e Distributions during the year			1e			
f Ending balance						
2a Did the organization include an amount on Fo	rm 990, Part X, line 21?.			Yes		No
b If 'Yes,' explain the arrangement in Part XIV.						
Part V Endowment Funds. Complete if t				1		
(a) Current	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years	back
1 a Beginning of year balance						
b Contributions					and Salaria	
c Net investment earnings, gains, and losses			A			
d Grants or scholarships						
e Other expenditures for facilities and programs		alsr				
f Administrative expenses						
g End of year balance	ALIV					
2 Provide the estimated percentage of the year	end balance field as:					
a Board designated or quasi-endowner	5					
b Permanent endowment ►%	5					
3a Are there endowment funds not in the posses	sion of the organization	that are held and admi	nistered for the		'es	No
(i) unrelated organizations				3a(i)	<u> </u>	
(ii) related organizations				3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations						
4 Describe in Part XIV the intended uses of the						
Part VI Land, Buildings, and Equipmen						
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	ok val	ue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment		40,655.	28,871.		11,	784.
e Other						
Total. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, co	olumn (B), line 10(c).).				784.
BAA			Schec	lule D (For	m 990	り 2010

Schedule D (Form 990) 2010 Taxpayers For Com	mon Sense	52-1941	122 Page 3
Part VII Investments-Other Securities. See F	orm 990, Part X, line	e 12. N/A	· ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	on: et value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
<u>(A)</u>			
<u>(B)</u>			
<u>(C)</u>			
<u>(E)</u>			
		·····	
(H)	·		
(l)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments-Program Related. (See		ne 13) N/A	
(a) Description of investment type	(b) Book value		
(a) Description of investment type	(D) DOOK Value	(c) Method of valuation Cost or end-of-year marke	on: et value
(1)			
(2)			
(3)			
(4)		·····	
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(6)		a and a second sec	· · · · · · · · · · · · · · · · · · ·
(7)			
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(9)			
(10)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets. (See Form 990, Part X,			
	scription		(h) Deels webur
(1)			(b) Book value
(2)			
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	•uer		
(5)			
(6)			
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(8)			·····
(9)			
(9) (10)			· · · · · · · · · · · · · · · · · · ·
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E	3), line 15)	····· •	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part	8), <i>line 15</i>) X, line 25)	····· •	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability	8), <i>line 15</i>) X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes	X, line 25)		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability	X, line 25)	►	
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit	X, line 25) (b) Amount		
 (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) 	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) (4)	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) (4) (5)	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) (4) (5) (6) (7)	X, line 25) (b) Amount		
<pre>(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part</pre>	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) (4) (5) (6) (7) (8) (9)	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) (4) (5) (6) (7) (8) (9) (10)	X, line 25) (b) Amount		
(9) (10) Total. (Column (b) must equal Form 990, Part X, column(E Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) Sublet security deposit (3) (4) (5) (6) (7) (8) (9)	X, line 25) (b) Amount		

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Schedule D (Form 990) 2010 Taxpayers For Common Sense	52-1941122	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tatements	
1 Total revenue (Form 990, Part VIII,column (A), line 12).		1,183,377.
2 Total expenses (Form 990, Part IX, column (A), line 25)		1,047,454.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		135,923.
4 Net unrealized gains (losses) on investments		16,009.
5 Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net). Add lines 4 through 8		16,009.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9	151,932.
Part XII Reconciliation of Revenue per Audited Financial Statements V		<u> </u>
1 Total revenue, gains, and other support per audited financial statements		1,199,386.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments 2	a 16,009.	
b Donated services and use of facilities	b	
c Recoveries of prior year grants	c	
d Other (Describe in Part XIV)	d	
e Add lines 2a through 2d	2e	16,009.
3 Subtract line 2e from line 1.		1,183,377.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b 4	a	
b Other (Describe in Part XIV.)	b	
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,183,377.
Part XIII Reconciliation of Expenses per Audited Financial Statements		
1 Total expenses and losses per audited financial statements		1,047,454.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	3	
c Other losses	c	
b Prior year adjustments	d	
e Add lines 2a through 2d.		
3 Subtract line 2e from line 1.		1,047,454.
4 Amounts included on Form 990, Par IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	a	
b Other (Describe in Part XIV.)	b	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1,047,454.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 3	, lines 1a and 4; Part IV, lines 1b and 2d and 4b. Also complete this part to	1 2b; provide

Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

52-1941122	Page 5

	Taxpayers			Sense
Part XIV Supplemental	Information	(cont	inued)	

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 IC DISPLAY

							OMB No. 1545-0047
SCHEDULE R (Form 990)	Ř	Related Organizatic	nizations and Unrelated Partnerships	ed Partnersh	ips		2010
Department of the Treasury Internal Revenue Service	 Complet 	 Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions. 	ered 'Yes' to Form 990, 1 990. ► See separate in	Part IV, line 33, 34 structions.	, 35, 36, or 37.		Open to Public Inspection
Name of the organization Taxpayers For Common	mon Sense					Employer identification number 52-1941122	fication number 22
Part I Identification	Part I Identification of Disregarded Entities (Complete	if the	organization answered 'Yes' to Form 990, Part IV, line	s' to Form 990,	Part IV, line 33.)	(
Name, address,	(a) Name, address, and EIN of disregarded entity	Primary activity		(c) Legal domicile (state or foreign country)	Total income E	(e) End-of-year assets	(f) Direct controlling entity
<u>(</u> μ							
(2)							
(3)(5)				-			
(4)							
<u>(5)</u> (2)				2			
<u></u>							
Part II Identification (one or more re	Rat I Identification of Related Tax-Exempt Organizations (C one or more related tax-exempt organizations during the	ganizations (Complete tions during the trave	e if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had	l answered 'Ye	s' to Form 990, F	art IV, line 34 I	because it had
Name, address, and E	(a) Name, address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) (3)) Direct controlling (3))	olling Sec 512(b)(13) controlled entity?
(1) Taxpayers for Common Ser	Common Sense Action						Yes No
(2) Washington, DC 52-2071292	DC 20003	Inactive	DC	501 (c) (4)		N/A	X
(3) (E)							
(4)							
<u>(</u> 5)							
<i>w</i>							
3AA For Paperwork Reduc	BAA For Paperwork Reduction Act Notice. see the Instructions for Form 990	ions for Form 990.		TEEA5001L 12/22/10		CHO O	

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Schedule R (Form 990) 2010	Taxpayers For	or Commo	Common Sense					52-1	52-1941122	Page 2
Part II Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year.)	f Related Orga one or more re	nizations lated orga	Taxable as a P anizations treat	artnership (Coled as a partner	mplete if the or ship during the	ganization ans [,] tax year.)	vered 'Yes'	to Form 990, I	Part IV, lin	8
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	() Code V-UBI amount in box 20 of Schedule K-1	G General or managing partner?	(K) Percentage ownership
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
(1)										
						-				
(2)										
		4								
(3)										
					1					
					0010				. -	
Part IV Identification of Related Organizations Taxable line 34 because it had one or more related orgar	f Related Orgar it had one or r	rizations nore relat	Taxable as a C ed organizatjo	as a Corporation of Trust (Complete if the organization answered 'Yes' to Form 990, nization streated as a corporation or trust during the tax vear.)	rust (Complete corporation or t	if the organiza	tion answer tax vear.)	ed 'Yes' to Fo	orm 990, Pa	Part IV,
(a) Name, address, and EIN of related organization	a) V of related organiz	zation	Primary	Legal domicile (state or foreign country)	(d) Legal domicile (state or foreign controlling entity country)	(C corp, S corp, C cor	Share of total income	ncome Share of a:	(g) Share of end-of-year assets	(h) Percentage ownership
(2)							-			
			- <u>1</u> 1							
<u></u>										
					,					
BAA				TEEA5002L 1:	12/07/10			Sch	Schedule R (Form 990) 2010	0102 (066 1

n I NZ (066 1	Schedule R (Form 990) 2010	Sched		BAA TEEA5003L 12/23/10
				(5)
				(4)
				. (E)
			-	(2)
				(L)
etermining nvolved	Method of determining amount involved	Amount involved	Transaction type (a-r)	Name of other organization
	holds.	ps and transaction thres	ng covered relationshi	ctions f
××				4 Other transfer of cash or property to other organization(s)
< :			· · · · · · ·	:
×	10			
×	-	•••••••••••••••••••••••••••••••••••••••		n Sharing of paid employees.
×	1	•••••••••••••••••••••••••••••••••••••••		m Sharing of facilities, equipment, mailing lists, or other assets
X	=			I Performance of services or membership or fundraising solicitations by other organization(s)
×	1			k Performance of services or membership or fundraising solicitations for other organization(s)
×	:-			1 accorded facilities and an active second strong attack argumentation (c)
×		•	•••••••••••••••••••••••••••••••••••••••	i Lease of facilities, equipment, or other assets to other organization(s)
X	1			b Exchange of assets
X	1g			g Purchase of assets from other organization(s).
×	1		- - - - - - - - - - - - - - - - - - -	f Sale of assets to other organization(s).
×	1 e		•	e Loans or loan guarantees by other organization(s)
×	1 d		•	d Loans or loan guarantees to or for other organization(s)
×	1 c		· · · · · · · · ·	c Gift, grant, or capital contribution from other organization(s)
X	- 1 - 1			
×	1	://-	ations listed in Parts II	1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
	36.)	line 34, 35, 35a, or	orm 990, Part IV,	Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34,
Page 3	1122	52-1941122		Schedule R (Form 990) 2010 Taxpayers For Common Sense

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					שט, רמונוע	, line 3/.)	
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	hip through which ding exclusion for	the organization cor certain investment p	iducted more t artnerships.	han five percent of its a	activities (mea	sured by total asset	s or gro
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	⊕ Dispropor- tionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	t General or managing partner?
(<u>1</u>			Yes No		Yes No		Yes
(2)							
(3)					-		
			••••				
(4)					-		
	1						
(5)	000						
	B						
(6)							

				_	<u>.</u>		
(8)							

÷.,

Schedule R	(Form 990) 2010	
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Sc	hedule R

(see instructions).

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PUBLIC

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

Open to Public Inspection Employer identification number

52-1941122

OMB No. 1545-0047

Name of the organization	ation			
Taxpayers	For	Common	Sense	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Form 990, Part III, Line 1 - Organization Mission
<u>Mission Taxpayers for Common Sense (TCS) is a 501(c)(3) non-partisan budget</u>
watchdog serving as an independent voice for American taxpayers. Our mission is to
achieve a government that spends taxpayer dollars responsibly and operates within
its means. We work with individuals, policymakers, and the media to increase
corporate welfare, and hold decision makers accountable.
Goals TCS seeks to ensure that the federal government spends taxpayer dollars
efficiently_and_effectively_by:
1 Eliminating wasteful and harmful program and sub biogram
1. Eliminating wasteful and harmful programs and subsidies;
2. Increasing government transparency and accountability related to the federal
budget and appropriations process; and
3. Developing and promoting solutions to prevent irresponsible spending.
Form 990, Part III, Line 4d - Other Program Services Description
Budget Oversight, Investigations and General Programs - TCS works to track and
monitor the federal budget, and in particular, earmarked spending trends and
impacts. TCS investigates and attempts to identify the true beneficiaries of
discrete funding provisions. In addition, TCS develops broad databases and analyses
of spending proposals. These efforts are designed to make the budget process more
transparent to American taxpayers and to make members of Congress and the
Administration directly accountable for their spending decisions. General programs
involve activities on miscellaneous issues of government waste not reflected in the
other program categories

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

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2009

Dep Inte	artmeni rnal Re	t of the Treasury venue Service		The organization may have to use a	copy of this return to sat	tisfy state reporting	y requirements.	Open to Pu	blic Inspection
	Fort	he 2009 calend	dar year,	or tax year beginning	, 200	9, and ending	· · · · · · · · · · · · · · · · · · ·		2. Marine and a second second second
В		if applicable:		C		· · · · · · · · · · · · · · · · · · ·	D Employe	r Identification N	lumber
	A	ddress change	Please use IRS label		Sense		52-1	.941122	
		lame change	or print or type. See	651 Pennsylvania Ave	nue, SE		E Telephor	ne number	
	l Ir	nitial return	specific	Washington, DC 20003			202-	546-8500	J
	Пт	ermination	linstruc- tions.						
		mended return					G Gross re	ceipts \$ 1	,113,405.
		pplication pending	F Name a	and address of principal officer: Ryan	Alexander	H	(a) Is this a group return		Yes X No
				As C Above		H	b) Are all affiliates inclu		Yes No
I	Ta	x-exempt statu	s X 501	(c) (3)◄ (insert no.)	4947(a)(1) or	527	lf 'No,' attach a list. (see instructions)	
J	We	ebsite: ► ww	w.taxp	ayer.net		· • • • • • • • • • • • • • • • • • • •	(c) Group exemption nur	nber 🕨	
κ	Forr		X Corpora		Dther► L	Year of Formation		ate of legal domic	cile: DC
Pa	art I	Summa	iry						
	1	Briefly descrit	be the org	ganization's mission or most sign	ificant activities:	CS is dec	dicated to d	utting w	vasteful
¢,		<u>spending</u>	and s	<u>ubsidies_in_order_to</u>	achieve a r	esponsibl	e and effic	ient gove	ernment
anc		that ope	rates_	within its means.					
Eə									
Activities & Governance	1	Check this bo	× ► 📘	if the organization discontinued in	ts operations or dis	posed of more	e than 25% of its a		
જ	3	Number of vo	ting mem	bers of the governing body (Part	VI, line 1a)	162	· · · · · · · · · · · · · · · · · · ·	3	8
ties	5		of omplo	it voting members of the governin yees (Part V, line 2a)	ng body (Part VI, IIr	ne ib)		4 5	8
tivi	6	Total number	of volunt	eers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	6	14
Ac	7 a	Total gross ur	nrelated b	ousiness revenue from Part VIII, o	column (C), line 12			7a	0.
	b	Net unrelated	business	s taxable income from Form 990-	T, line 34			7b	0.
							Rrior Year	Cui	rrent Year
đ	8	Contributions	and gran	ts (Part VIII, line 1h)			920,29		,075,409.
Revenue	9	Program serv	ice reven	ue (Part VIII, line 2g)		$e \vee v$,,
leve	10	investment in	come (Pa	art VIII, column (A), lines 3, 4, an	id /d)		2,80		-1,695.
ш	11	Other revenue	e (Part VI	II, column (A), lines 5, 6d, 8c, 9c	:, 🛺 🐨 and 🖫 1 e 🖉 . 👹	·····	19,81		20,878.
	12			nes 8 through 11 (must equal Par			942,9	<u>74. 1</u>	,094,592.
	13			ounts paid (Part IX, column (A), I					
	14			members (Rait IX, column (A), li					
ŝ	15			nsation, employee benefits (Part I			708,89	98.	664,694.
Expenses				g fees (Part IX, column (A), line					
ă.	b	Total fundrais	ing exper	nses (Part IX, column (D), line 25	5) ►	41,433.			
	17	Other expense	es (Part I	X, column (A), lines 11a-11d, 11f	f-24f)		266,82	20.	265,423.
	18	Total expense	s. Add lir	nes 13-17 (must equal Part IX, co	olumn (A), line 25).		975,71	L8.	930,117.
	19	Revenue less	expense	s. Subtract line 18 from line 12	<u></u>		-32,74	14.	164,475.
2 g							Beginning of Ye	ar En	d of Year
Net Assets or Fund Balances	20			ne 16)		[448,70		647,799.
at A	21	Total liabilities	s (Part X,	line 26)			43,72	27.	58,615.
+	22	Net assets or	fund bala	ances. Subtract line 21 from line 2	20		404,98	31.	589,184.
Pa	nt II	Signatu	re Bloc	:k					· · · · ·
		Under penalties	of perjury,	I declare that I have examined this return, in Declaration of preparer (other than officer)	cluding accompanying sc	hedules and statem	ents, and to the best of	my knowledge an	d belief, it is
~ .		N.	- 1		is based on an informatio	n or which preparer			
Sig				- 1 Cfl				Is/zoic	/
He	re	Signature o	(_			Date	,	
			Alexar				President		
		- iype or pril	n, name and	a mite.		D (Data	
Pai	id					Date	Check if self-	(see instructio	entifying number ons)
Pre		Preparer's signature	TT.			11/10/11	employed ►		
	rer's			vey E. Jester		11/10/10		N/A	
Üs	е	Firm's name (or yours if self-		vey E. Jester, CPA				_	
On	ly	employed), address, and		1 Woodlawn Avenue			EIN ► N/		
		ZIP + 4		ls Church, VA 22042-2					1-2418
				with the preparer shown above? (ΧΥε	
BA/	A For	r Privacy Act a	nd Paper	work Reduction Act Notice, see t	the separate instru	ctions.	TEEA0113L	12/29/09 Fo	orm 990 (2009)

10000	n 990 (2009) Taxpayers For Common Sense	52-1941122	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	······································		
	See Schedule O		
2			
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program servic and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a expenses, and revenue, if any, for each program service reported.	es by expenses. Section 50 and allocations to others, the	1(c)(3) e total
4	a (Code:) (Expenses \$462,629. including grants of \$) Environment Program - Works to eliminate environmentally harmful including energy, forest, mining, transportation, public lands,		
		~- <i>1</i>	
41	b (Code:) (Expenses \$ 157,815. including grants of \$ National Security Reform Program - Works for reforms to achieve military at a reasonable cost to taxpayers.	(Revenue \$ a_strong_U.S)
	c (Code:) (Expenses \$142,098. including grants of \$)		
	Budget, Corruption and General Programs - Includes activities to the federal budget and in particular earmarked spending trends a investigates and attempts to identify the true beneficiaries of provisions. In addition, TCS develops broad databases and analys spending proposals. These efforts are designed to make the budg transparent to American taxpayers and to make members of Congres Administration directly accountable for their spending decisions	track and monito nd_impactsTCS discrete funding es of federal et process more s and the	
40	d Other program services. (Describe in Schedule O.) See Schedule O	<u>A</u>	
-	(Expenses \$ 65,813. including grants of \$) (Revenue	ې	
4	e Total program service expenses 🕨 828, 355.		

Form 990 (2009) Taxpayers For Common Sense Part IV Checklist of Required Schedules

52-1941122			-	-			
	E 2 _	1	n	л [.]	1	٦.	<u> </u>
			- 9	4			//

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Page	3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
2	Schedule A	1	X X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		x
4		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		Λ
)		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		X
9	Did the experimetion report on empruptic Dark V. line 21, some an expetition for execute act line of the Dark V.	·····		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>I</i> . 'Yes,' complete Schedule D, Part V.	10		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.	11	x	
(• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.			
(• Did the organization report an amount for investments- other securities in Part X, line 12 that is 50 or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• 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 Schedules, Part VII			
	• Did the organization report an amount for other assets in Part X, Ine 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule Depart X.			
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	·X	
	A Was the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		v
	a Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I			
		14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II.</i>	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Part III</i>	16		<u>X</u>
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 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		х

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J</i> .	23		x
2 4 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25.	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>	27	:	X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
Ę	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Party.	28a		X
ł	A family member of a current or former officer, director, trustee, or key employees 17 yes, complete Schedule L, Part IV.	28b		X
Ċ	An entity of which a current or former officer, director, trustee sorkey employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owned u 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of an bistorical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		X
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? <i>If 'Yes,' complete Schedule R, Part L</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form 990 (2009)

Taxpayers For Common Sense

Form 990 (2009) Taxpayers For Common Sense	52-1941122	F	^{>} age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
	,	Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	7		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	Carlos Carlos	
c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	c X	
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	14		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax re	turns? 2	b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (se	e instructions)		Constant of
3a Did the organization have unrelated business gross income of \$1,000 or more during the year cover this return?	ed by3	a	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	er authority over, a account)?	a	X
b If 'Yes,' enter the name of the foreign country: ►			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreigr Financial Accounts.	Bank and		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a	Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	saction?5	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg Tax Shelter Transaction?	garding Prohibited	c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible?	the organization 6	a	x
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut	ions or gifts were not		
deductible?		b	(MRK2807)
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly of provided to the payor?	goods and services	a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided		b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	vas required to file	c	x
d If 'Yes,' indicate the number of Forms 8282 filed during the year.			
e Did the organization, during the year, receive any tunes, directly or indirectly, to pay premiums on a benefit contract?			X
f Did the organization, during the year bay organisms, directly or indirectly, on a personal benefit con			X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required			<u> </u>
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	• •	h 	88950005568
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, have excludings at any time during the year?	cess business 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		a	
b Did the organization make any distribution to a donor, donor advisor, or related person?		b	
10 Section 501(c)(7) organizations. Enter:			
a 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:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? 12:	a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
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Form 990 (2009) Taxpayers For Common Sense

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	3		
b	Enter the number of voting members that are independent	3		
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	an a	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents	4		· X
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule 0			
a	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes</i> ,' <i>provide the names and addresses in Schedule O</i>	9		х
	tion B. Policies (This Section B requests information about policies not required by the Interna			
Reve	enue Code.)			

		Yes	No
10 a Does the organization have local chapters, branches, or affiliates?	10 a		Х
b If 'Yes,' does the organization have written policies and procedures governing the adjustes of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization	10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Х
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		inanis de la	
12a Does the organization have a written conflict of interest policy? If No,' go to line 13	12a	Х	
b Are officers, directors or trustees, and key employees confired to disclose annually interests that could give rise to conflicts?	12b	Х	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	
13 Does the organization have a written whistleblower policy?	13		Х
14 Does the organization have a written document retention and destruction policy?	14		Х
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		Х
b Other officers of key employees of the organization	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		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section C. Disclosures			
17 List the states with which a copy of this Form 990 is required to be filed ► None			

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	inspection, indicate now you make these available, oneck all that apply.
	Own website Another's website X Upon request
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ The Organization 651 Pennsylvania Ave, SE Washington DC 20003 202-546-8500

Form 990 (2009) Taxpayers For Common Sense

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of 'key employees.'

• 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)				c)			· (D)	(E)	(F)
Name and Title	Average hours per week				· · ·	hat app 		Reportable compensation from	Reportable compensation from	Estimated amount of other compensation from the
		dividu	stituti	Officer	ey en	ghes:	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization
		Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related organizations
		ustee	truste		ee	ipens				
			B			ated				
Courtney Cuff										
Chair	0	X						0.	0.	0.
Danielle Brian	_							58		
Director	0	X						0.	0.	0.
						-		IGPY		
Director	0	X						0.	0.	0.
David Terry Director	0	X							0	0
Marion Edey			A			7		0.	0.	0.
Director		\mathbf{D}		<u>3</u> 28				0.		0.
Kathleen Welch		<u>11</u>								<u>.</u>
Director	40	x						0.	Ο.	0.
Rob Stuart										
Director	0	X						0.	0.	0.
Mark Smith										
Director	0	X						0.	0.	0.
Ryan Alexander										
President & CEO	40			Х			ļ	121,000.	0.	5,580.
										
									· · · ·	
										· · · · · · · · · · · · · · · · · · ·
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Part VII Section A. Officers, Directors, Trus		<u>\ey</u>	En			es,	an			
(A)	(B)	Boci	tion (•	с) Кана	that ar	-	(D)	(E)	(F)
Name and Title	Average hours per week		r	r –	-	1		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensatemployee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
· ·		dividual	lion	14	employee	ist co	đ			organization and related
	1	frus	al tr		oyee	guno				organizations
		tee	uste			ensa				
			6			fed				
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	-	F	\$				- 1999 - 1999	*		
				,	Participant of the second seco	1 1				
AIIG										
	Ì									
1 b Total					I	L	►	121,000.	0.	5,580.
2 Total number of individuals (including but not limite	d to tho	se li	sted	lab	ove)	who	rec			
from the organization 1					,					
										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i	or trust	iee, k	key	emp	oloye	ee, o	or hi	ighest compensate	ed employee	. 3 X
· ·										
the organization and related organizations greater t	han \$15	50,00	10?	lf 'Y	'es'	com	olete	e Schedule J for s	such	
individual			• • •		• • •	• • • •		•••••	• • • • • • • • • • • • • • • • • • • •	. 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	atio	n fro	om a	any	unre	late	d organization for	services	
	hedule J	l for	suci	h pe	erso	<u>n</u>			<u> </u>	. 5 X
Section B. Independent Contractors									<u> </u>	
 Complete this table for your five highest compensation from the organization. 	ea inae	pena	ient	con	itrac	ctors	tha	t received more th	1an \$100,000 of	
(A) Nåme and business addres	5							(B) Description d	of Services	(C) Compensation
	-							2000 ption t		compensation
								.		
· · · · · · · · · · · · · · · · · · ·										
										·
2 Total number of independent contractors (including	but not	limit	044	to +h		licte		boyo) who roos	ad more than	
 2 Total number of independent contractors (including \$100,000 in compensation from the organization ► 		annt	eu i	ιο tr	iuse	: iiste	su a	above, who receiv		
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Pa	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
TS S	1a Federated campaigns 1a				
TS, GRANTS AMOUNTS	b Membership dues		10		
AMC AMC	c Fundraising events				
₽₽	d Related organizations 1d				
CONTRIBUTIONS, AND OTHER SIMI	e Government grants (contributions) 1e				
HER	f All other contributions, gifts, grants, and similar amounts not included above 1f 1,07	5,409.	and and and		
	g Noncash contribus included in Ins 1a-1f: \$	3,403.			
ANIA	h Total. Add lines 1a-1f	▶ 1,075,409.			
ΠE		ss Code			
PROGRAM SERVICE REVENUE	2a b c d d d f All other program service revenue.				
Ĕ.	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interes other similar amounts)	t and 2,118.			2,118
	4 Income from investment of tax-exempt bond pro				2,110
	5 Royalties				
		Personal			
	6a Gross Rents		SPLA		
	b Less: rental expenses.				
	c Rental income or (loss) 20,559.				
	d Net rental income or (loss)				20,559
	7a Gross amount from sales of assets other than inventory. 15,000.				
	b Less: cost or other basis and sales expenses 18.212.				<u>19</u> 11 - 1912 - 1913 -
	c Gain or (loss)				
	d Net gain or (loss)	▶ -3,813.		Watawisi were interest	-3,813
ENUE	8a Gross income from fundraising events (not including. \$				
REVI	of contributions reported on line 1c).				
OTHER REV	See Part IV, line 18a				
5	c Net income or (loss) from fundraising events	•			
	9a Gross income from gaming activities. See Part IV, line 19a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowancesa				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Busine	ss Code			
	Ina Class action settlement 90009 b	Bethis office of the state of t			319
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	▶ 1,094,592.	0.	0.	19,183

	Section 501(c)(3) All other organizations must comp		ations must complete a e not required to compl		I (D).
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	126,580.	126,580.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.	460,439.	430,197.	10,242.	20,000.
8	Pension plan contributions (include section 401 (k) and section 403(b) employer contributions).			10/111	
9	Other employee benefits	32,820.	32,774.	46.	
10	Payroll taxes	44,855.	42,346.	979.	1,530.
	Fees for services (non-employees)	44,000.		575.	1,000.
	a Management				
		2,291.	2,121.	170.	
	Accounting	39,067.	2,121.	39,067.	
	Lobbying	35,007.			
	Г		·		
	Prof fundraising svcs. See Part IV, In 17		R.		
	Investment management fees	20 717	10 086		1 (701
	• Other	29,717.	TU UBOO	2,850.	16,781.
	Advertising and promotion			210	
13	Office expenses.	3,564.	3,254.	310.	701
14	Information technology	15,838.	15,032.	75.	731.
15	Royalties		100.004		
16	Occupancy	104,408.	103,804.	604.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	3,648.	1,767.	80.	1,801.
19	Conferences, conventions, and meetings	295.	295.		
20	Interest			Í	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,482.	5,482.		
23	Insurance	5,704.	.,	5,704.	····
	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
2	Printing and Publications	37,621.	36,957.	75.	589.
	Communications	17,675.	17,628.	46.	
	Postage and Shipping	113.	32.	81.	±.
	·				
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	930,117.	828,355.	60,329.	41,433.
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
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Form 990 (2009) Taxpayers For Common Sense Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			6,807.	1	168,059.
	2	Savings and temporary cash investments		ſ	1,968.	2	199,332.
	3	Pledges and grants receivable, net			307,940.	3	.145,000.
	4	Accounts receivable, net			4,414.	4	3,049.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trustees II of Scheo	, key employees, lule L		5	
	6	Receivables from other disqualified persons (as define	ed under s	ection 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Com	plete Part I	I of Schedule L		6	
ASSETS	7	Notes and loans receivable, net				7	
Ĕ	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges.			7,415.	9	3,987.
	10 a	Land, buildings, and equipment: cost or other basis.	10a	36,691.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	24,191.	10,615.	10 c	12,500.
	11	Investments - publicly-traded securities			103,119.	11	110,442.
	12	Investments - other securities. See Part IV, line 11				12	
	13	investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets			6,000.	14	5,000.
	15	Other assets. See Part IV, line 11			430.	15	430.
	16	Total assets. Add lines 1 through 15 (must equal line	34)		448,708.	16	647,799.
	17	Accounts payable and accrued expenses			42,727.	17	57,615.
	18	Grants payable				18	
	19	Deferred revenue			. A	19	
L 1	20	Tax-exempt bond liabilities				20	
A B I	21	Escrow or custodial account liability. Complete Part	V of Sched	lule D		21	
L	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key rsons. Com	employees			
T I F		of Schedule L.				22	
E S	23	Secured mortgages and notes payable to unrelated the				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D.			1,000.	25	1,000.
	26				43,727.	26	58,615.
N E T		Organizations that follow SFAS 117, check here ►	X and co	omplete lines			
		27 through 29 and lines 33 and 34.					
ANNELN	27	Unrestricted net assets			-74,658.	27	92,782.
Ĕ	28	Temporarily restricted net assets			479,639.	28	496,402.
	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere ►	and complete			
FUND		lines 30 through 34.				S	
	30	Capital stock or trust principal, or current funds				30	
B	31	Paid-in or capital surplus, or land, building, and equip				31	
Ā	32	Retained earnings, endowment, accumulated income,				32	
BALANCES	33	Total net assets or fund balances.			404,981.	33	589,184.
S RA	34	Total liabilities and net assets/fund balances	<u></u>		448,708.	34	647,799. Form 990 (2009)

BAA

Form 990 (2009) Taxpayers For Common Sense 52–1941	122	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🕅 Accrual 🗌 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	and the	an di sana	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auc review, or compilation of its financial statements and selection of an independent accountant?	lit, 2c		Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			in the
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on consolidated basis, separate basis, or both:	a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit 3b		

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Form 990 (2009)

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SCHEDULE A (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.

2009
Open to Public Inspection
inspection

OMB No. 1545-0047

Departr Internal	nent o Reve	of the Treasury enue Service		► Attach te	o Form 990 or Form 990-	EZ. ► Se	e separ	ate insti	ructions	5.			ection	ы.
Name o	f the	organization								Employe	r identificat	tion number		
				non Sense							941122			
					us (All organizations) See <u>i</u>	nstruct	ions		
The o	Ě.				ause it is: (For lines 1 thr	5 .		5						
1					ssociation of churches de		n sectio	n 170(b)	(1)(A)(i)).				
2					(A)(ii). (Attach Schedule									
3					ice organization described									
4		A medical re name, city, a			ted in conjunction with a	hospital	describe	ed in see	ction 17	' 0(b)(1)(/	A)(iii) . Er	nter the hos	spital's	
5		An organiza	tion op		it of a college or universi	ty owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in s	section	
6 7	X	An organiza	tion tha	local government of at normally receives)(A)(vi). (Complete	r governmental unit desci a substantial part of its s Part II.)	ribed in s support fr	rom a go	1 70(b)(1 overnme)(A)(v). ental un	it or fror	n the ger	neral public	: descri	ibed
8					170(b)(1)(A)(vi). (Compl	ete Part	11.)							
9		An organizati from activities investment i	on that s relate ncome	normally receives: (1 d to its exempt function) more than 33-1/3 % of its ons – subject to certain exo ness taxable income (less	support	from con and (2) r	no more	than 33-	-1/3 % of	its suppo	ort from aro	SS	ter
10		An organizat	tion or	ganized and operate	d exclusively to test for p	ublic saf	ety. See	e sectio	n 509(a)	(4).				
11		more publicl	y supp	orted organizations	d exclusively for the bend described in section 509 nization and complete line	(a)(1) or	section	509(a)(nctions 2). See	of, or ca section	rry out tł 509(a)(3	ne purpose). Check t	s of on he box	e or that
		a 🗌 Type I		b Type I	1 c Type I	II — Fun	ctionally	integra	ted		d 🗌	Type III-	Other	
e		By checking than foundat 509(a)(2).	this bo tion ma	ox, I certify that the anagers and other th	organization is not contro an one or more publicly :	olled dired supported	ctly or ir d organi	ndirectly zations	by one describ	or more ed in se	disquali	fied perso (a)(1) or s	ns othe ection	er
f		If the organi	zation	received a written d	etermination from the IRS	S that is	a Type (Type	l or yp	e III sup	porting o	organizatio	n,	
g		Since Augus	it 17, 2	006, has the organiz	zation accepted any gift	or contrib	ution.	om any	of the f	ollowing	persons	?		
		(i) = norm					8						Yes	No
	1	(i) a perso below,	the go	verning body of the	y controls, either alone or supported organization?.	togethei				a in (ii) :		11 g (i)		
	4											11 g (ii)		
	4				andescribed in (i) or (ii) a	above?						11 g (iii)		
h				639	t the supported organizat									
	(i)	Name of Suppor Organization	rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste gove	Is the tion in col. d in your erning ment?	col.	vou notify nization in (i) of upport?		s the ion in col. zed in the S.?	(vii) Amour	it of Supp	ort
init						Yes	No	Yes	No	Yes	No			
Total														

Total

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

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Schedule A (Form 990 or 990-EZ) 2009

 Schedule A (Form 990 or 990 EZ) 2009
 Taxpayers For Common Sense
 52-1941122

 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.)

Sec	tion A. Public Support				-		
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	455,129.	748,905.	947,012.	920,294.	1,075,409.	4,146,749.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0
4	Total. Add lines 1-through 3	455,129.	748,905.	947,012.	920,294.	1,075,409.	4,146,749.
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)						1,379,315.
6	Public support. Subtract line 5 from line 4						2,767,434.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊺otal
7	Amounts from line 4	455,129.	748,905.	947,012.	920,294.	1,075,409.	4,146,749.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	23,725.	30, 703.	3 ,334.	23,993.	22,996.	131,751.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	OILE	BLIC				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
capital assets (Explain in	10	4,278,500.					
	 2 Gross receipts from related activities, etc. (see instructions)			0.			
	organization, check this box and	l stop here					
	Public support percentage for 20 Public support percentage from						<u> </u>
	33-1/3 support test – 2009. If the and stop here. The organization						
, ,	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pul	I not check a box olicly supported or	on line 13, or 16a ganization	a, and line 15 is 3	3-1/3% or more, c	check this box ►
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	re. Explain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop he a publicly suppo	re. Explain in Part orted organization.	: IV how the
	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17a			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2009

Page 2

Schedule A (Form 990 or 990-EZ) 2009 Taxpayers For Common Sense 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal yr beginning in)>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.').						
2	Gross receipts from admissions, merchandise sold or services performed, or						
	facilities furnished in a activity that is related to the organization's tax-exempt						
3	purpose Gross receipts from activities that are not an unrelated trade or business under section 513					· · ·	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			2			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.					. 1	
с	Add lines 7a and 7b						
	Public support (Subtract line						
-	7c from line 6.)						
Sec	tion B. Total Support			CIPN		Management of the fact	
	ndar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(a) 2003		2007	(u) 2008	(e) 2009	(i) Totar
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	PUF	3				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
	Total support. (add Ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and			id, third, fourth,	or fifth tax year as	a section 501(c)(3	"▶□
	tion C. Computation of Pul					······	
	Public support percentage for 20						%
	Public support percentage from 2					16	%
	tion D. Computation of Inv		· · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
	Investment income percentage for	•		-			%
	Investment income percentage fr					· · · · · · · · · · · · · · · · · · ·	%
19a	33-1/3 support tests – 2009. If the c more than 33-1/3%, check this b	organization did not	check the box on li	ine 14, and line 15 qualifies as a p	is more than 33-1/39 ablictly supported of	6, and line 17 is not	►□
		-				-	and line 18
b	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stop	phere. The organ	ization qualifies a	as a publicly suppo	rted organization .	

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Schedule A (Form 990 or 990-EZ) 2009 Taxpayers For Common Sense 52-1941122 F Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions	2age 4
	<u>.</u>
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• ·	
PUBLIC DISPLAY	

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SCF	EDULE D				OMB No. 1545-0047
	m 990)	Sup	plemental Financial Stat	ements	2009
•	-		te if the organization answered 'Yes	.' to Form 990.	
Departe Interna	ment of the Treasury al Revenue Service	► Att	Part IV, lines 6, 7, 8, 9, 10, 11, or 1 ach to Form 990. ► See separate in	2. structions	Open to Public Inspection
Name	of the organization		· · ·		Employer Identification number
Tax	payers For	Common Sense			F0 1041100
Par	ti Ormaniaati	ione Meinteining Dene	Advised Funds or Other Civ	ilay Eurola ay Asay	<u>52-1941122</u>
rai		zation answered 'Yes' to	r Advised Funds or Other Sin o Form 990, Part IV, line 6.	mar Funds of Acco	ounts Complete II
			(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at e	end of year	· · · · · · · · · · · · · · · · · · ·	(0)	
		butions to (during year)			
		from (during year)			
		at end of year			
			Lunan,	<u>}</u>	
	funds are the org	anization's property, subject	nor advisors in writing that the assets to the organization's exclusive legal	control?	Yes No
6	Did the organizat used only for cha purpose conferrir	ion inform all grantees, dono ritable purposes and not for ng impermissible private bene	rs, and donor advisors in writing that the benefit of the donor or donor adv afit??	grant funds may be isor or for any other	Yes No
			ete if the organization answere		
1	Purpose(s) of cor	nservation easements held by	/ the organization (check all that app	ly).	
	Preservation	of land for public use (e.g., r	ecreation or pleasure)	servation of an historica	ally important land area
	Protection of	natural habitat	Pre	servation of certified his	storic structure
	Preservation	of open space			
2	Complete lines 2 last day of the tax	a through 2d if the organizati x year.	on held a qualified conservation cont	ribution in the form of a	conservation easement on the
					Held at the End of the Year
а	Total number of o	conservation easements			
b	Total acreage res	tricted by conservation ease	ments	2b	
c	Number of conse	rvation easements on a certi	fied historic structure in fuded in (a).	2c 2c	
d	Number of conse	rvation easements included i	n (c) acquired after 8/17/06	2d	
3	Number of conse	rvation easements modified,	transferred, released, extinguished,	or terminated by the org	ganization during the tax
	year ►	a 🖡	EL .		
4	Number of states	where property subject to co	nservation easement is located >		
5	Does the organiza	ation have a written policy re	garding the periodic monitoring, insp	ection, handling of viola	ations
	and enforcement	of the conservation easement	nt it holds?		Yes No
6	Staff and volunte during the year >	er hours devoted to monitorir	ng, inspecting, and enforcing conserv	vation easements	
7	Amount of expen	ses incurred in monitoring, ir	specting, and enforcing conservation	n easements	
	during the year			\$	
8	Does each conse	rvation easement reported or	n line 2(d) above satisfy the requirem	nents of section	
	170(h)(4)(B)(i) ar	nd 170(h)(4)(B)(ii)?			
	In Part XIV, descri include, if applica conservation ease	able, the text of the footnote t	s conservation easements in its revenue to the organization's financial statem	e and expense statement, ents that describes the	and balance sheet, and organization's accounting for
Par	t III Organizat Complete	tions Maintaining Colle if the organization ans	ctions of Art, Historical Treas wered 'Yes' to Form 990, Part	sures, or Other Sim IV, line 8.	ilar Assets
	treasures, or othe	er similar assets held for pub	SFAS 116, not to report in its reven lic exhibition, education, or research ents that describes these items.	ue statement and balar in furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,
	treasures, or othe amounts relating	er similar assets held for pub to these items:	r SFAS 116, to report in its revenue s lic exhibition, education, or research	in furtherance of public	service, provide the following
			line 1		
	•••				
2	If the organization amounts required	n received or held works of a I to be reported under SFAS	rt, historical treasures, or other simil 116 relating to these items:	ar assets for financial g	ain, provide the following
			. 1		
b	Assets included i	n Form 990, Part X			▶\$
BAA	For Privacy Act a	and Paperwork Reduction Ad	t Notice, see the Instructions for Fo	rm 990.	Schedule D (Form 990) 2009

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12.

Schedule D (Form 990) 2009 Taxpa				17		-19411			Page 2
Part III Organizations Maintai	ning Colle	ctions of Art, r	listorica	al Treasures, o	r Other Simila	r Assets	(CC	ontinu	iea)
3 Using the organization's acquisition items (check all that apply):	on accession	and other records	, check a	ny of the following	that are a signifi	cant use o	f its c	collecti	on
a Public exhibition		d 🔤 L	oan or e	change programs					
b Scholarly research		e 🗌 🤇	Other						
c Preservation for future genera									
4 Provide a description of the organ Part XIV.							1		
5 During the year, did the organizat assets to be sold to raise funds ra							Yes		No
Part IV Escrow and Custodial 9, or reported an amou	Arrangem	ents Complete	e if orga	nization answe	red 'Yes' to Fo	orm 990,	Par	tIV,	line
				· · · · · · · · · · · · · · · · · · ·					
1 a Is the organization an agent, trust included on Form 990, Part X?	tee, custodia	n, or other interme	ediary for	contributions or ot	her assets not		Yes	Γ	No
b If 'Yes,' explain the arrangement	in Part XIV a	nd complete the f	ollowing t	able:	[]				
						Am	ount		
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an ar		m 990, Part X, lin	e 21?			····· 📙	Yes	L	No
b If 'Yes,' explain the arrangement						10			
Part V Endowment Funds Cor									<u> </u>
	(a) Current	year (b) Pri	ior year	(c) Two years bac	k (d) Three yea	rs back	(e) ⊦	our year	s back
1 a Beginning of year balance							<u></u>		
b Contributions							<u>en en e</u>		
c Net Investment earnings, gains, and losses				E					
d Grants or scholarships							1		
e Other expenditures for facilities and programs			R	IST'					
f Administrative expenses									
g End of year balance						1.50 States			
2 Provide the estimated percentage	of the year	he balancesheld a	as:						
a Board designated or quasi-endow	n en	8							
b Permanent endowment ►									
c Term endowment ►	⁸								
3a Are there endowment funds not ir	n the possess	ion of the organiz	ation that	are held and adm	inistered for the		r-		
organization by:								Yes	No
(i) unrelated organizations							a(i)		
(ii) related organizations							(ii)		
b If 'Yes' to 3a(ii), are the related of					•••••	····· [3	ßb		
4 Describe in Part XIV the intended Part VI Investments–Land, Bu					line 10				
Description of investment		(a) Cost or other b) Cost or other	(c) Accumulat	od	(4) D	ook Va	
		(investment)		basis (other)	Depreciation		(u) 5		
1a Land									
b Buildings	F					·			
c Leasehold improvements	F			26.601				10	<u> </u>
d Equipment				36,691.	24,1	L91.		12,	,500.
e Other								10	<u> </u>
Total. Add lines 1a through 1e (Column	i (d) must eq	uai Form 990, Par	t X, colun	n (B), line 10(c).).					,500.
BAA						Schedule	D (Fa	orm 99	v) 2009

(a) Description of security or category (b) Book value Cost of end-of year market value Cost of end-of ye	Schedule D (Form 990) 2009 Taxpayers For Com	mon Sense	10 11/2	52-1941122	Page 3
Financial derivatives					
Financial derivatives. Colore/Judd Geuly Interests. Citer	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of valuation or end-of-year market valu	Je
Other	Financial derivatives				
Total. (Column (b) must equal Form 390, Part X, col. (b) line 12) Interface Part Mill [Investments - Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value Tetal. (Column (b) must equal Form 390, Part X, line 13) N/A Part IX. Other Assets (See Form 990, Part X, line 15) Part IX. Other Assets (See Form 990, Part X, line 15) (b) Description of Liability (b) Anount (c) Description of Liability (b) Anount Federal Income Taxes (b) Anount Sublet security deposit 1, 000. Total. (Column (b) must equal Form 390, Part X, col. (b) line 25) 1, 000.	Closely-held equity interests				
Part VIII (Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost of end of year market value Total. (Column (a) must equal form 980, Part X, col. (B) line 13) (b) Book value (c) Method of valuation Part IX (d) Description of investment type (e) Book value (c) Method of valuation Total. (Column (b) must equal form 980, Part X, col. (B) line 15) (c) Book value (c) Book value Total. (Column (b) must equal form 990, Part X, col. (B), line 15) (c) Amount (c) Book value Total. (Column (b) must equal form 990, Part X, col. (B), line 15) (c) Amount Federal Income Taxes (c) Description of Liability (c) Amount Federal Income Taxes 1, 000. (c) Description of Liability Sublet security deposit 1, 000. (c) Column (b) must equal form 990, Part X, col. (c) hine 25) Column (b) must equal form 990, Part X, col. (c) hine 25) (c) Amount	Other				
Part VIII (Investments—Program Related (See Form 990, Part X, line 13) N/A (a) Description of investment type (b) Book value (c) Method of valuation Cost of end of year market value Total. (Column (a) must equal form 980, Part X, col. (B) line 13) (b) Book value (c) Method of valuation Part IX (d) Description of investment type (e) Book value (c) Method of valuation Total. (Column (b) must equal form 980, Part X, col. (B) line 15) (c) Book value (c) Book value Total. (Column (b) must equal form 990, Part X, col. (B), line 15) (c) Amount (c) Book value Total. (Column (b) must equal form 990, Part X, col. (B), line 15) (c) Amount Federal Income Taxes (c) Description of Liability (c) Amount Federal Income Taxes 1, 000. (c) Description of Liability Sublet security deposit 1, 000. (c) Column (b) must equal form 990, Part X, col. (c) hine 25) Column (b) must equal form 990, Part X, col. (c) hine 25) (c) Amount					
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	edule D (Form 990) 2009 Taxpayers For Common Sense	52-1941122		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)		094,	592.
2	Total expenses (Form 990, Part IX, column (A), line 25).		930,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		164,	
4	Net unrealized gains (losses) on investments			728.
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV).			
9	Total adjustments (net). Add lines 4 through 8.		10	728.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		$\frac{15}{184}$,	
-	Excess of (dencity for the year per addied infancial statements. Combine lines 3 and 9 tXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Doturn	104,	203.
1	Total revenue, gains, and other support per audited financial statements		114	220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	<u>1 1,</u>	114,	320.
		0		
	a Net unrealized gains on investments	8.		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIV)			
	Add lines 2 a through 2d			728.
	Subtract line 2e from line 1	. 3 1,	094,	<u>592.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
â	a Investments expenses not included on Form 990, Part VIII, line 7b			
t	Other (Describe in Part XIV)	200		
c	Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		094,	592.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	er Return		
1	Total expenses and losses per audited financial statements	1	930,	117.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
Ł	Prior year adjustments			
c	Other losses			
c	l Other (Describe in Part XIV)			
e	Add lines 2a through 2d.	2e		
3	c) Other Iosses. 2c d) Other (Describe in Part XIV). 2d e) Add lines 2a through 2d. 2d Subtract line 2e from line 1. 2. Amounts included on Form 990, Par IX, line 25, but not on line 1: 2d		930,	117.
4	Amounts included on Form 990, Par IX, line 25, but not on line 1:		/	ā
a	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		930,	117
Par	txiv Supplemental Information	··· / • /	5507	<u> </u>
Com line 4 infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this mation.	IV, lines 1b and 2t part to provide an	o; Part y additi	V, onal
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	(Form 990) 2009				Sense
Part XIV	Supplemental	Information	(cont	inued)	

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SCHEDULE R (Form 990)	Related O	Organizations and Unrelated Partnerships	Unrelated Partn	erships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Complete if the org 		• Form 990, Part IV, lines e separate instructions.	: 33, 34, 35, 36, or 37.		Open to Public Inspection
Name of the organization Taxpayers For Com	Common Sense				Employer identification number 52–1941122	ication number 22
Part Identification	Part I Identification of Disregarded Entities (Complete if	if the organization answered 'Yes' to Form 990, Part IV, line 33.)	wered 'Yes' to Form	1 990, Part IV, line		
Name, address	Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of more re-	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations duritae	(Comotete if the	organization answered 'Yes' to Form 990, Part IV, line 34 because it had	d 'Yes' to Form 99(), Part IV, line 34 b	ecause it had
Name, address,	Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity
Taxpayers_for_Com 651 Pennsylvania	<u>Common Sense Action</u> ia Avenue, SE					
Washington, DC_20003 52-2071292	003	Inactive	DC	501 (c) (4)		N/A
						-
BAA For Privacy Act and F	BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	istructions for Form 990.	TEE	TEEA5001L 02/05/10	Schedu	Schedule R (Form 990) (2009)

	Identification of Related Organizations Primate address and F(M)
line 34 because it had one or more related organization set turk for the tax year.) e, address, and ElN of related organization = address of the a	

Schedule R (Form 990) 2009 Taxpayers For Common Sense	52-1941122	Page 3
Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34,	l, 35, or 36.)	
 Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV: a Receipt of (1) interest (ii) annuities (iii) rowalties (iv) rent from a controlled entity. 		Ta X
b Gift, grant, or capital contribution to other organization(s).		
c Girt, grant, or capital contribution from other organization(s)		1c X 1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s).		
g Purchase of assets from other organization(s)h Exchange of assets		19 X 1h X
Lease of facilities, equipment, or other assets to		
j Lease of facilities, equipment, or other assets from other organization(s)	-	1j X
k Performance of services or membership or fundraising solicitations for other organization(s)	-	1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		
		1m X
		<u>In</u>
• Reimbursement paid to other organization for expenses		10 X
P Reimbursement paid by other organization for expenses	-	1p X
q Other transfer of cash or property to other organization(s)		1q X X
or information on who must complete this line, including covered relationships	and transaction thresholds.	
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(2)		
(3)	· · ·	
(4)		
(2)		
(9)		
BAA TEEA5003L 02/05/10	Schedule R (Form 990) (2009)	orm 990) (2009)

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)	ership (Complet	e if the organizat	tion answere	ed 'Yes' to Form 99	0, Part IV	, line 37.)		-
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	ship through which the inding exclusion for o	the organization con certain investment pa	ducted more th artnerships.	an five percent of its a	ctivities (mea	asured by total asset c	or gross	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Dispropor- tionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form /1065	(H) General or managing partner?	al or er?
			Yes No		Yes No		Yes	٥ No
	1			-				
				100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100				
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52-1941122

Schedule R (Form 990) 2009 Taxpayers For Common Sense

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Supplemental Information to Form 990

SCHEDULE O (Form 990)

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Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

2009

Schedule O (Form 990) 2009

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Form 990 or to provide any additional information. ► Attach to Form 990.	Open to Public Inspection
Name of the organization Taxpayers For		Employer identification number
		52-1941122
<u>Form 990, Par</u>	t III, Line 1 - Organization Mission	· · · · · · · · · · · · · · · · · · ·
Mission'	<u>Taxpayers for Common Sense (TCS) is a non-partisan b</u>	udget watchdog that
serves_as_a	n independent voice for American taxpayers. TCS see	<u>ks to ensure that our</u>
government_	spends taxpayer money efficiently and responsibly by	working to eliminate
wasteful and	<u>d harmful federal spending.</u>	
<u> Goals TC</u>	S seeks to ensure that the federal government spends	_taxpayer_dollars
efficiently	_and_responsibly_by:	
		•
1Eliminat:	ing wasteful and harmful programs and subsidies;	
2Increasi	ng government transparency and accountability relate	to the federal
budget_and	appropriations process;	
3Developin	ng and promoting solutions to prevent irresponsible	subsidies; and
4Rolling_t	Dack_earmarks to incrowest_number_in_recent_history	_achieved in 1996
Form 990, Part	III, Line 4d - Other Program Services Description	
Water_Resour	rces Program - Works to eliminate unnecessary and il	l-conceived_water
projects_and	d policies through targeted efforts on Army Corps of	Engineers, drinking
water_and_wa	astewater infrastructure, the removal of four dams of	n the lower Snake
River in Eas	stern Washington, and federal subsidization of weste	rn water resources.
Form 990, Part	VI, Line 8 - Explanation of No Contemporaneously Documentation of	Meetings
There are no	specialized committees for which the meetings or p	roceedings should be
memorialized	1	
Form 990, Part	VI, Line 11 - Form 990 Review Process	
The Form 990) is reviewed by the President, Treasurer and Account	tant before it is
filed, and t	the preparer makes any changes that are recommended a	as a result of those

BAA For Privacy Act and paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule O (Form 990) 2009	Page 2
Name of the organization Taxpayers For Common Sense	Employer identification number 52–1941122
Form 990, Part VI, Line 11 - Form 990 Review Process (continued)	
reviews	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
Board members submit an annual conflict of interest policy com	pliance statement,
requiring them to acknowledge that they have received, read, a	nd understand the
conflict of interest policy, that they agree to comply by its	terms, and to note any
potential or actual conflicts. The compliance statements are	reviewed by the Board
Chair and/or the President of TCS.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	·
TCS does not make its governing documents, internal policies o	r financial statements
public. The annual information return Form 990 is made public	as the law requires.
PUBLIC DISPLA	· · · · · · · · · · · · · · · · · · ·
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Schedule 0 (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Taxpayers For Common Sense	52-1941122
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12/31/09

2009 Federal Book Summary Depreciation Schedule

				-	-					•
ient	008		Тахрауе	rs For Com	mon Sen	se			52	2-194112
10/10)									09:36F
No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life.	Current
Depr.	Schedule Only						·			,
Int	angible Asset - Trademark									
3	Trademark option (blnce)	12/31/99		15,000			9,000	S/L	15 _	1,00
	Total Intangible Asset - Trademark			15,000		0	9,000			1,0
Ма	chinery and Equipment									
1	Fax Machine	10/01/96		1,825			1,825	S/L	5	
2	HP 4000 printer	3/25/98		1,699			1,699	.S/L	5	
4	Pentium III CPU	8/15/01		800			801	S/L	5	
5	Pentium III CPU	8/15/01		800			800	S/L	5	
6	Pentium III CPU	8/15/01		800			800	S/L	5	
7	Pentium III CPU	8/15/01		. 800			800	S/L	5	
8	SCB Entprs CPU Autumn	12/31/04	r	700			A 7 00	S/L	3	
9	SCB Entprs CPU for Erich	12/31/04		700		PL	700	S/L	3	
10	SCB Entprs CPU for Mchle	12/31/04		800	<u>∖</u> 1 G		800	S/L	3	
11	SCB Entprs CPU for Keith	12/31/05		800	<u> </u>	a ma	800	S/L	3	
12	Xeon server	1/30/06		2,000			1,667	S/L	3	:
13	Computer CPU (Franz)	3/22/06		800			667	S/L	3	
14	Computer CPU (Steve)	5719706		920			767	S/L	3	
15	Toshiba Notebook Cmptr	9/28/06		900			600	S/L	3	:
16	Sony Ntbk cmptr/other	11/02/06		2,800			1,866	S/L	3	9
17	CPU (SN: 28657)-Keith	3/28/07		1,099			549	S/L	3	:
18	Computer (SN:28910)-Demia	6/30/07		1,225			612	S/L	3	:
19	Phone system	4/25/07		10,856			3,256	S/L	5	1,0
	Canon IR50201 copier	5/15/09		3,889				Š/L	2	ç
21	Toshiba R600 laptop	12/03/09		2,478	_			S/L	3	
	Total Machinery and Equipment			36,691		0	19,709			4,4
	Total Depreciation			51,691	_	0	28,709			5,4
	Grand Total Depreciation			51,691		0	28,709		_	5,48

Page 1

12/31/09		2009 Federal Book Depreciation Schedule	edera	al Boo	ok Dep	reciat	ion Se	chedu	e				Page 1
Client 008			F	axpaye	rs For Co	Taxpayers For Common Sense	ense						52-1941122
11/10/10 No Description	Date Date Sold	Cost/ Racis	Bus. Pot	Cur 179 Bonus	Special Depr.	Prior 179/ Bonus/	Prior Dec. Bal.	Salvage /Basis	Depr. Basio	Prior	Mothod	Moddon 1. fc	09:36PM Current
Schedule Only		1											
Intangible Asset - Trademark													
3 Trademark option (blnce)	12/31/99	15	000						15,000	9,000	S/L	15	1,000
Total Intangible Asset - Trademark		15	15,000	0	0	0	0	0	15,000	6,000			1,000
Machinery and Equipment													
1 Fax Machine	10/01/96	-	,825						1,825	1,825	S/L	2	0
2 HP 4000 printer	3/25/98	ţ	669'						1,699	1,699	S/L	ß	0
4 Pentium III CPU	8/15/01		800						800	801	S/L	5	
5 Pentium III CPU	8/15/01		800						800	800	S/L	5	0
6 Pentium III CPU	8/15/01		800						800	800	S/L	5	0
7 Pentium III CPU	8/15/01		800						800	800	S/L	5	0
8 SCB Entprs CPU Autumn	12/31/04		700						700	700	S/Ļ	3	0
	12/31/04		700						700	700	S/L	3	0
	12/31/04		800						800	800	S/L	Э	0.
	12/31/05		800						800	800	S/L	ę	0
	1/30/06	2	2,000						2,000	1,667	S/L	3	333
	3/22/06		800						800	667	S/L	ę	133
	5/19/06		920						920	767	S/L	e	153
	9/28/06		006						006	600	S/L	ę	300
	11/02/06	Ğ	2,800						2,800	1,866	S/L	E	934
	3/28/07	-	1,099						1,099	- 549	S/L	e	367
	6/30/07	-	1,225						1,225	612	S/L	ę	204
	4/25/07	10,	10,856						10,856	3,256	S/L	5	1,086
20 Canon IR50201 copier	5/15/09	Ϋ́	3,889						3,889		S/L	2	972
-													

12/31/09		2009 Federal Book Depreciation Schedule	sral Bo	ok De	preciat	ion So	chedu	e			Page 2
Client 008			Taxpaye	ers For C	Taxpayers For Common Sense	sense					52-1941122
11/10/10 No. Description	Date Date Acquired Sold	Cost/ Basis	Cur Bus. 179 Pct. Bonus	Special Depr. Allow	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method Life Rate	09:36PM Current te Depr.
21 Toshiba R600 laptop	12/03/09	2,478						2,478		S/L . 3	
Total Machinery and Equipment		36,691	0	0	0	0	0	36,691	19,709		
Total Depreciation		51,691		0		0		51,691	28,709		
Grand Total Depreciation		51,691	0	0		0	0	51,691	28,709		
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