COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Legislative hearing on H.R. ____, "Accelerated Revenue and Repayment Act"

For In	dividuals:							
1. Nai	me:							
2. Ad	dress:							
3. Em	ail Address:							
4. Pho	. Phone Number:							
	* * * *							
For W	itnesses Representing Organizations:							
1.	Name: Stephen Ellis							
2.	Name of Organization(s) You are Representing at the Hearing:							
	Taxpayers for Common Sense							
3.	Business Address: 651 Pennsylvania Ave. SE Washington, DC 20003							
4.	Business Email Address: [Information redacted for privacy]							
5.	Business Phone Number: 202-546-8500							

Name/Organization: <u>Stephen Ellis/ Taxpayers for Common Sense</u>

Title/Date of Hearing: <u>Legislative hearing on "Accelerated Revenue and Repayment Act</u>"/June 6, 2012

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.S. Government, U.S. Coast Guard Academy

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.

N/A

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.

12+ years as taxpayer advocate at 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 government grants or contracts (or subgrants or subcontracts) of any kind.

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.

No lawsuits or petitions.

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

N/A

Name/Organization: <u>Stephen Ellis/ Taxpayers for Common Sense</u>
Title/Date of Hearing: <u>Legislative hearing on "Accelerated Revenue and Repayment Act"</u> /June 6, 2012
In addition, for witnesses representing organizations:
g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Vice President

h. 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 government grants or contracts (or subgrants or subcontracts) of any kind.

i. 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).

No lawsuits or petitions.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

No foreign country donations.

k. 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**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A	For the	2010 calen	dar year, or tax year begi	nning	, 20	10, and e	nding				
В	Check if ap	oplicable:						D Employ	er Identi	fication Number	
	Addre	ss change	Taxpayers For Co	ommon Sens	se			52-	1941:	122	
	Name	change	651 Pennsylvania	a Avenue,	SE			E Teleph			
	Initial	return	Washington, DC 2		202	-546-	-8500				
	Termi	nated									
	Amen	ded return						G Gross r	eceipts \$	1,183	. 377
	Applic	ation pending	F Name and address of princip	al officer: Rva	n Alexander		H(a)	ls this a group retui			
	l1		Same As C Above	-				Are all affiliates inc		Yes	
ī	Tax-exe	mpt status	X 501(c)(3) 501(c) () √ (ins	ert no.) 4947(a)(1)	or 52	7	If 'No,' attach a list.	(see inst	ructions)	
J	Websi	te: ► ww	w.taxpayer.net				H(c)	Group exemption n	ımber ►		
K	Form of	organization:	X Corporation Trust	Association	Other ►	L Year of F				gal domicile: DC	
Pa	art I	Summai	γ			-					
	1 Br	iefly descri	be the organization's miss	ion or most sig	gnificant activities:	TCS is	dedi	cated to	cutt	ing waste	f111
ø	_s;	<u>pending</u>	<u>and subsidies i</u>	n <u>order t</u>	o achieve a	respon	sible	and effic	cient	governme	<u> </u>
Activities & Governance	_t	hat ope	rates within its	means.							
ē			<u></u>								
Š	2 Ch	eck this bo	x ► ☐ if the organization	on discontinue	its operations or d	isposed o	f more th	nan 25% of its		sets.	_
જ	3 Nu 4 Nu	imber of vo	ting members of the gove dependent voting member	rning body (Pa	art VI, line Ta)				3		8
ties	5 To	ital number	of individuals employed in	s or the govern n calendar vea	r 2010 (Part V line	ne 10)			4 5		1.4
ξį	6 To	tal number	of volunteers (estimate if	necessary)	1 2010 (i art v, iiile	Za)			6		14 0
Ac	7a ⊤o	tal unrelate	ed business revenue from	Part VIII, colur	mn (C), line 12				7a		0.
	b Ne	t unrelated	business taxable income	from Form 990	0-T, line 34		<i></i>		7b		0.
								Prior Year		Current Y	
٨			and grants (Part VIII, line					1,075,4	09.	1,160	
Revenue	9 Pr	ogram serv	ice revenue (Part VIII, line	e 2g)			· · · · · · · [
eve	10 Inv	/estment in	come (Part VIII, column (A), lines 3, 4,	and 70)	1		-1,6			,797.
Œ	11 Ot	her revenue	e (Part VIII, column (A), li	nes 5, 6d, 8c,	9c, 0c, and Fe)			20,8			,457.
			- add lines 8 through 11					1,094,5	92.	1,183	<u>,377.</u>
	13 Gr	ants and si	milar amounts paid (Part	IX column (A)	, lines 1-3)						
	14 Be	nents pard	to or for member and	column (A),	line 4)		· · · · ·				
ģ			r compensation, employe	664,6	94.	752	,539.				
Expenses	I		undraising fees (Part IX,				10000000		20.000 apply 1989		TARRESC VON BUILDING
ž			ing expenses (Part IX, co								
ш			es (Part IX, column (A), li					265,4	23.	294,	,915.
			es. Add lines 13-17 (must					930,1	17.	1,047	,454.
	19 Re	venue less	expenses. Subtract line 1	8 from line 12				164,4	75.	135,	,923.
eets or alances							Bei	ginning of Curren		End of Ye	
seet Bala	20 10	tal asse t s (Part X, line 16)					647,7			,263.
Net As			s (Part X, line 26)				· · · · · <u> </u>	58,6			,147.
			fund balances. Subtract li	ine 21 from line	e 20			589,1	84.	741,	116.
13.77.05.05.05		Signatur									
com	er penalties plete. Decla	of perjury, I de ration of prepa	eclare that I have examined this ref arer (other than officer) is based on	turn, including accord all information of v	mpanying schedules and si which preparer has any kno	tatements, ai wledge.	nd to the be	st of my knowledge	and belie	ef, it is true, correct	., and
			May #21	1							
Sig	ın	Signatur	e of officer					Date			
He	re	Rvar	Alexander				Pr	resident			
			print name and title.				<u>_ </u>	CSIGCIT			
		Print/Type pr	eparer's name	Preparer's signati	ure	Date		Check X	if P	TIN	
Pai	id	Harvey	E. Jester			9/1	10/11	self-employe		I/A	
Pre	parer	Firm's name	► Harvey E. Je:	ster, CPA		1 - 7 -	-,			.,	
Us	e Only	Firm's addres						Firm's EIN	► N/A		
			Falls Church		2-2045			Phone no.	(703	241-241	8
Мау	the IRS	discuss thi	s return with the preparer					1		X Yes	No

orm	990 (2010) Taxpayers For Common Sense	52-1941122	Pag
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	See Schedule 0		
	·		
Statement of Program Service Accomplishments			
2	Did the organization undertake any significant program services during the year which were not listed	on the prior	
			es X 1
3		services? Y	es X I
•	· · · · · · · · · · · · · · · · · · ·		
4		res hy expenses. Sec	tion 501(c
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and allocations to oth	ers, the to
4a			
	Environment Program - TCS works to eliminate environmentally has	rmful and wast	<u>eful_</u>
			<u></u>
		<u></u>	
40		` 	,. ,
	ill-conceived infrastructure projects and policies through targe	<u>eted efforts</u>	on Army
	infrastructure, and federal subsidization of western water resor	urces.	
	1 Other program corriges (Describe in Schedule (1) See Schedule (1)		
40	,	ė	`
	4b (Code:		.)
			orm 000 "
AΑ	TEEA0102L 10/06/10	, Г	OHH 230 (

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	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? If 'Yes,' complete Schedule C, Part III	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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
	c 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 XIII.	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 Schedille Part X.	11 d		X
	e Did the organization report an amount follother habilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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
	a 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	
ł	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
ŀ	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		X
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</i> 'Yes,' <i>complete Schedule F</i> , <i>Parts II and IV</i>	15		Х
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? 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? If 'Yes,' complete Schedule G, Part II.	18		<u>X</u>
19	complete Schedule G, Part III	19		X
20 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
Ŀ	olf '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)

Checklist of Required Schedules (continued) No Yes 21 Х 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 Х 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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..... Х 24a **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 25a 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 **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* X Schedule L, Part I..... 25b 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... Х 26 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? If 'Yes,' complete Schedule L, Part III. X 27 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, Par 28a Χ **b** A family member of a current or former officer, director, trustee, or key employed Х Schedule L, Part IV..... 28b by e (or a family member thereof) was an dedule L, Part IV..... c An entity of which a current or former officer, director, trustee officer, director, trustee, or direct or indirect owner? If 'Yes' **y** key 'Complete 28¢ Х Did the organization receive more than \$25,000 mind casa contributions? If 'Yes,' complete Schedule M.... 29 Did the organization receive contributions? If 'Yes,' complete Schedule historical treasures, or other similar assets, or qualified conservation of Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 Х 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If 'Yes,' complete Schedule R, Part I...... Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Х Is any related organization a controlled entity within the meaning of section 512(b)(13)?..... 35 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..... Yes 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 Х 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..... Х 37

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......

BAA

Form 990 (2010) Taxpayers For Common Sense Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1	4		
k	$oldsymbol{ ilde{D}}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable $\ldots \ldots$	1b	0	15.	
C	Did the organization comply with backup withholding rules for reportable payments to vendor (gambling) winnings to prize winners?	s and reportable gaming	. 1 c	Х	
2 <i>a</i>	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 1	4		
t	$oldsymbol{p}$ If at least one is reported on line 2a, did the organization file all required federal employmen	t tax returns?	. 2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see in	•			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the yea	r?	. 3a		Х
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fi	or other authority over, a nancial account)?	. 4a		Х
Ę	olf 'Yes,' enter the name of the foreign country:	4	_		
F -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		. <u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelters. If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		. 5b		Х
	, 5		. <u>5c</u>		
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?		. 6a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?	ontributions or gifts were	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and page 1	orthy for goods and			
-	services provided to the payor?	artly for goods and	. 7a	SECTION S	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		. 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property or where the self-self-self-self-self-self-self-self-	nich it was required to file	_		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	. 7c		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal				v
	Did the organization, during the year, pay premiums directly or indirectly, on a personal benefit		. 7e . 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization		·		
	as required?		. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	. 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he holdings at any time during the year?	ng organizations. Did the ave excess business	. 8		
9	Sponsoring organizations maintaining donor advised funds.		0		
	Did the organization make any taxable distributions under section 4966?		9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:				
		10a			
	[-	10b			
11	Section 501(c)(12) organizations. Enter:				
а	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.).	11 b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	Marine de la companya	
		12b	124	386.2	
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a	ediamen ele	
	Note. See the instructions for additional information the organization must report on Schedule	e O.		1000	
b					
		13b			
	•	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b		

Form	n 990 (2010) Taxpayers For Common Sense 52-1941122	<u> </u>	Р	age 6
Par	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 characteristics.	elow, inges	and i in	
	Check if Schedule O contains a response to any question in this Part VI	<u> </u>		. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a	8		
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		Х
4	Did the organization make any significant changes to its governing documents	4		Х
_	since the prior Form 990 was filed?	_		v
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Does the organization have members or stockholders?	6		Х
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	. 7a		Х
ŀ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b	e proposacion	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	
ŀ	Each committee with authority to act on behalf of the governing body?	8b		X
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	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	a Does the organization have local chapters, branches, or affiliates?	. 10 a		X
i	o 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		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	. 11 a	X	
ŀ	Describe in Schedule O the process, if any, used by the organization of review this Form 990. See Schedule O			
12	a Does the organization have a written conflict of interest policy? If No, go to line 13	12a	Х	
. 1	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
(c Does the organization regularly and considerity monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	. 14	Χ	
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?			
ä	a The organization's CEO, Executive Director, or top management official See . Schedule O	. 15a	X	
ı	b 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.)			
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	164		
500	organization's exempt status with respect to such arrangements?	. 16b		
	ction C. Disclosure 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) inspection. Indicate how you make these available. Check all that apply. Own website X Another's website X Upon request	availabl	e for	oublic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public. See Schedule O	olicy, ar	nd fina	incial
	State the name, physical address, and telephone number of the person who possesses the books and records of the or		ion:	
	► The Organization 651 Pennsylvania Ave, SE Washington DC 20003 202-546-850	<u></u>		

Form 990	(2010)	Taxpavers	For	Common	Sense
1 01111 990	(2010)	Tavhavers	LOT	COmmon	oens

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

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

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

Check this box if neither the organization	on nor any	relate	d or	gani	zati	on co	mpe	ensated any current o	fficer, director, or trus	tee.
(A)	(B)	ľ		(C				(D)	(E)	(F)
Name and title	Average hours		_			nat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
	hours for related	idual	ution	ਕੁ	empl	est c	Ē,	(** 271035 ************************************	(11 211033 111100)	organization and related
•	organiza- tions in	tas	nal tr		loyee	duo				organizations
	Schedule O)	tee	uste			ensa				
			,,,			ted				
_(1) Danielle Brian	4									
Director	0	Х						0.	0.	0.
_(2)	1	,,		.				_ 🐔 _		
Director	0	Х			_			0.	0.	0.
_(3) David Terry	1	٠,,			İ	-				_
Director	0	Х		4				0.	0.	0.
	0.	V\$		4 [. 1				•
(5) Kathleen Welch						7		0.	0.	· 0.
Director				•	1			0.	0.	0
(6) Courtney Cuff		2/1	\dashv		-			0.	0.	0.
Chair	0	Х						0.	0.	0.
(7) Rob Stuart	 	- 1		_	\dashv			0.	U.	<u> </u>
Secretary	0	Х						0.	0.	0.
(8) Mark Smith					T			0.	0.	<u>U.</u>
Treasurer	1 0	х						0.	0.	0.
(9) Ryan Alexander					1					<u> </u>
President & CEO	40			Х				121,000.	0.	5,940.
(10)										
(11)			_	_	_					
(11)	-									
(12)				+						
(13)										
			_		_					
(14)		ŀ								
(15)					+		_			
(16)										
(17)			\dashv	-	+					
	<u> </u>									
ВАА		TI	EEA0	107L	12/2	21/10				Form 990 (2010)

Part VII Section A. Officers, Directors, Trust		\ey	Em			es,	an			mpi	
(A) Name and title	(B) Average	Posi	tion (•	:) : all t	hat ar	oply)	(D) Reportable	(E) Reportable		(F) Estimated
ivanie and tide	hours per week (describe hours for related organi- zations in Sch O)			Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fro related organizati (W-2/1099-MISC	ons	amount of other compensation from the organization and related organizations
(18)											
(19)						·					
(20)											
(21)	, <u>,</u> .										
(22)											
(23)											
(24)											
(25)											
(26)											
(27)							_	OLP			
(28)			•								
(29)				1							
1b Sub-total. c Total from continuation sheets to Part VII, Section							>	121,000.		0.	5,940. 0.
d Total (add lines 1b and 1c)							o re	121,000. ceived more than	\$100,000 in re	1	5,940. ole compensation
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the 	ndividua	a/									Yes No
such individual											4 X
for services rendered to the organization? <i>If 'Yes,' o</i> Section B. Independent Contractors	complet	e Sc	hed	ule .	J foi	SUC	ch p	erson			5 X
Complete this table for your five highest compensation from the organization.	ed inde	pend	lent	con	itrac	tors	tha	t received more t	nan \$100,000 c	of	
(A) Name and business addres:	S							Description (of services	((C) Compensation
· · · · · · · · · · · · · · · · · · ·											
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	ose	list	ed a	above) who receiv	ed more than		

,	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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and	7,844.				
	similar amounts not included above 1f g Noncash contributions included in Ins 1a-1f: \$ h Total. Add lines 1a-1f	1,152,279. 5,121.	1,160,123.			
PROGRAM SERVICE REVENUE	2a	Business Code				
ROGR/	f All other program service revenue:					
	g Total. Add lines 2a-2f	nterest and ►	2,797.			2,797.
	5 Royalties	(ii) Personal	30 N 57	3PLP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20.457
	7 a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses. c Gain or (loss)	(ii) Other	0,13			20,457.
OTHER REVENUE	8a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18	nts ►				
	9a Gross income from gaming activities. See Part IV, line 19					
	c Net income or (loss) from gaming activitie 10 a Gross sales of inventory, less returns and allowances				Para granus esta de la granda de	
	11a b c	Business Code				
-	d All other revenue	⊢	1,183,377.	0.	0.	23,254.

Page 10

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).

			, (D)	(0)	(D)
	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			750 100 100 100 100 100 100 100 100 100 1	2001 2001 2001
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.	1			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	126,940.	126,940.	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.
-		531,245.	492,116.	23,151.	15,978.
,	Other salaries and wages	331,243.	492,116.	23,131.	15,976.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	44,436.	41,753.	1,413.	1,270.
10	Payroll taxes	49,918.	47,340.	1,326.	1,252.
11	Fees for services (non-employees):				
	Management				
	Degal		5,365.	828.	
	Accounting		-,,,,,,,,	40,440.	*
	Lobbying	20, 220		a a	
	Professional fundraising services. See Part IV, line 17			AV	
	Investment management fees	150.		150.	
	g Other	34,423.	21 5 9	1,985.	10,899.
	Advertising and promotion	34,423.	2 21 37	1,000.	10,099.
13	Office expenses.	8.444.	7,745.	547.	152.
	Information technology	14.960.	13,501.	357.	1,111.
14			13,301.		1,111.
15	Royalties	107 755	102 100	2 002	2 ([4
16	Occupancy	107,755. 11,188.	102,108.	2,993.	2,654.
17	Travel	11,188.	10,498.	690.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	5,447.	646.	131.	4,670.
21	Payments to affiliates				
	Depreciation, depletion, and amortization	5,680.	5,439.	161.	80.
	Insurance	5,514.	0, 1001	5,514.	
	Other expenses. Itemize expenses not	5,522.		0,0_1.	
	covered above (List miscellaneous expenses				
	in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f				
	expenses on Schedule O.)				
	Printing and Publications	37,345.	32,573.	1,150.	3,622.
ŀ	Communications	15,435.	14,678.	392.	365.
•	Postage and Shipping	1,932.	1,668.	259.	5.
(1				
•	,		·		
1	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,047,454.	923,909.	81,487.	42,058.
26		, , , = -	· · · · · · · · · · · · · · · · · · ·	,	
	SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational				
ВАА	campaign and fundraising solicitation				Form 990 (2010)

BAA

1 Cash — non-interest-bearing. 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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	(A) nning of year 168,059. 199,332. 145,000. 3,049.	1 2 3 4	(B) End of year 150,831. 112,017. 355,000. 4,633.
2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	199,332. 145,000.	2 3 4	112,017. 355,000.
2 Savings and temporary cash investments. 3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	199,332. 145,000.	2 3 4	112,017. 355,000.
3 Pledges and grants receivable, net	145,000.	3 4	355,000.
4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		4	
6 Receivables from other disqualified persons (as defined under section 4959/6/1)		5	-/
6 Receivables from other disqualified persons (as defined under section 4959/6/1)		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			:
organizations (see instructions)		6	
7 Notes and loans receivable, net	~	7	
Notes and loans receivable, net Notes and loans receivable, net Notes and loans receivable, net Prepaid expenses and deferred charges		8	
9 Prepaid expenses and deferred charges	3,987.	9	5,306.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			3,300.
b Less: accumulated depreciation. 10b 28,871.	12,500.	10 c	11 701
11 Investments – publicly traded securities.	110,442.	111	11,784. 133,262.
12 Investments – other securities. See Part IV, line 11	110,442.	12	133,202.
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 34)	647,799.	16	777,263.
17 Accounts payable and accrued expenses	57,615.	17	35,147.
18 Grants payable		18	03/11/.
19 Deferred revenue		19	
L 20 Tax-exempt bond liabilities		20	
A 21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
The state of the regarded and the rest payable to the regarded this parties		23	
24 Unsecured notes and loans payable to unrelated third parties		24	
25 Other liabilities. Complete Par of Schedule D	1,000.	25	1,000.
26 Total liabilities. Add lines 17 through 25.	58,615.	26	36,147.
Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34			14 July 27 J
A 27 Unrestricted net assets	92,782.	27	368,355.
1	496,402.	28	372,761.
\$ 29 Permanently restricted net assets.		29	
Organizations that do not follow SFAS 117, check here ► and complete			
lines 30 through 34. N 30 Capital stock or trust principal, or current funds.			
		30	
31 Paid-in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds		32	
R 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds. 33 Total net assets or fund balances. 34 Total liabilities and net assets (fund balances).	589,184.	33	741,116.
§ 34 Total liabilities and net assets/fund balances	647,799.	34	777,263.

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Taxpayers For Common Sense 52-1941122 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 X 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type II supporting organization, or check this box..... Since August 17, 2006, has the organization accepted any gift of bution for any of the following persons? Yes No A person who directly or indirectly controls either done or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

A family member of a person described in (i) above? 11 g (i) 11 g (ii) (iii) A 35% controlled entity & described in (i) or (ii) above?... 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in column (i) listed in (ii) EIN (vi) Is the (vii) Amount of support organization in column (i) organized in the U.S.? (see instructions)) your governing document? Yes No Yes No Yes No (A) (B) (C) (D) (E)

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 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	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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	Total. Add lines 1 through 3	748,905.	947,012.	920,294.	1,075,409.	1,160,123.	4,851,743.
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)						1,758,712.
6	Public support. Subtract line 5 from line 4						3,093,031.
Sec	tion B. Total Support						
	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, royalties and income from similar sources	30,703.	30,334.	23 223	22,996.	22,677.	130,703.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		SLIC				0.
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						4,982,446.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pu						
	Public support percentage for 20						62.1%
	Public support percentage from						64.7%
	a 33-1/3% support test — 2010. If and stop here. The organization						_
ŀ	33-1/3% support test — 2009. If and stop here. The organization	the organization d qualifies as a pub	id not check a bo dicly supported or	x on line 13 or 16 rganization	5a, and line 15 is	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	r e. Explain in Part	: IV how
10	10%-facts-and-circumstances to organization meets the 'facts-and' organization meets and organization meets the 'facts-and' organization meets and organization meet	meets the 'facts-a d-circumstances'	ind-circumstances test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	re. Explain in Part ted organization.	: IV how the
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a			structions > 90 or 990-EZ) 2010
	•				00		,, -010

Schedule A (Form 990 or 990-EZ) 2010 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	ction A. Public Support						
	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							
3							
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
]	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
(Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	(a) 2006	(b) 200	2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6	PUE					(7 , 100)
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
13	Total support. (Add Ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop nere	 	d, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	▶□
	tion C. Computation of Pub	olic Support Po	ercentage				
15	Public support percentage for 20	10 (line 8, column	(f) divided by lin	e 13, column (f))			%
16	Public support percentage from 2	2009 Schedule A,	Part III, line 15		<u> </u>	16	%
Sec	tion D. Computation of Inve	<u>estment Incon</u>	<u>ne Percentage</u>				
	Investment income percentage for						96
	Investment income percentage fr						%
	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	is a publicly suppo	rted organization	
	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%	the organization of the check this box a	did not check a bond nd stop here. The	ox on line 14 or li e organization qu	ne 19a, and line 1 alifies as a publicly	6 is more than 33-1 supported organiz	/3%, and ation ▶ □
20	Private foundation. If the organiz	zation did not ched	ck a box on line 1	4, 19a, or 19b, c	heck this box and	see instructions	►

Part IV	Supplemental Inforn Part II, line 17a or 17	nation. Complete this 7b; and Part III, line	part to provide the late. Also complete	e explanations rec this part for any a	uired by Part II, line ditional information.	10;
	(See instructions).		•		10-11-11-11-11-1	
				·		
	_		. -			
_						
	· 		. .			
			. 			
			. 			
			 .			
		PUBL				
		0438			 	
	·					
		. 			· 	
						
						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

		ction 501(c)(3)) organizations: Complete P	arts I-A and C below.	. Do not complete Part I	-B.
	Section 527 organizations: Co			,	
If the	e organization answered 'Yes	s,' to Form 990, Part IV, line 4, or Form 990)-EZ, Part VI, line 47 ((Lobbying Activities), th	nen
		ns that have filed Form 5768 (election unde			
• S	Section 501(c)(3) organizatior Part II-A.	ns that have NOT filed Form 5768 (election	under section 501(h))): Complete Part II-B. [Do not complete
If the	e organization answered 'Yes	s,' to Form 990, Part IV, line 5 (Proxy Tax)	or Form 990-EZ, Part	V, line 35a (Proxy Tax)	, then
• 5	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			•
	of organization		-	Employer identific	ation number
Tax	xpayers For Common	Sense		52-194112	22
	t I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.
1		organization's direct and indirect political			
2					
3	Volunteer hours				
Pai		rganization is exempt under secti			
1		cise tax incurred by the organization under			
2		cise tax incurred by organization managers			
3		a section 4955 tax, did it file Form 4720 fo			
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	ot section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on acuvities ▶\$	
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for se	tion 527 exempt	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here an	on orm 120-POL,	≻ \$	
4	Did the filing organization file	e Form 1120-POL for the year		*	Ves No
5	Enter the names, addresses	and employer identified in number (EIN)	of all section 527 po	litical organizations to w	/hich the filing
	amount of political contributi segregated fund or a political	and employer identified the uniber (EIN) s. For each organization listed, enter the all cons received that were promptly and directly action committee (PAC). If additional spin	mount paid from the tly delivered to a sep ace is needed, provid	filing organization's fundarate arate political organizat le information in Part IV	ds. Also enter the ion, such as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds.	(e) Amount of political
				If none, enter-0	promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					

(6)

Part II-A Complete if section 501(ı is exempt under sec	ction 501(c)(3) and	tiled Form 5768 (ele	ection under		
A Check ► if the filir	ng organization belo	ngs to an affiliated group.					
—		ked box A and 'limited cor	ntrol' provisions apply.				
(The term	Limits on Lobbyi 'expenditures' mea	ng Expenditures ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a Total lobbying expenditu	ures to influence pul	olic opinion (grass roots lo	bbying)				
b Total lobbying expenditu	ures to influence a l	egislative body (direct lobb	ying)				
c Total lobbying expenditu	ures (add lines 1a a	nd 1b)		0.	0.		
d Other exempt purpose e	expenditures			1,005,396.			
e Total exempt purpose e	xpenditures (add lin	es 1c and 1d)		1,005,396.	0.		
f Lobbying nontaxable an both columns.	nount. Enter the am	ount from the following tab	ole in	175,540.			
If the amount on line 1e, colu	umn (a) or (b) is: 7	he lobbying nontaxable a	mount 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.		100		
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	\$1,000,000.		42.005			
g Grassroots nontaxable a			F	43,885.	0.		
h Subtract line 1g from lin		•	F	0.	<u> </u>		
i Subtract line 1f from lin			_		<u> </u>		
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?							
	e organizations tha	1-Year Averaging Period U	Inder Section 501(h)	omplete all of the five	Yes No		
		s below. See the instruction					
	LUBB	ying Expenditures burning	4 Teal Averaging Calc	, u			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	G 20 9	(d) 2010	(e) Total		
2a Lobbying non-taxable amount	168,40	168,187.	158,303.	175,540.	670,430.		
b Lobbying ceiling amount (150% of line	P						
2a, column (e))					1,005,645.		
c Total lobbying expenditures	25	o.			250.		
d Grassroots nontaxable amount	42,10	0. 42,047.	39,576.	43,885.	167,608.		
e Grassroots ceiling amount (150% of line 2d, column (e))					251,412.		
f Grassroots lobbying expenditures					0.		
BAA				Schedule C (Form	990 or 990-EZ) 2010		

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)	(b)		
·	Yes	T	Amo		
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?					
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)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					æ
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 50 section 501(c)(6).	01(c)(5)	, or			
				Yes N	Vo
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	<u> </u>	
3 Did the organization agree to carryover lobbying and political expenditures from the page 2 ar?	A		3		_
Part III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if is answered 'Yes.'	01(c)(5) Part III-	, or A, lin	e 3		
1 Dues, assessments and similar amounts from members.		1		A	
2 Section 162(e) nondeductible lobbying and political expenses for which the section 52/(f) tax was paid).	al				
a Current year		2a			
b Carryover from last year		2b			
c Total		2с			
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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and prexpenditure next year?	cess olitical	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5	····		
Part IV Supplemental Information		<u> </u>	****		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Also, complete this part for any additional information.	and Par	t II-B,	ine 1i.		
		-		. — — — .	

Schedule C (Form 990 or 990-EZ) 2010 Taxpayers For Common Sense	52-1941122 Pag	<u>, </u>
Part V Supplemental Information (continued)		
(CONTRACTOR CONTRACTOR		
	•	
	·	
C-D15P		
CD15P		
oublic DISP		
PUBLIC DISP		
PUBLIC DISP		
PUBLIC DISP		
PUBLIC DISK		
PUBLIC DISP		
PUBLIC DISK		
PUBLIC DISK		
PUBLIC DISK		
PUBLIC DISK		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Та	xpayers For Common Sense	52-1941122
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fun	
	the organization answered 'Yes' to Form 990, Part IV, line 6.	<u> </u>
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	. Aggregate contributions to (during year)	
3	33 -3 3 (3) (3)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in dofunds are the organization's property, subject to the organization's exclusive legal control?	onor advised Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant functused only for charitable purposes and not for the benefit of the donor or donor advisor, or for purpose conferring impermissible private benefit?	any other Yes No
	rt II Conservation Easements. Complete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	f an historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in last day of the tax year.	the form of a conservation easement on the
		Held at the End of the Tax Year
	a Total number of conservation easements	2a
	b Total acreage restricted by conservation easements.	20
	c Number of conservation easements on a certified historic structure included in a	2c
	d Number of conservation easements included in (c) acquired after 8/1 06, and ast on a histor structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat tax year	ed by the organization during the
4	Number of states where property subject to consenation easement is located ▶	_
5	Does the organization have a writter policy-egarding the periodic monitoring, inspection, har and enforcement of the conservation easements it holds?	ndling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts during the year
	► \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expeninclude, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	se statement, and balance sheet, and escribes the organization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets. 3.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rever	use statement and halance sheet works of
	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rever art, historical treasures, or other similar assets held for public exhibition, education, or resear in Part XIV, the text of the footnote to its financial statements that describes these items.	ch in furtherance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue shistorical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	n furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	a Revenues included in Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	⊳ \$

Schedule D (Form 990) 2010 Taxpa	vers For	Common	Sense			52-194	1122		Page 2
Part III Organizations Maintai				rical Treasures.	or Othe			ontinu	
Using the organization's acquisition items (check all that apply):									
a Public exhibition			d Loan o	r exchange programs	S				
b Scholarly research			e Other	. enemange programs	_				
c Preservation for future genera	ations								
4 Provide a description of the organ Part XIV.		lections and	explain how	they further the orga	anization'	s exempt purpos	se in		
5 During the year, did the organizar assets to be sold to raise funds re	ather than to	be maintair	ned as part of	f the organization's o	collection	?	Yes		No
Part V Escrow and Custodial 9, or reported an amou	l Arrangem unt on Forr	nents. Con n 990, Pa	mplete if o art X, line 2	rganization answ 21.	ered 'Y	es' to Form 9	90, Pa	art IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or other i	ntermediary	for contributions or c	other asse	ets not	Yes	Γ	No
b If 'Yes,' explain the arrangement					_		<u> </u>		
- Denimaina halanaa					-		Amoun	<u>t</u>	
c Beginning balance									
d Additions during the year					· · · · · · · · · · · · · · · · · · ·				
e Distributions during the year f Ending balance									
2a Did the organization include an a							Yes	Г	No
b If 'Yes,' explain the arrangement		111 990, Fai	ι Λ, IIII C ΖΙ :.				163	L	
Part V Endowment Funds. Co		he organi	zation ansv	wered 'Yes' to Fo	orm 990	Part IV line	10		
Lindownient i und si oc	(a) Current		(b) Prior year	(c) Two years ba) Three years back		Four year	rs back
1 a Beginning of year balance	(u) ourroin	Jour	(b) I Hor your	(6) 1 10 3 5 6 1 5 6	301() (6	y mice years back	(0)	i our your	O Duck
b Contributions					- Interpretation	*****			
						~ 1			
c Net investment earnings, gains, and losses									44
d Grants or scholarships						***			
e Other expenditures for facilities and programs				151			1.0		
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage		end balance	≱held as:			100 A			-
a Board designated or quasi-endow			%						
b Permanent endowment ►									
c Term endowment ►	%								
3a Are there endowment funds not in	n the possess	sion of the o	organization t	hat are held and adr	ministered	d for the	Г		Г
organization by:								Yes	No
(i) unrelated organizations							3a(i)		┞
(ii) related organizations							3a(ii)		-
b If 'Yes' to 3a(ii), are the related of	•						3b		1
4 Describe in Part XIV the intended									
Part VI Land, Buildings, and I				(b) Cost or other	1 (2)	Saumoudatad I	(d)	Do ale ve	
Description of investment		(a) Cost or (inves	other basis tment)	basis (other)		Accumulated preciation	(a)	Book va	alue
1 a Land	ŀ								
b Buildings					-				
c Leasehold improvements	ľ								
d Equipment				40,655	•	28,871.		11	,78 4 .
e Other					<u> </u>				70.
Total. Add lines 1a through 1e (Column	n (d) must eq	ual Form 99	90, Part X, co	olumn (B), line 10(c).	<u>.)</u>				,78 4 .
BAA						Sched	ule D (F	Form 99	90) 2010

Part VII Investments-Other Securities. See F	orm 990, Part X, lin	ne 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	***************************************	Cost of end-or-year market value
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
<u>(E)</u>		
<u>(F)</u>		
(G)		
(H)		
(1) Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).		
Part VIII Investments—Program Related. (See	Form 990 Part X Ji	ine 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		The state of the s
(2)		
(3) (4)		The second secon
(5)		
(6)		The state of the s
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets. (See Form 990, Part X,	23 10	
(1)	scription	(b) Book value
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column(B Part X Other Liabilities. (See Form 990, Part), line 15)	······································
(a) Description of liability	(b) Amount	
(1) Federal income taxes	(a) Amount	
(2) Sublet security deposit	1,000).
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	·	
(9)		\perp
(10)		Experience of the control of the con
(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 organization's liability for uncertain tax positions under FIN	48 (ASC 740).	ganization's ilitalicial statements that reports the

Sche	edule D (Form 990) 2010 Taxpayers For Common Sense	52-1941122	Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		1,183,377.
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.
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue pe		 -
	Total revenue, gains, and other support per audited financial statements		1,199,386.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	09.	
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d.	2e	16,009.
3			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		
	b Other (Describe in Part XIV.) 4b		
	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,183,377.
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		1/100/0///
	Total expenses and losses per audited financial statements		1,047,454.
	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 c Other losses	•	2,01.,101.
	a Donated services and use of facilities		
	b Prior year adjustments		
	c Other losses.		
	d Other (Describe in Part XIV.)		
	a Add lines 22 through 2d	2e	
3	b Prior year adjustments. c Other losses. d Other (Describe in Part XIV.) e Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Par IX, line 25, but not on line 1:		1,047,454.
. 4	Amounts included on Form 990, Par IX, line 25, but not on line 1:		1,041,454.
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV.) 4b		
	c Add lines 4a and 4b	4c	
_ 5		5	1,047,454.
Pa	*XIV Supplemental Information		
Con	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	1 2b;
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 com additional information.	plete this part to	provide
arry	additional information.		

	52-1941122 Page 5
Part XIV Supplemental Information (continued)	
(Sommers)	
	_
	• •
·	
	
•	
	1
	
public Dis	
PUBLIC DIS	
PUBLIC DIS	
PUBLIC DISP	
PUBLIC DIST	
PUBLIC D	
PUBLIC D	
PUBLIC D	
2USUC D	
948LIC	
PUSUC D	
948LIC	
PUBLIC	
208UC DI	
2USUC D	
208LIC DIS	
208/C D	
PUBLIC D. 3	
PUBLIC DIS	
PUBLIC DIS	
PUBLIC DIS	
PUBLIC DIS	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Taxpayers For Common Sense

Related Organizations and Unrelated Partnerships

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

2010

OMB No. 1545-0047

Open to Public Inspection

52-1941122

Employer identification number ► 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.

(g) Sec 512(b)(13) controlled entity? Ŷ (f) Direct controlling entity × per if he organization answered 'Yes' to Form 990, Part IV, line 34 because it had Yes (f)
Direct controlling
entity N/A (e) End-of-year assets (if section 501(c)(3)) **(d)** Total income (d) Exempt Code section 501(c)(4) (c) Legal domicile (state or foreign country) (c)
Legal domicile (state or foreign country) В (b) Primary activity Primary activity Inactive (a) (a) Name, address, and EIN of disregarded entity (1) Taxpayers for Common Sense Action 651 Pennsylvania Avenue, SE (a) Name, address, and EIN of related organization Washington, DC 20003 52-2071292 ଊୄ ଫ୍ରା **£** ତ୍ର ତ୍ର 5 ପ୍ର ପ୍ର € <u>ତ୍</u> ତ୍ର

Schedule **R** (Form 990) 2010

TEEA5001L 12/22/10

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

S

Page 2 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 52-1941122 Schedule R (Form 990) 2010 Taxpayers For Common Sense

(k) Percentage ownership Identification of Related Organizations Taxable as a Corporation of Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations the last of the control of the tax year.) (f) General or managing partner? ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 Dispropor-tionate allocations? ŝ Ξ Yes (g) Share of end-of-year assets (f) Share of total income (e)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (d) Direct controlling entity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a)
Name, address, and EIN of
related organization Part IV Part III \in \mathfrak{S}_{l}^{l} ଞ୍ଚ

(h) Percentage ownership Share of total income Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (c) (d)
Legal domicile Direct
(state or foreign controlling entity Primary active (a) Name, address, and EIN of related organization BAA Ξ **3** ଞ୍ଚ

Schedule **R** (Form 990) 2010

TEEA5002L 12/07/10

Page 3

Schedule R (Form 990) 2010 Taxpayers For Common Sense

| Part V | Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	S
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?	ions listed in Parts II-	:\\;		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	\prec
b Gift, grant, or capital contribution to other organization(s).			1 b	×
c Gift. grant: or capital contribution from other organization(s)			1c \	×
d I nans or loan distrantases to or for other organization(s)			1 PL	lح
			9	,
e Loans or loan guarantees by other organization(s)				اه
				3
f Sale of assets to other organization(s)			=	ای
g Purchase of assets from other organization(s)			1g \	\sim
h Exchange of assets			1h	×
i Lease of facilities, equipment, or other assets to other organization(s)			11	×
j Lease of facilities, equipment, or other assets from other organization(s)				\times
k Performance of services or membership or fundraising solicitations for other organization(s)				\bowtie
1 Performance of services or membership or fundraising solicitations by other organization(s)			=	\times
m Sharing of facilities, equipment, mailing lists, or other assets.			1m	×
n Sharing of paid employees.			1n \	$ _{\times}$
o Reimbursement paid to other organization for expenses			10	×
p Reimbursement paid by other organization for expenses			1p	×
q Other transfer of cash or property to other organization(s)			1q	\times
r Other transfer of cash or property from other organization(s)			1r	\bowtie
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships	g covered relationship	s and transaction thresholds.	sholds.	-
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ing
(1)				
(2)				
(3)				
(4)				
			-	
(6) BAA TEEA5003L 12/23/10		Sche	 	16

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, 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 assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

ı	(h) General or managing partner?	Yes No					• 		,,·												990) 2010
	(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(2)									7.70										Schedule R (Form 990) 2010
	(f) Dispropor- tionate allocations?	Yes No																			
	(e) Share of end-of-year assets						¥														
tnerships.	(d) Are all partners section 501(c)(3) organizations?	Yes No				4400000															
ertain investment par	(c) Legal domicile (state or foreign country)																				TEEA5004L 12/23/10
ding exclusion for c	(b) Primary activity		Peter			-				C						5					,
revertue) triat was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity			(2)		(3)		(4)	1					<u></u>			<u></u>		(8)		BAA
											•.	. +	· 1.			٠,	;	:			-

Schedule R (Form 990) 2010	Page 5
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
(see instructions).	
	
PUBLIC DISPLAY	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Taxpayers For Common Sense	52-1941122
Form 990, Part III, Line 1 - Organization Mission	
<u>Mission Taxpayers for Common Sense (TCS) is a 501(c)</u>	(3) non-partisan budget
watchdog serving as an independent voice for American t	axpayers. Our mission is to
achieve a government that spends taxpayer dollars respo	nsibly and operates within
its means. We work with individuals, policymakers, and	_the media to increase
transparency, expose and eliminate wasteful and corrupt	_subsidies,_earmarks,_and
corporate welfare, and hold decision makers accountable	÷
Goals TCS seeks to ensure that the federal governmen	t spends taxpayer dollars
efficiently and effectively by:	
1. Eliminating wasteful and harmful programs and subside	ies;
2. <u>Increasing government transparency and accountability</u>	y related to the federal
budget and appropriations preess; and	
3. Developing and promoting solutions to prevent irrespond	onsible_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	d spending trends and
impacts. TCS investigates and attempts to identify the	true beneficiaries of
discrete funding provisions. In addition, TCS develops h	proad databases and analyses
of spending proposals. These efforts are designed to ma	ake the budget process more
transparent to American taxpayers and to make members of	f Congress and the
Administration directly accountable for their spending of	decisions. General programs
involve activities on miscellaneous issues of government	waste not reflected in the
other program categories.	

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calen	dar year,	or tax year beginn	ing		09, and endin	g		:	•		
В	Check if	applicable:		С					D Employ	er Identi	fication Number		
	Add	lress change	Please use IRS label	Taxpayers F	or Common	Sense			52-	19413	122		
	\vdash	ne change	or print or type.	651 Pennsyl					E Telepho				
	\vdash	-	See	Washington,	DC 20003	,	•						
		al return	specific Instruc-					,	202	-546-	-8500		
	Terr	mination	tions.										
	Ame	ended return							G Gross re	eceipts \$	1,113,405.		
	App	lication pending	F Name a	and address of principal o	officer: Ryan	Alexander		H(a) Is this a			iates? Yes X No		
			Same A	As C Above				H(b) Are all			Yes No		
ı	Tax-e	exempt statu	ıs X 501	(c) (3) ◄ (i	insert no.)	4947(a)(1) or	527	if No, a	attach a list.	(see inst	ructions) —		
J				ayer.net			- L	H(c) Group e	exemption or	mber ►			
K			X Corpora		Association Ot	her ►	L Year of Format				egal domicile: DC		
	rt I	Summa		ation Trust	1330ciation Ot	ilei .	L real of Format	1011. IJJ	7 111 3	itate of te	gal domicile: DC		
1000				ranization's missio	n or most signif	icant activities:	TCC is di	001001	~d + ~	~	ing wasteful		
	' ',	anondina	ocule oid	yanızandı sınıssıd	n or most signin	activities.	1 <u> </u>	edicate	ea to	<u>cutt</u>	ing wasterur _		
ခို		sherrariid	_ <u>anu_ s</u>	ansiares iii	<u>oraer ro</u>	<u>acnreve a .</u>	<u>responsin</u>	re and	<u>erric</u>	<u>lent</u>	_government_		
ä	-	rnar obe	rares_	within its r	neans								
Activities & Governance	2 0			if the everying time									
ဗိ	3 1	Jumber of vo	ting mem	if the organization bers of the govern	ing body (Port)	s operations or d	sposea or mo	re than 25	o% of its	- 1	_		
જ	4	Jumber of in	denenden	it voting members	of the governing	n hody (Part VI I	ine 1h)			3 4	<u>8</u>		
ij	5 T	Total number	of emplo	yees (Part V, line	or tric governinț	g body (i ait vi, i	ine 10)			5	$\frac{8}{14}$		
ξ	6 T	otal number	of volunt	eers (estimate if n	ecessarvi					6	0		
Ä	7a T	otal gross u	nrelated b	ousiness revenue f	om Part VIII. co	olumn (C) line 1:	2			7a	0.		
	bΝ	Net unrelated	business	taxable income fr	om Form 990-T	line 34			a	7b	. 0.		
				tuntusto intoonio ii	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1110 0 1			- B	- / 5			
	8 C	Comtributions		t- (Davt \/III !: 1	LX				ior Year	0.4	Current Year		
ne ne	9 P		and gran	ts (Part VIII, line 1	П)		·····		920,2	94.	1,075,409.		
Revenue	10 1	riogrami serv	ice reveni	ue (Part VIII, line 2	2g)					<u>-</u>	1 605		
Æ	10 lr 11 C	nvesimeni in	its (Part VIII, line I ue (Part VIII, line 2 art VIII, column (A) II, column (A), line	·	2,8		-1,695.						
		20101 1010114	o (i ai c i i	ii, colaiiii (i y, mic	5 5, 6d, 6d, gc,	and the second and the second	pp	·	19,8		20,878.		
				nes 8 through 11 (r					942,9	/4.	1,094,592.		
				ounts paid (Part IX									
				members (Bart IX									
စ္က				nsation, employee					708,8	98.	664,694.		
nse	16a P	Professional 1	fundraisin	g fees (Part IX, co	lumn (A), line 1	1e)		.			•		
Expenses	bΤ	otal fundrais	ina exper	nses (Part IX, colu	mn (D), line 25)	>	41,433.	TO STOCK AND A COMMO	TO ARREST MENTERS IN LINEAR TO SHEET, TO ARREST		and the second second		
ш				X, column (A), line					266 0	20	265 422		
						•			266,8		265,423.		
				nes 13-17 (must ed					975,7		930,117.		
	19 R	revenue less	expenses	s. Subtract line 18	from line 12				-32,7	44.	164,475.		
18 OF									ning of Y		End of Year		
ssets 3alanc				ne 16)					448,7		647,799.		
Net As Fund Ba	21 T	otal liabilitie	s (Part X,	line 26)					43,7	27.	58,615.		
	22 N	let assets or	fund bala	ances. Subtract line	e 21 from line 2	0			404,9	81.	589,184.		
Pa	rt II	Signatu	ire Bloc	k									
*******************		Under penaltie	s of meriury	I declare that I have exar	nined this return inc	luding accompanying s	chedules and state	ments and t	o the best of	mu knou	ulodge and helief it is		
		true, correcti a	nd complete.	l declare that I have exar Declaration of preparer	(other than officer) is	based on all informati	on of which prepar	rer has any k	nowledge.	(-	neage and benef, it is		
Sig	ın	▶ /\\.	m.	9	1-0-				il	list:	7010		
He	re	Signature	of officer					Date	e	1, -1	0 -		
		► Ryzan	Alexar	ndor	1								
			int name and					Presi	aent				
		7,		7000			Tp-4-			Dra	povovlo idoptificion acceptad		
Pai	a						Date	Che self	eck if f-	(see	parer's identifying number e instructions)		
Pre	u -	Preparer's					1		ployed >				
	er's	signature		vey E. Jeste			11/10/10)		N/	Α		
Us	e e	Firm's name (o		vey E. Jeste									
On		yours if self- employed),	► 2843	l Woodlawn A	venue			EIN	ı ► N.	/A	•		
		address, and ZIP + 4	Fall	ls Church, V	A 22042-20)45		Pho	Phone no. ► (703) 241-2418				
Mav	the IR	S discuss th		with the preparer s							X Yes No		
				work Reduction A					TEEA0113L	12/29/0			
		-									+++ (=000)		

	990 (2009) Taxpayers For Common Sense	52-1941122	Page 2
Par	till Statement of Program Service Accomplishments	***************************************	
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 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 of the organization cease conducting.	vices? 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 services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses. Section	501(c)(3)
	expenses, and revenue, if any, for each program service reported.	i allocations to others,	the total
10	(Code:) (Expenses \$ 462,629. including grants of \$) (Revenue \$,
4 a	Environment Program - Works to eliminate environmentally harmful		
	including energy, forest, mining, transportation, public lands, a		
	incruding energy, forest, mining, transportation, public fands, a	nd aditionione	•
			
		\	
4b		Revenue \$)
	National Security Reform Program - Works for reforms to achieve a	strong U.S.	
	military at a reasonable cost to taxpayers.		
			
4c	(Code:) (Expenses \$142,098. including grants of \$) (f	Revenue \$)
	Budget, Corruption and General Programs - Includes activities to		or
	the federal budget and in particular earmarked spending trends and		
	investigates and attempts to identify the true beneficiaries of d		
	provisions. In addition, TCS develops broad databases and analyse	of federal	
	spending proposals. These efforts are designed to make the budge	process more	
	transparent to American taxpayers and to make members of Congress		
	Administration directly accountable for their spending decisions.		
4 d	Other program services. (Describe in Schedule O.) See Schedule O		
	(Expenses \$ 65,813. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 828,355.		

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.	4		Х
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		
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? <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		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? It '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, IX, or X as applicable	11	X	REPORT DE L'ANTE
•	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 rifore 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 Schedule B, Part VIII			
	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 De Part X Did the organization report an amount for other lab littles in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	Did the organization's separate or consolicated financial statements for the tax year include a footnote that addresses the organization'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? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i> .	12	.X	
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No		-	5
4.0	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 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.	14a		X
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? If 'Yes,' complete Schedule F, Part II.	15		Х
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, Part III.</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19		19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		_X

Form 990 (2009) Taxpayers For Common Sense

Part IV Checklist of Required Schedules (continued)

or cyneric	CONTRACTOR OF THE PROPERTY OF		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? If 'Yes,' complete Schedule I, Parts I and II	21		Х
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		Х
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		Х
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	24a		Х
ı	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	25 a		Х
	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		Х
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 comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
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):			
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Party	2 8a		<u>X</u>
	b A family member of a current or former officer, director, trustee, or key employees haves, complete Schedule L, Part IV	28b		Х
	c An entity of which a current or former officer, director, trustee onkey employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner (Yes, complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 mnon-cash contributions? If 'Yes,' complete Schedule M	29		_X_
3 U	Did the organization receive contributions of an historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Sheau N	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u>
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	301.7701-Ž and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	line 1	34	Х	
35	Part V, line 2	35	****	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form **990** (2009)

	n 990 (2009) Taxpayers for Common Sense 52-194112	<u> </u>	<u> </u>	age:
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		,	
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		c .	ales e
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2	a 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			
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		A4-07-058	
3	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O.</i>	3b		
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	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 Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- AND COLUMN CONT.	Χ
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
,	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		4	
,	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly to goods and services provided to the payor?	7a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided	7b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	f Did the organization, during the year bay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g For all contributions of qualified intelectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7g		
		7h	96-25-00	2000
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
. 9	Sponsoring organizations maintaining donor advised funds.		(V)	
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	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.)	10.000.000.000		

BAA

Form **990** (2009)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.....

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year......

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.

Sec	ction A.	Governing Body and Management					
		•		•		Yes	No
		e number of voting members of the governing body	1a		8		
	b Enter the	e number of voting members that are independent	1 b		8		
2	Did any officer, o	officer, director, trustee, or key employee have a family relationship or a business re lirector, trustee or key employee?	lation	nship with any other	. 2	Waten	Х
3	Did the of officer	organization delegate control over management duties customarily performed by or user, directors or trustees, or key employees to a management company or other perso	under on?	the direct supervisio	n 3		Х
4		organization make any significant changes to its organizational documents prior Form 990 was filed?			4		X
5	Did the d	organization become aware during the year of a material diversion of the organizatio					X
7	a Does the	e organization have members or stockholders? e organization have members, stockholders, or other persons who may elect one or i	more	members of the	. 6		Х
	•	g body?decisions of the governing body subject to approval by members, stockholders, or of			. 7a	-	X
			-		. / D		
8		organization contemporaneously document the meetings held or written actions under wing: See Schedule O erning body?	ertake	n during the year by	0.	v	
	-	mmittee with authority to act on behalf of the governing body?			8a	 	Х
		any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O					
Sac	tion R	Policies (This Section B requests information about policies not in	rogu	irad by the Intern	. 9		X
	enue Code		equi	rea by the intern	ai		
		· · · · · · · · · · · · · · · · · · ·				Yes	No
		organization have local chapters, branches, or affiliates?			. 10a		X
ì	b If 'Yes,' o and brar	does the organization have written policies and procedures governing the activities of the organization are consistent with those of the organization	f sug	n chapters, affiliates,	. 10b		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before	e filing the form?	. 11		Х
11.	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990). S	ee Schedule O		and the second	
12	a Does the	organization have a written conflict of interest policy If No,' go to line 13			. 12a	X	
ì	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests	that o	could give rise	. 12b	Х	
•		e organization regularly and consistently monitor and enforce compliance with the po			. 12c	Х	
13	Does the	organization have a written whistleblower policy?			. 13		X
14	Does the	organization have a written document retention and destruction policy?		• • • • • • • • • • • • • • • • • • • •	. 14	Turner Onco Service College	Χ
15	Did the p persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	appro cision	oval by independent ?			
		nization's CEO, Executive Director, or top management official	*		. 15a		X
l		icers of key employees of the organization			. 15b	F.C. CONTROL OF THE PARTY OF TH	X
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O. (See instructions.)					
	entity du	organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?			. 16a		X
1	o If 'Yes,' l in joint v status wi	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to ev	valuate its participation valuate its participation valuation valu	n . 16b		
Sec		Disclosures			1.00		
17	List the s	states with which a copy of this Form 990 is required to be filed None					
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and in Indicate how you make these available. Check all that apply.	nd 99	0-T (501(c)(3)s only)	availab	le for p	public
		website Another's website X Upon request					
19	statemer	in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. See Schedule O		·	•		ncial
20		name, physical address, and telephone number of the person who possesses the brganization 651 Pennsylvania Ave, SE Washington DC 2				ion:	

BAA

Form 990 (2009)

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

- 1 a 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.

(A)	(B)	pensate any current officer, directly						(D)	(E)	(F)	
Name and Title	Average hours	Posi	Position (check all that apply				ly)	Reportable		Estimated amount of other	
	per week	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Courtney Cuff											
Chair	0	X						0.	0.	0.	
Danielle Brian									A		
Director	0	X						0.	0.	0.	
Tim Atkin									224		
Director	0	X				-		0.	0.	0.	
David Terry				A É		₹ ₹					
Director	0	X				7		0.	0.	0.	
Marion Edey		A									
Director	0 1	X						0.	0.	0.	
Kathleen Welch											
Director	40	X				<u> </u>		0.	0.	0.	
Rob Stuart	4 .										
Director	0	X					<u> </u>	0.	0.	0.	
Mark Smith	4								_	_	
Director	0	X			_			0.	0.	0.	
Ryan AlexanderPresident & CEO	٠, ا			ν,				101 000		F F0.0	
Plesident & CEO	40			X				121,000.	0.	5,580.	
	-										
			,							***	
					<u> </u>		<u> </u>				
						ļ				· · · · · · · · · · · · · · · · · · ·	
	_										
	1.			-							
	_										
	-				-						
	_										

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	En			es,	an	ł .		nployees (cont.)
(A)	(B)	D	.:	•	c)			(D)	(E)	(F)
Name and Title	Average hours per week		г	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fron related organization (W-2/1099-MISC)	ns compensation
									•	
							٠			
						4 (2			
		1	*							
1 b Total							•	121,000.	C	5,580.
2 Total number of individuals (including but not limite from the organization ► 1							o red	ceived more than	\$100,000 in repo	ortable compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, I								Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greater the individual.	portable han \$15	cor 0.00	npe 10?	nsat If 'Y	lion es'	and	oth	er compensation e Schedule J for :	from such	3 X
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sci	ompens	atio	n fra	om a	anv	unre	late	d organization for	services	
Complete this table for your five highest compensat compensation from the organization.										
(A) Name and business addres	S		·					(B) Description of	of Services	(C) Compensation
2 Total number of independent contractors (including		limit	ted 1	to th	nose	liste	ed a	above) who receiv	ed more than	
\$100,000 in compensation from the organization	U									

Pai	t 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
S Z	1a Federated campaigns 1a					
AN UNT	b Membership dues					
S, GI	c Fundraising events					
AR /	d Related organizations 1 d					
NS, C	e Government grants (contributions) 1 e				100	and the second
FR	f All other contributions, gifts, grants, and					
쯢	similar amounts not included above 1f 1	<u>,075,409.</u>				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribns included in Ins 1a-1f: \$		1 005 100			
	h Total. Add lines 1a-1f	Business Code	1,075,409.		Property of the second	
PROGRAM SERVICE REVENUE		susiness Code				
Ē	2a				<u> </u>	
띨	b					
옵	cd					
S M	e					
SER.	f All other program service revenue					
24	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, int	terest and				
	other similar amounts)	>	2,118.			2,118.
	4 Income from investment of tax-exempt bon	•				
	5 Royalties(i) Real	(ii) Personal	•			
	6a Gross Rents 20,559.	(II) Personal		A		
	b Less: rental expenses					
	c Rental income or (loss) 20,559.		a £			
	d Net rental income or (loss)	>	20.559			20,559.
	7a Gross amount from sales of (i) Securities	(ii) Other				20,000
	assets other than inventory. 15,000.					200
	b Less: cost or other basis					
	and sales expenses					
	c Gain or (loss)3, 813.					
	d Net gain or (loss)		-3,813.			-3,813.
VENUE	8a Gross income from fundraising events (not including. \$			F.		
Ē	of contributions reported on line 1c).					
#	See Part IV, line 18 a					
OTHER RE	b Less: direct expenses					
-	c Net income or (loss) from fundraising event	ts				
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less: direct expenses b			Zer Barris		
	c Net income or (loss) from gaming activities	<u>,,,,,,</u>				
	10a Gross sales of inventory, less returns and allowances a					SHIP ST
	b Less: cost of goods sold			100		
	c Net income or (loss) from sales of inventory	y ⊳			Parado Para	
		lusiness Code				
		0099	319.			319.
	b					
	d All other revenue					
	e Total. Add lines 11a-11d	•	319.			
	12 Total revenue. See instructions		1,094,592.	0.	0.	19,183.
			1,002,004.	<u> </u>	<u>. </u>	17,103.

Page **10**

Form 990 (2009) 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 com	plete column (A) but are	e not required to compl	ete columns (B), (C), ar	ıd (D).
•				

	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	Benefits paid to or for members				
5	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)				
9	Other employee benefits	32,820.	32,774.	46.	
10	Payroll taxes	44,855.	42,346.	979.	1,530.
	Fees for services (non-employees)				
	Management		0.101	4.50	
	Legal	2,291.	2,121.	170.	<u>.</u>
	Accounting	39,067.	•	39,067.	
	Lobbying				
	Prof fundraising svcs. See Part IV, In 17		M M		
	Investment management fees	29,717.	1006	2 050	16 701
	Other	29, 111.	TO 1000	2,850.	16,781.
13	Advertising and promotion Office expenses	3,564.	3,254.	310.	<u> </u>
14	Information technology	15 838.	15,032.	75.	731.
15	Royalties		13,032.	75.	731.
16	Occupancy	104,408.	103,804.	604.	
17	Travel	3,648.	1,767.	80.	1,801.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	3,010.		00.	1,001.
19	Conferences, conventions, and meetings	295.	295.		
20	Interest	· -			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,482.	5,482.		
23	Insurance	5,704.		5,704.	
24	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.).				
á	Printing and Publications	37,621.	36,957.	75.	589.
	Communications	17,675.	17,628.	46.	1.
c	: Postage and Shipping	113.	32.	81.	
c					
ε					
f	All other expenses				
25	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				
BAA				1	Form 990 (2009)

BAA

Form 990 (2009)

Part X Balance Sheet (A) Beginning of year **(B)** End of year 6,807. 168,059. Cash — non-interest-bearing..... 1 199,332. 2 Savings and temporary cash investments..... 1,968. 2 3 Pledges and grants receivable, net..... 307,940 3 145,000. Accounts receivable, net 4,414. 4 3,049. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L......... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L. 6 Notes and loans receivable, net. 7 Inventories for sale or use..... 8 7.415 3,987. Prepaid expenses and deferred charges..... 9 **10a** Land, buildings, and equipment: cost or other basis. | **10a** | 36,691. Complete Part VI of Schedule D <u>12</u>,500. 24,191. 10,615. 10 c 103,119. 110,442. 11 Investments — publicly-traded securities..... 11 12 Investments – other securities. See Part IV. line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 Intangible assets.... 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. 57,615. 17 18 Grants payable 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability, Complete Part IV of Schedule D..... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Parties 22 of Schedule L..... 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties. 24 24 25 Other liabilities. Complete Part X of Schedule D 1,000. 25 1,000. 26 Total liabilities. Add lines 17 through 25. 43,727 58,615. 26 Organizations that follow SFA\$ 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets.... -74,65827 92,782. Temporarily restricted net assets..... 479,639. 28 496,402. Permanently restricted net assets 29 o R Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. FUND 30 Capital stock or trust principal, or current funds..... 30 BALANCES Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds..... 32 33 Total net assets or fund balances..... 404,981. 589,184 33 Total liabilities and net assets/fund balances..... 448,708. 34 647,799

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting		
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		183
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	a	X
b Were the organization's financial statements audited by an independent accountant?	b X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	c	Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		768
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		
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?	a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ь	

PUBLIC DISPLAY

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.

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organiz	zation							Employe	r identificat	tion number	
Taxpayers									941122		
Part I Rea	son for Pu	blic Charity Statu	s (All organizations	must (comple	te this	part.)	See i	nstruct	ions	
The organization	he organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)										
1 A chu	1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).										
2 A sch	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3 A hos	spital or coope	erative hospital servic	e organization described	in secti	on 1 70(l	b)(1)(A)	(iii).				
. 	name, city, and state:										
<u> </u>											
7 👿 An or	ganization tha		governmental unit descri substantial part of its su art II.)					t or fron	n the ger	neral public	described
8	nmunity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II.)						
from inves	activities relate tment income	d to its exempt function	more than 33-1/3 % of its ns — subject to certain excess taxable income (less complete Part III.)	entions.	and (2) r	o more	than 33-	1/3 % of	its suppo	ort from aros	SS
10	ganization or	ganized and operated	exclusively to test for pu	ıblic saf	ety. See	section	1 509(a)	(4).			
— more	publicly supp	orted organizations of	exclusively for the bene lescribed in section 509(zation and complete line:	a)(1) or	section	509(a)(ctions o 2). See	of, or ca section	rry out th 509(a)(3	ne purpose:). Check th	s of one or ne box that
	Type I	b ∏Type II	<u> </u>		ctionally		ted		d \square	Type III-	Other
e □ Bv ch	necking this bo	ox, I certify that the or anagers and other tha	ganization is not control n one or more publicly s	led dired upported	ctly or in d organi:	directly zations	by one describe	or more	disqualiction 509	ified perso (a)(1) or s	ns other ection
f If the	organization this box	received a written det	ermination from the IRS	that is a	Type (Type	or yp	e III sup	porting o	organization	n,
g Since	. August 17, 2	006, has the organiza	ition accepted any gift o	contril	ution I	om any	of the fo	ollowing	persons	?	
											Yes No
(i)	a person who	directly or indirectly	controls either alone or upported organization?	together	with pe	rsons d	escribed	d in (ii) a	and (iii)	11. (2)	
			tibed in (i) above?							11 g (i) 11 g (ii)	
		8900 B00 B00	described in (i) or (ii) a							11 g (iii)	
		- Fig	the supported organization							119 (111)	
(i) Name	of Supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat	ls the tion in col. d in your	the organ	ou notify nization in (i) of	(vi) I organizat (i) organi: U.S	s the ion in col. zed in the	(vii) Amoun	t of Support
			(see instructions))	gove docu	erning ment?	your si	upport?	U.S	5.?		
				Yes	No	Yes	No	Yes	No		
		7									
				200000000000000000000000000000000000000	2012/01/2014	8.855 E E E E E E E E E E E E E E E E E E		03(0) (42-2 4)	\$250 \$1 Pro2524		
Total											

	dule A (Form 990 or 990-EZ) 200					27_134117	
Par	t II Support Schedule for				b)(1)(A)(iv) an	id 170(b)(1)(A)	(vi)
Coo	(Complete only if you check	ed the box on line	5, 7, or 8 of Part	1.)			
	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						1,379,315.
6	Shown on line 11, column (f). 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) Total
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, 7 63°.	30,334.	23,993.	22,996.	131,751.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10					The second	4,278,500.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			<u>12</u>	0.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶ □
	tion C. Computation of Pu Public support percentage for 20			o 11. column (f)		14	64.7%
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	62.1%
16 a	33-1/3 support test — 2009. If th and stop here. The organization	e organization did qualifies as a pul	not check the bo plicly supported or	x on line 13, and ganization	I the line 14 is 33	-1/3 % or more, o	check this box ►X
	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13, or 16a ganization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop he	re. Explain in Par	t IV how
ŀ	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstances	s' test, check this	box and stop he	re. Explain in Par	t IV how the
18 BAA	Private foundation. If the organ	zation did not che	eck a box on line,	13, 16a, 16b, 17a			nstructions . ► 0990 or 990-EZ) 2009

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 che	ocked the hov on i	line 9 of Part I)	00000011 300	/(u)(=)		•
Sec	tion A. Public Support	cked the box on a	ille 9 OFF art 1.)				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2000		(6) 2507	(a) 2000	(6) 2003	·
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 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						
	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.						
С	Add lines 7a and 7b				A		
8	Public support (Subtract line			,			
	7c from line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	PUI					
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
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	is for the organiz	zation's first, secon	l ad third fourth	or fifth tax vear as	a section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support F	Percentage				····
15	Public support percentage for 20	009 (line 8, colum	n (f) divided by lir	ne 13, column (f)) <i></i>	15	%
	Public support percentage from						%
	tion D. Computation of Inv						
	Investment income percentage f				ımn (f))	17	%
	Investment income percentage f	· ·		-	* * * *		%
	33-1/3 support tests – 2009. If the omore than 33-1/3%, check this b	organization did not	t check the box on t	line 14. and line 15	is more than 33-1/39	%, and line 17 is not	
b	33-1/3 support tests – 2008. If this not more than 33-1/3%, check	he organization d < this box and sto	lid not check a box p p here. The organ	k on line 14 or 19 ization qualifies	a, and line 16 is mas a publicly suppo	nore than 33-1/3%, prted organization	and line 18 ☐
20	Private foundation. If the organi	ization did not che	eck a box on line	14, 19a, or 19b,	check this box and	see instructions	

Schedule A	(Form	990 or 9	990-EZ)	2009	Tax	rpay.	ers	For	Con	nmon	Sens	se			5	2-19	41122		Page 4
Part IV	Supp	lemen	tal Info	rmat	ion.	Comi	plete	this	part	to p	rovide	the e	explana	ations	reauir	ed by	Part I	I. line	10:
·	Part I	I, line	17a or	17b;	and	Part	111, 1	ine 1	2. P	rovid	e anv	other	r additi	onal in	nforma	ition.	See ir	structio	ons.
		· · · ·		············															
													•						
																		·	
													·						
	•																		
							· -												
											•								
		we.																	
																	. — — —		
															e di	1			
		,													-				
													m m						
														\F					
										<u> </u>)						
								Ŕ	a C	***************************************		團							
·								M '			Same of the same o								
					15%				3 10	435									
					~ \														
					- V														
				,															
•																			
	. – – –																		
																	· — — —		
												•							
			· — ·— —																
															•				
	· 																		
	. 																		
	_																		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

2009

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Taxpayers For Common Sense 52-19/1122

				JZ-13411Z		
Par		r Advised Funds or Other	er Similar Funds or <i>i</i>	Accounts Compl	ete if	
	the organization answered 'Yes' to					
	T	(a) Donor advised	funds	(b) Funds and other	account	is
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	e assets held in donor adv e legal control?	vised	. [No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for	rs, and donor advisors in writ the benefit of the donor or do	ing that grant funds may l nor advisor or for any oth	be er		_
	purpose conferring impermissible private bene	efit??		Yes		<u>No</u>
Par	t II Conservation Easements Comple	ete if the organization ar	nswered 'Yes' to Forr	<u>n 990, Part IV, li</u>	ne 7.	
1	Purpose(s) of conservation easements held by	the organization (check all t	hat apply).			
	Preservation of land for public use (e.g., re	ecreation or pleasure)	Preservation of an his	torically important la	nd area	
	Protection of natural habitat		Preservation of certific	ed historic structure		
	Preservation of open space		•			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservati	on contribution in the form	n of a conservation o	easemer	nt on the
				Held at the En	d of the	Year
a	Total number of conservation easements					
Ŀ	Total acreage restricted by conservation easer	ments	21	b		
	: Number of conservation easements on a certif	fied historic structure included	(a) 2	С		
	Number of conservation easements included in			d		
	Number of conservation easements modified,	ten she vertical		ne organization durin	a the ta	X
	year ►			J	•	
4	Number of states where property subject to de	nservation easement is locate	ed >			
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitorint it holds?	ng, inspection, handling of	f violations, Yes		No
6	Staff and volunteer hours devoted to monitoring the year ►	3, 1 3,				_
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing cons	ervation easements :	\$		
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			ш] No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	s conservation easements in its to the organization's financial	revenue and expense state statements that describes	ment, and balance shows the organization's a	eet, and accounti	ng for
Par	till Organizations Maintaining Colle	ctions of Art. Historical	Treasures, or Other	Similar Assets		
	Complete if the organization answ	wered 'Yes' to Form 990	, Part IV, line 8.			
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	lic exhibition, education, or re	search in furtherance of p	balance sheet works public service, provid	of art, e, in Pa	historical rt XIV,
Ŀ	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	lic exhibition, education, or re	search in furtherance of p	oublic service, provid	e the fo	llowing
	(i) Revenues included in Form 990, Part VIII,(ii) Assets included in Form 990, Part X	line 1				
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or othe 116 relating to these items:	er similar assets for finan	cial gain, provide the	following	ng
a	Revenues included in Form 990, Part VIII, line	:1				
ŀ	Assets included in Form 990 Part Y			_ e		

12,500.

Schedule D (Form 990) 2009

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

BAA

Part VII Investments-Other Securities See	Form 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation
Financial derivatives		Cost or end-of-year	market value
Closely-held equity interests			
Other			
T-1-1 (0.1 (1) 1 15 000 D 17 1 (0.1 10)			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) Part VIII Investments—Program Related (See	o Form 000 Dort V line	12\ N/A	
(a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of v Cost or end-of-year	aluation market value
			· · · · · · · · · · · · · · · · · · ·
			, , , , , , , , , , , , , , , , , , ,
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) Part IX Other Assets (See Form 990, Part X)	X, line 15) NAA		
	Description		(h) Pook volue
(a)	Description		(b) Book value
100 ACR 100 TODA			
		1000	
			-
Total. (Column (b) must equal Form 990, Part X, col.(B) Part X Other Liabilities (See Form 990, Pa			>
(a) Description of Liability			-
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		-
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25)		>
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		
Part X Other Liabilities (See Form 990, Pa (a) Description of Liability Federal Income Taxes	art X, line 25) . (b) Amount		

		52-1941122	Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12).		1,094,592.
2	Total expenses (Form 990, Part IX, column (A), line 25).		930,117.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		164,475.
4	Net unrealized gains (losses) on investments.		19,728.
5	Donated services and use of facilities		13,120.
6	Investment expenses		
7	Prior period adjustments		·
8	Other (Describe in Part XIV).		·
9	Total adjustments (net). Add lines 4 through 8.		10 720
			19,728.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		184,203.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1	L,114,320.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains on investments	3.	
	Donated services and use of facilities		
C	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
, е	Add lines 2a through 2d	. 2e	19,728.
3	Subtract line 2e from line 1	. 3 1	1,094,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
b	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.)		,094,592.
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
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:		300/11/1
а	Donated services and use of facilities		
L	Prior year adjustments		
c	Other losses.		
4	Other (Describe in Part XIV).		
	Add lines 2s through 2d		
3	Subtract line 2a from line 1	2e	020 117
4	Amounts included an Form 000 De IV 25 but not an line 1.	. 3	930,117.
4	Other losses. Other (Describe in Part XIV). Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Par IX, line 25, but not on line 1: Investments expenses not included on Form 990, Part VIII, line 7b. 4a		
а	Threstments expenses not included on Form 990, Part VIII, line 75		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	. 4c	
5 Da.	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	. 5	930,117.
Par	t XIV Supplemental Information		
Compline 4 information	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 1; 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.		2b; Part V, any additional
	·		
			-

Part XIV Supplemental Information (continued)	52-1941122 Page 5
- Cappionental mornation (continued)	
	
	•
·	
·	
	•
	
203LC 015P	
	<u></u>
97°	,
	·································

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

 Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions. Related Organizations and Unrelated Partnerships

2009

OMB No. 1545-0047

Open to Public Inspection

(F)Direct controlling entity **(F)**Direct controlling entity if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had N/A Employer identification number 52-1941122 (E)
Public charity status (if section 501 (c)(3)) (E) End-of-year assets Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (**D**) Exempt Code section **(D)** Total income 501(c)(4) (C) Legal domicile (state or foreign country) (C) Legal domicile (state or foreign country) 2 BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity Inactive Part II Identification of Related Tax-Exempt Organizations (Comprete if one or more related tax-exempt organizations during the tax exempt organizations during the tax exempt organizations. (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity Taxpayers for Common Sense Action Taxpayers For Common Sense 651 Pennsylvania Avenue, Washington, DC 20003 52-2071292 Name of the organization

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

52-1941122 Page 2

Schedule R (Form 990) 2009 Taxpayers For Common Sense

(J) General or managing partner? Schedule R (Form 990) (2009) Percentage ownership ŝ Identification of Related Organizations Taxable as a Corporation of Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Yes 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.) Code V-UBI amount in box 20 of Schedule (F-1) (G) Share of end-of-year assets Dispropor-tionate allocations? ž (F)
Share of total income Ê Yes Share of total income Share of end-of-year assets TEEA5002L 02/05/10 (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) Primary Activity (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign
country) (A) Name, address, and EIN of related organization **(B)** Primary Activity (A)
Name, address, and EIN of related organization PartIII Part IV BAA

52-1941122

Schedule R (Form 990) 2009 Taxpayers For Common Sense

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note . Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
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:	::	
a Receipt of (i) interest (ii) annuities (iii) royalites (iv) rent from a controlled entity.		1a X
b Gift, grant, or capital contribution to other organization(s).		1 b X
c Gift, grant, or capital contribution from other organization(s)		1c X
d Loans or loan guarantees to or for other organization(s)		1d
e Loans or loan guarantees by other organization(s).		1e
f Sale of assets to other organization(s).		1f X
g Purchase of assets from other organization(s).		1g X
		1h
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
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
l Performance of services or membership or fundraising solicitations by other organization(s)		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharing of paid employees.		1n
concess and reliable		
Communication bala to other organization expenses		0
p Reimbursement paid by other organization for expenses		1p X
q Other transfer of cash or property to other organization(s)		1g X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships	s and transaction thresholds	1 .1
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(9)		-
BAA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OOOC/ (000)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, 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.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	<u> </u>	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) t General or managing partner?	(al or ging
			Yes No		Yes	No	Yes	₽
				B		-		

			C					
						.		
			-					
			•					
			-				·	
					-			
ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)) (066 m.	(2009)

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Taxpayers for Common Sense 52-1941122
<u>Form 990, Part III, Line 1 - Organization Mission</u>
Mission Taxpayers for Common Sense (TCS) is a non-partisan budget watchdog that
serves_as_an_independent_voice_for_American_taxpayersTCS_seeks_to_ensure_that_our_
government spends taxpayer money efficiently and responsibly by working to eliminate
wasteful and harmful federal spending.
Goals TCS seeks to ensure that the federal government spends taxpayer dollars
efficiently and responsibly by:
1. Eliminating wasteful and harmful programs and subsidies;
2. Increasing government transparency and accountability related to the federal
budget_and_appropriations_process;
3. Developing and promoting solutions to prevent irresponsible subsidies; and
4. Rolling back earmarks to the lowest number in recent history achieved in 1996.
Form 990, Part III, Line 4d - Other Program Services Description
Water Resources Program - Works to eliminate unnecessary and ill-conceived water
projects and policies through targeted efforts on Army Corps of Engineers, drinking
water and wastewater infrastructure, the removal of four dams on the lower Snake
River in Eastern Washington, and federal subsidization of western 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 proceedings should be
memorialized.
Form 990, Part VI, Line 11 - Form 990 Review Process
The Form 990 is reviewed by the President, Treasurer and Accountant before it is
filed, and the preparer makes any changes that are recommended as a result of those

Schedule 0 (Form 990) 2009 Name of the organization	Page 2 Employer identification number
Taxpayers For Common Sense	52-1941122
Form 990, Part VI, Line 11 - Form 990 Review Process (continue	ed)
reviews.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enf	orcement of Conflicts
Board members submit an annual conflict of interes	t policy compliance statement,
requiring them to acknowledge that they have recei	ved, read, and understand the
conflict of interest policy, that they agree to co	omply by its terms, and to note any
potential or actual conflicts. The compliance sta	tements are reviewed by the Board
Chair and/or the President of TCS.	
Form 990, Part VI, Line 19 - Other Organization Documents Pub	licly Available
TCS does not make its governing documents, interna	l policies or financial statements
public. The annual information return Form 990 is	made public as the law requires.

Schedule O (Fo	orm 990) 2009									Page 2
Name of the organization									Employer identifi		
Taxpayers	For	Common	Sense						52-194112	22	
						· — — — — ·					
				_							
					-						
			•								
						· ·					
								-			
										- -	
									a		
											
							P				
								1	*		
									•		
						-1-1-					
						·					
•											
						•					
											
							.*				

12/31/09

2009 Federal Book Summary Depreciation Schedule

Page 1

Client 008

Taxpayers For Common Sense

52-1941122

0/10)									09:36
No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	<u> Method</u>	Life	Current Depr.
epr.	Schedule Only									
Int	angible Asset - Trademark									
3	Trademark option (blnce)	12/31/99		15,000			9,000	S/L	15	1,0
						-	···		_	· · · · · · · · · · · · · · · · · · ·
	Total Intangible Asset - Trademark			15,000		0	9,000			1,0
Ma	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	*	700			700	S/L	3	
9	SCB Entprs CPU for Erich	12/31/04		700			700	S/L	3	
10	SCB Entprs CPU for Mchle	12/31/04		800		PL	800	S/L	3	
11	SCB Entprs CPU for Keith	12/31/05		800	THE THE THE THE		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	
4	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	!
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,
20	Canon IR50201 copier	5/15/09		3,889				· S/L	2	•
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		_	5,4

12/31/09		20	2009 Fe	dera	Boo	k Dep	Federal Book Depreciation Schedule	on Sc	hedu	<u>e</u>				Page 1
Client 008				Ta	xpayer	s For Co	Taxpayers For Common Sense	ense						52-1941122
11/10/10	Date	ate	Cost/		Cur 179	Special Denr	Prior 179/ Bonus/	Prior Dec Bal	Salvage /Rasis	Denr	Prior			09:36PM
No. Description	ᇦ	Sold	Basis	Pot	Bonus -	Allow	Sp. Depr.	Depr.	Reductn	Basis	Depr	Method Life	Life Rate	Depr.
Depr. Schedule Only							•		ŕ					
Intangible Asset - Trademark														
3 Trademark option (blnce)	12/31/99	i	15,000	ļ						15,000	000'6	S/L	15	1,000
Total Intangible Asset - Trademark			15,000		0	0	0	0	0	15,000	000'6			1,000
Machinery and Equipment														
1 Fax Machine	10/01/96		1,825							1,825	1,825	1/S	2	0
2 HP 4000 printer	3/25/98		1,699							1,699	1,699	S/L	2	0
4 Pentium III CPU	8/15/01		800							800	801	S/L	2	
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	2	0
	8/15/01		008	;					•	800	800	S/L	2	
	12/31/04		700							700	700	Ì/S	က	0
9 SCB Entprs CPU for Erich	12/31/04		700							700	700	S/L	3	0
	12/31/04		800							800	800	S/L	က	0
	12/31/05		800							800	800	S/L	က	0
	1/30/06		2,000							2,000	1,667	S/L	က	333
	3/22/06		008							800	299	S/L	ო	133
	5/19/06		920							920	797	S/L	က	153
	9/28/06		006							006	009	S/L	က	300
	11/02/06		2,800							2,800	1,866	S/L	წ	934
	3/28/07		1,099							1,099	. 549	S/L	က	367
18 Computer (SN:28910)-Demia	6/30/07		1,225							1,225	612	S/L	က	204
	4/25/07		10,856							10,856	3,256	S/L	2	1,086
20 Canon IR50201 copier	5/15/09		3,889							3,889		S/L	2	972
-														

12/31/09		2009	-eder	al Bo	ok De	2009 Federal Book Depreciation Schedule	tion S	chedi	ale.			Page 2
Client 008			•	_axpaye	rs For C	Taxpayers For Common Sense	Sense					52-1941122
11/10/10												09:36PM
No. Description	Date De 	Date Cost/ Sold Basis	Bus.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis - Reductn	Depr. Basis	Prior Depr.	Method Life Rate	Current Depr.
21 Toshiba R600 laptop	12/03/09		2,478						2,478		8/1 3	0
Total Machinery and Equipment			36,691	0	0		0	0	36,691	19,709		4,482
Total Depreciation			51,691	0	0		0		51,691	28,709		5,482
Grand Total Depreciation		2.	51,691		0		0	0 0	51,691	28,709		5,482
									*			

PUBLIC DISPLAY COPY

TAXPAYERS FOR COMMON SENSE

FORM 990 YEAR ENDED DECEMBER 31, 2008

PUBLIC DISPLAY COPY

Department of the Treasury
Internal Revenue Service
OGDEN UT 84201-0074

053250.638655.0142.004 1 AT 0.357 370

Notice Number: CP211A Date: August 31, 2009

For assistance, call:

1-877-829-5500

Taxpayer Identification Number:

52-1941122 Tax Form: 990

Tax Period: December 31, 2008



053250

TAXPAYERS FOR COMMON SENSE 651 PENNSYLVANIA AVE SE WASHINGTON DC 20003-6301997

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to November 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

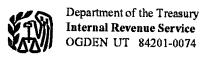
Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit <u>www.irs.gov.</u> (Access to this site will not provide you with your specific taxpayer account information.)

200812

521941122



For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: June 15, 2009

Taxpayer Identification Number:

52-1941122 Tax Form: 990

Tax Period: December 31, 2008

038388.615749.0123.003 1 AT 0.357 370



038388

TAXPAYERS FOR COMMON SENSE 651 PENNSYLVANIA AVE SE WASHINGTON 20003-6301997 DC

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov . Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the
vear may use this form. year may use this form.

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

OMB No. 1545-1150

2008

Open to Public Inspection

Α	For	the 2008 calen	dar y	rear, or tax year beginning , 2008, and end	ling			,
В	Check	k if applicable:		C		D Em	ployer	identification number
	Addre	ess change use	ase RS	Taxpayers For Common Sense		5	2-1	941122
	Name	change lab	elor ntor	651 Pennsylvania Avenue, SE	h			e number
	Initial	return type	е.	Washington, DC 20003				
	í	ination Spe	ecific		-		02-	546-8500
\vdash		tion	truc- is.					Exemption
\perp	Applic	cation pending						· · · · · · · · · · · · · · · · · · ·
		• Section 501 mus	(c)(3) t atta	c) organizations and 4947(a)(1) nonexempt charitable trusts acompleted Schedule A (Form 990 or 990-EZ).	Accounting n Other (specif		d: [Cash X Accrual
	١٥/ ١				H Check ►			ganization is not
١.				xpayer.net	required to a 990-EZ, or 9	ittach	Sche	edule B (Form 990,
<u>J</u>		nization type (che					•	
	\$25,	000. A return i	s not	nization is not a section 509(a)(3) supporting organization and its grorequired, but if the organization chooses to file a return, be sure to fi	ile a complete r	norma eturn.	ally n	ot more than
L	Add	lines 5b, 6b, a	nd 7	b, to line 9 to determine gross receipts; if \$1,000,000 or more, file For	rm 990			075 700
in.	inste	ad of Form 99	0-E-Z	Turning and Change in Malakarda E. J.D.J.		<u>.</u>	► \$	
	1			expenses, and Changes in Net Assets or Fund Balance				
	1	Contributions	, gift			· · · ·	1_	920,294.
	2	Program serv	vice r	evenue including government des and contracts	• • • • • • • • • • • • • • • • • • • •	· · · · }	2	
	3	iviembership	aues	and assessments	• • • • • • • • • • • • • • • • • • • •	· · · ·	3	00.000
	4	in to out in on it in	100111				4	23,993.
	1				31,25			
ь				r basis and sales expenses	32,82			4 560
Ë				e of assets other than inventory (Subtract In 5b from In 5a) (att sch) See Sta			5 c	-1,563.
RE > E NU	6			ivities (complete applicable parts of Schedule G). If any amount is from gaming, check h	nere	-		
Ü	a			ot including \$of contributions				
E	١,)				
				nses other than fundraising expenses				
				om special events and activities (Subtract line 6b from line 6a)			6c	
				rentory, less returns and allowances				
				ss) from sales of inventory (Subtract line 7b from line 7a)				
	8			e ► See Statement 2		· · · · ·	7 c	250
						-) ∵ ├	8	250.
	9	Total revenue	<u> </u>	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)			9	942,974.
	10	Grants and si	imilai	r amounts paid (attach schedule)			10	
E	11			r for members			11	
P	12			mpensation, and employee benefits			12	708,898.
E N	13			and other payments to independent contractors			13	56,610.
EXPENSE	14			utilities, and maintenance			14	101,218.
S	15			ons, postage, and shipping			15	23,154.
	16 17			be See Statement 3			16	85,838.
				dd lines 10 through 16)				975,718.
Α	18			for the year (Subtract line 17 from line 9)		32	18	-32,744.
N E T S	19	figure reporte	ed on	l balances at beginning of year (from line 27, column (A)) (must agree prior year's return)			19	487,366.
'T	20			net assets or fund balances (attach explanation) See Sta			20	-49,641.
	21			balances at end of year. Combine lines 18 through 20			21	404,981.
Pa	rt II	Balance	e Sh	ieets. If Total assets on line 25, column (B) are \$2,500,000 or more,				orm 990-EZ.
	_			(See the instructions for Part II.)	(A) Beginning of			(B) End of year
22				vestments	195,3	344.		111,894.
23	Lar	nd and building	JS				23	
24	Oth	ner assets (des	cribe	See Statement 5)	345,0			336,814.
25	1 01	tal assets			540,4			448,708.
26				be ► <u>See Statement 6</u>)	53,0			43,727.
_27	Ne	t assets or fun	d bal	ances (line 27 of column (B) must agree with line 21)	487,3	366.	27	404,981.

Form 990-EZ (2008) Taxpayers For (Common Sense		52	-194	41122	Page 2
Part III Statement of Program Se	ervice Accomplishment	s (See the instruct	ions.)		Expenses	
What is the organization's primary exempt purpose? <u>See</u> Describe what was achieved in carrying out the describe the services provided, the number of the provided in the prov	e Statement 7 pe organization's exempt purp	oses. In a clear and cor	ncise manner,	and	uired for 501(c) (4) organization	is and
program title.	f persons benefited, or other r	elevant information for	each	4947	(a)(1) trusts; op thers.)	otional
28 Environment Program - Wo spending on issues include transportation, public 1a	ding energy, forest ands, and agricultu	nining,				
	nis amount includes foreign gr	ants, check here	>	28 a	316	,400.
29 See Statement 8		-				
	is amount includes foreign gr		_ _		1.61	407
30 National Security Reform	Program - Warks fo	ants, check here	ab : a	29 a	191	<u>,407.</u>
strong U.S. military at a	reasonable cost t	to taxpayers.				
(Grants \$) If the	nis amount includes foreign gr	ants, check here	-	30 a	179	,489.
31 Other program services (attach schedule	See Statement 9					, 100.
(Grants 9	ils amount includes foreign gr	ants, check here	🟲 📗 📙	31 a	251	,530.
32 Total program service expenses (add lin	es 28a through 31a)			32	908	.826.
Part IV List of Officers, Directors	, Trustees, and Key En	iployees. (List each d	one even if not cor	npens	sated. See the i	nstrs.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensa	is and	(e) Expense a and other allow	ccount wances
Courtney Cuff	Chairman	0.		0.		0.
651 Pennsylvania Avenue, SE	. 0					
Washington, DC 20003						
Danielle Brian	Director	0.		0.		0.
651 Pennsylvania Avenue, SE	0					
Washington, DC 20003						
Tim Atkin	Director	0.		0.		0.
651 Pennsylvania Avenue, SE Washington, DC 20003	0					
David Terry	Director	0.		0.		0.
651 Pennsylvania Avenue, SE	0			-		
Washington, DC 20003						
Marion Edey	Director	0.		0.		0.
651 Pennsylvania Avenue, SE Washington, DC 20003	0					•
Ryan Alexander	President	121,000.	5,5	58.		0.
651 Pennsylvania Avenue, SE	40.00					
Washington, DC 20003						
Rob Stuart	Director	0.		0.		0.
651 Pennsylvania Avenue, SE	O					
Washington, DC 20003						
Mark Smith	Director	0.		0.		0.
651 Pennsylvania Avenue, SE	o					
Washington, DC 20003						
Kathleen Welch	Director	0.		0.		0.
651 Pennsylvania Avenue, SE Washington, DC 20003	0					٠.
				İ		

<u> 1050000</u>	The state with the statement requirement in deneral insu	detion v.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach each activity	a detailed description of	33		Х
34		ned copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), tattach a statement explaining your reason for not reporting the income on Form 990-T.	out not reported on Form 990-T,			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice proxy tax requirements?	******	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?		35 b		
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		36		X
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.		
	b Did the organization file Form 1120-POL for this year?		37 b	V 000000000	Х
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key of any such loans made in a prior year and still unpaid at the start of the period covered by this	employee or were return?	38a		Х
	o If 'Yes,' complete Schedule L, Part II and enter the total		· / ·		
39	amount involved	38b <u>N</u>	I/A		
	a Initiation fees and capital contributions included on line 9.	39a N	I/A		
	Gross receipts, included on line 9, for public use of club facilities.		I/A		
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year und	er:			
	section 4911 ► 0.; section 4912 ► 0.; section 4955		<u>.</u>		
I	o 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefiver or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	fit transaction during the	40 ь		X
•	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.		
(Enter amount of tax on line 40c reimbursed by the organization	▶	0.		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T		40 e		Х
42 a	The books are in care of F The Organization Located at F 651 Pennsylvania Ave, SE, Washington, DC	Telephone no. ► <u>202</u> ZIP + 4 ► <u>200</u>		<u>500</u>	-
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or financial account in a foreign country (such as a bank account, securities account, or other fining the firm of the foreign country:	other authority over a ancial account)?		Yes	No X
c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Finar At any time during the calendar year, did the organization maintain an office outside of the U.S If 'Yes,' enter the name of the foreign country: •	5.?	42c		_X_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Checand enter the amount of tax-exempt interest received or accrued during the tax year	sk here			N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed of Form 990-EZ.	instead	44	162	X
45	Is any related organization a controlled entity of the organization within the meaning of section Form 990 must be completed instead of Form 990-EZ	512/b)/12\2 If !Voc !			X
BAA	TEEA0812L 01/14/09		Form 990	-EZ (2	2008)

Part VI Section 501(c)(3) organization	ana aniu All	F01(-\(0\)	52-194	1122
and complete the tables for	lines 50 and 51.	501(c)(3) organi	zations must answer	
46 Did the organization engage in direct or indi		inition on balant of a		tatement Ye
for public office? If Yes, complete Schedule	e C, Part I			46
47 Did the organization engage in lobbying acti	vities? If 'Yes,' complete S	Schedule C, Part II		47
48 Is the organization operating a school as de	scribed in section 170(b)(1)(A)(ii)? If 'Yes,' com	plete Schedule E	48
49a Did the organization make any transfers to a	in exempt non-charitable r	related organization?		49a
b If 'Yes,' was the related organization(s) a se				
50 Complete this table for the five highest compreceived more than \$100,000 of compensation	pensated employees (othe	r than officers, direct If there is none, enter	ors, trustees and key emplo	oyees) who ea
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account an other allowan
None	_			
	_			
Total number of other employees paid over \$100,000				
(a) Name and address of each independent co	ntractor paid more than \$100,000		(b) Type of service	(c) Compensat
otal number of other independent contractors reco		mariving schedules and sta	taments and to the best of mules	
otal number of other independent contractors reculor under penalties of perjury. I declare that I have exact true, correct, and complete. Declaration of prepare		mpanying schedules and sta	tements, and to the best of my knower has any knowledge.	owledge and belief,
		mpanying schedules and sta	tements, and to the best of my knowledge.	owledge and belief,
		mpanying schedules and stall information of which prep	tements, and to the best of my known arer has any knowledge.	wledge and belief,
Under penalties of perjury. I declare that I have extrue, correct, and complete. Declaration of prepare Signature of officer Ryan Alexander		mpanying schedules and stall information of which prep	tements, and to the best of my known arer has any knowledge.	owledge and belief,
Under penalties of perjury. I declare that I have extrue, correct, and complete. Declaration of prepare Signature of officer		mpanying schedules and stall information of which prep	President	
Under penalties of perjury. I declare that I have extrue, correct, and complete. Declaration of prepare Signature of officer Ryan Alexander Type or print name and title. Preparer's signature Away		mpanying schedules and stall information of which prep	President Check if See	parer's Identifying N
Under penalties of perjury. I declare that I have extrue, correct, and complete. Declaration of prepare Signature of officer Ryan Alexander Type or print name and title. Preparer's signature Preparer's Firm's name (or yours if self.	amined this return, including accorr (other than officer) is based on a	Date	President Check if See See	parer's Identifying N
Under penalties of perjury. I declare that I have extrue, correct, and complete. Declaration of prepare Signature of officer Ryan Alexander Type or print name and title. Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address and	amined this return, including accorr (other than officer) is based on a	Date	Date President Check if self-employed X N/	parer's Identifying Ne instructions) A
Under penalties of perjury. I declare that I have extrue, correct, and complete. Declaration of prepare Signature of officer Ryan Alexander Type or print name and title. Preparer's signature Preparer's signature Firm's name (or yours if self-employed), address and	amined this return, including accorr (other than officer) is based on a control of the control o	Date 10/05/0	Date President Check if self. employed ► X N/.	parer's Identifying Ne instructions) A

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number Taxpayers For Common Sense 52-1941122 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 b . Type II Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes Νo (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?..... 11 g (i) a family member of a person described in (i) above?..... 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the organizations the organization supports (i) Name of Supported Organization (v) Did you notify the organization in col. (i) of (iii) Type of organization (vi) Is the organization in col. (i) organized in the (vii) Amount of Support (described on lines 1.9 above or IRC section rganization in col (i) listed in your (see instructions)) your support? U.S.? governing document? Yes Νo Yes No Yes Nο

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 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)

Sac	tion A. Public Support	- u 20% off	0,7,01001141	11)			
			I			1	
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	968,613.	455,129.	748,905.	947,012.	920,294.	4,039,953.
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 1-3	968,613.	455,129.	748,905.	947,012.	920,294.	4,039,953.
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)						1,451,189.
6	Public support. Subtract line 5 from line 4						2,588,764.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	968,613.	455,129.	748,905.	947,012.	920,294.	4,039,953.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	21,583.	23,725.	30,703.	30,334.	23,993.	130,338.
9	Net income form unrelated business activities, whether or not the business is regularly carried on	,	,			=0,2201	0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						4,170,291.
12	Gross receipts from related activi	ties, etc. (see inst	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 200						62.1%
15	Public support percentage for 200	07 Schedule A, Pa	art IV-A, line 26f				66.7%
16 a	33-1/3 support test — 2008. If the and stop here. The organization of	organization did r qualifies as a publ	not check the box icly supported org	on line 13, and th	ne line 14 is 33-1/3	3 % or more, chec	ck this box
b	33-1/3 support test — 2007. If the and stop here. The organization of	organization did r qualifies as a publ	not check a box or icly supported org	n line 13, or 16a, a anization	and line 15 is 33-1	/3% or more, che	ck this box
17a	10%-facts-and-circumstances tes or more, and if the organization of the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in Part IV	how.
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' t	nd-circumstances' est. The organiza	test, check this b ation qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV ed organization	how the
18 3AA	Private foundation. If the organiz	ation did not chec	k a box on line, 1.	3, 16a, 16b, 17a, i			uctions ►

Schedule A (Form 990 or 990-EZ) 2008 Taxpayers For Common Sense Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(2) 2001	(2) 2000	(5) 2000	(4) 2007	(0) 2000	(i) TOTAL
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 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						
7 a	Total. Add lines 1-5						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
	Add lines 7a and 7b			· Herricon Albana (Market Market Mark			
	Public support (Subtract line						
	7c from line 6.)						
	ion B. Total Support						
Calen	idar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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.)						
13	Total support. (add Ins 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is organization, check this box and	stop nere		, third, fourth, o	r fifth tax year as a	a section 501(c)(3)	
Sect	ion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 200						%
16	Public support percentage from 2	.007 Schedule A, I	Part IV-A, line 27ç	<u>) </u>	· · · · · · · · · · · · · · · · · · ·	16	%
Sect	ion D. Computation of Inv	estment Inco	me Percentag	е			
	Investment income percentage fo						%
18	Investment income percentage fr	om 2007 Schedule	e A, Part IV-A, line	e 27h			%
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this be	ox and stop here.	The organization	qualifies as a pub	olicly supported org	ganization	>
b.	33-1/3 support tests — 2007. If the is not more than 33-1/3%, check	e organization did this box and stop	not check a box of here. The organize	on line 1 <mark>4 or 1</mark> 9a, ation qualifies as	and line 16 is mo	re than 33-1/3%, an	d line 18
	Private foundation. If the organiz						. H

Schedule A	(Form 990 or	990-EZ) 2008	Taxpayers	For	Common	Sense		5	2-19411	22	Page 4
Part IV	Supplemer Part II, line	ntal Informa	Taxpayers tion. Complete or Part III, Iir	e this	part to p	rovide the	e explanati	on requir	ed by Pa	rt II, line 1	0;
	1 5, 6 11, 1110	174 01 175	, or raitin, in	12.	TTOVIGE	arry other	auuitioriai	illiormat	ion. (see	Instructio	ns)
						- 					
									· -		
		 -				- 					
			-								
			- -	- -						-	-
											-
				- - -		- <u> </u>					
				· – – –		- 		- -			-
				· – – -	· – – – –	- 					· -
				-		· – – – – –				_	
		- 	-								
			- 	-			-				
				-		-		·			
				-				· -			
								· -			
- -									·		
			·	-				· -	- -		-
			·								
						- -	_				
							_				
						· — 	_ 				
						 _					
											-
							-				

2008	Federal Statements	Page 1
	Taxpayers For Common Sense	52-194112
Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noniny	·	
Publicly Traded Securit Gross Sales Price:	31,252.	
Cost or Other Basis:	32,815.	
	Total Gain (Loss) Publicly Traded Securities	-1,563.
	Total Net Gain (Loss) From Noninventory Sales	-1,563.
Statement 2 Form 990-EZ, Part I, Line 8 Other Revenue		250. 250.
Depreciation Technology Insurance Office Expenses	s, and Meetings. \$ Total \$	1,000. 1,700. 5,685. 37,371. 5,306. 27,079. 7,697. 85,838.
Statement 4 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Net Unrealized Gains and	Or Fund Balances Losses on Investments	-49,641. -49,641.
Statement 5 Form 990-EZ, Part II, Line 24 Other Assets		
Intangible Assets	Beginning	4,414. 6,000. 10,615. 307,940. 7,415.

2	0	0	8
_	v	v	•

Federal Statements

Page 2

Taxpayers For Common Sense

52-1941122

Statement 5 (continued) Form 990-EZ, Part II, Line 24 Other Assets

	Beg	<u>linning</u>		Ending
Utility deposits		430. 345,085.	\$ \$	430. 336,814.

Statement 6 Form 990-EZ, Part II, Line 26 Total Liabilities

	 eginning	•	<u>Ending</u>
Accounts Payable and Accrued Expenses Sublet security deposit.	\$ 52,063. 1,000.		42,727. 1,000.
Total	\$ 53,063.		43,727.

Statement 7 Form 990-EZ, Part III Organization's Primary Exempt Purpose

Mission -- Taxpayers for Common Sense (TCS) is a non-partisan budget watchdog that serves as an independent voice for American taxpayers. TCS seeks to ensure that our government spends taxpayer money efficiently and responsibly by working to eliminate wasteful and harmful federal spending.

Goals -- TCS seeks to ensure that the federal government spends taxpayer dollars efficiently and responsibly by:

1. Eliminating wasteful and harmful programs and subsidies;

2. Increasing government transparency and accountability related to the federal budget and appropriations process;

3. Developing and promoting solutions to prevent irresponsible subsidies; and 4. Rolling back earmarks to the lowest number in recent history achieved in 1996.

Statement 8 Form 990-EZ, Part III, Line 29 Statement of Program Service Accomplishments

Water Resources Program - Works to eliminate unnecessary and ill-conceived water projects and policies through targeted efforts on Army Corps of Engineers, drinking water and wastewater infrastructure, the removal of four dams on the lower Snake River in Eastern Washington, and federal subsidization of western water resources.

2008	Federal Statements		Page 3
	Taxpayers For Common Sense		52-1941122
Statement 9 Form 990-EZ, Part III, L Statement of Program 9	ine 31 Service Accomplishments		
	Description	0. Grants	Program Service Expenses
activities to track particular earmarks investigates and at beneficiaries of differences broad spending proposals the budget process and to make members	and General Programs - Includes k and monitor the federal budget and in ed spending trends and impacts. TCS ttempts to identify the true iscrete funding provisions. In addition, databases and analyses of federal. These efforts are designed to make more transparent to American taxpayers of Congress and the Administration le for their spending decisions. Includes Foreign Grants: No Tota		251,530. \$ 251,530.
	ssociated with Personal Benefit Contracts	nds directly	or
(b) Did the organi	premiums on a personal benefit contract lization, during the year, pay premiums, dersonal benefit contract?	?directly or	No

12/31/08	:	2	008 Fe	dera	l Boo	ok Der	2008 Federal Book Depreciation Schedule	ion Sc	hedu	<u>e</u>					Page 1
				Та	храуег	s For Co	Taxpayers For Common Sense	ense						52-	52-1941122
.No. Description	Date ——Acquired	Date Sold	Cost/ Basis	Bus. Pet.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Denr	Method	- J	A test	Current Denr
Depr. Schedule Only															. CEDI
Intangible Asset - Trademark															
3 Trademark option (blnce)	12/31/99		15,000	0.1						15,000	8,000	S/L	15		1,000
Total Intangible Asset - Trademark			15,000	-	0	0	0	0	0	15,000	8,000				1,000
Machinery and Equipment															
1 Fax Machine	10/01/96		1,825	10						1,825	1,825	S/L	2		0
2 HP 4000 printer	3/25/98		1,699							1,699	1,699	S/L	5		0
	8/15/01		800							800	801	S/L	2		0
	8/15/01		800							800	800	S/L	5		0
	8/15/01		800							800	800	S/L	5		0
	8/15/01		800	_						800	800	S/L	2		0
	12/31/04		700	_						700	700	S/L	m		0
	12/31/04		700	_						700	700	S/L	က		0
	12/31/04		008							800	800	SVL	က		0
	12/31/05		008							800	534	S/L	က		266
12 Aebri Server 13 Computer CPU (Franz)	3/22/06		2,000							2,000	1,000	7/8	က ျ		799
14 Computer CPU (Steve)	5/19/06		920							920	460	7%	o en		307
15 Toshiba Notebook Cmptr	9/28/06		006							006	300	S/L	က		300
16 Sony Ntbk cmptr/other	11/02/06		2,800							2,800	933	S/L	က		933
	3/28/07		1,099							1,099	183	S/L	က		366
	6/30/07		1,225							1,225	204	S/L	m		408
19 Phone system	4/25/07	'	10,856	1						10,856	1,085	SVL	2		2,171
Total Machinery and Equipment			30,324		0	0	0	0	0	30,324	14,024				5,685

Page 2	52-1941122	Current Depr.	6,685	6,685	
Pa	52-1			i i	
		Life. Rat			
		Method Life Rate			
			22,024	22,024	
		Prior Depr			
9		Depr. Basis	45,324	45,324	
Inpər		Salvage /Basis Reductn —	0	0	
n Scł	se	Prior S Dec. Bal. , Dept R		0	
iatio	on Sen	Ì		0	İ
brec	Sommo	Prior 179/ Bonus/ - Sp. Dept.	0	0	
y De	's For (Special Depr. Allow.			
Boc	Taxpayers For Common Sense	Cur 179 Banus	0	0	
dera	Та	Bus.	. 4	4=	
2008 Federal Book Depreciation Schedule		Cost/ Basis	45,324	45,324	
7		Date Sold	1 11	ıı	:
		Date Acquired			
		7			
		ption		ation	
		Description	reciation	Grand Total Depreciation	
1/08			Total Depreciation	Grand Toi	
12/31/08		No			