

**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**

**State Perspectives on Offshore Revenue Sharing**  
**July 27, 2011**

For Individuals:

1. Name:
2. Address:
3. Email Address:
4. Phone Number:

\* \* \* \* \*

For Witnesses Representing Organizations:

1. Name: Ryan Alexander
2. Name of Organization(s) You are Representing at the Hearing:  
Taxpayers for Common Sense
3. Business Address:  
651 Pennsylvania Ave SE, Washington, DC 20003
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: (202) 546-8500 [Information redacted for privacy]

**Ryan Alexander, Taxpayers for Common Sense**  
**“State Perspectives on Offshore Revenue Sharing” July 27, 2011**

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

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

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

Member, West Virginia State Bar

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

President, Taxpayers for Common Sense

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

None.

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

None.

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

No, thank you.

**Ryan Alexander, Taxpayers for Common Sense**  
**“State Perspectives on Offshore Revenue Sharing” July 27, 2011**

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.

President.

h. Any federal grants or contracts (including subgrants or subcontracts) from the *Department of the Interior (and /or other agencies invited)* 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).

None.

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).

None.

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.

None.

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)).

**Return of Organization Exempt From Income Tax**

**2009**

Department of the Treasury  
Internal Revenue Service

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.

**Open to Public Inspection**

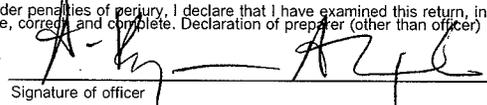
For the **2009** calendar year, or tax year beginning **2009**, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	<b>C</b> Taxpayers For Common Sense 651 Pennsylvania Avenue, SE Washington, DC 20003	<b>D</b> Employer Identification Number 52-1941122 <b>E</b> Telephone number 202-546-8500 <b>G</b> Gross receipts \$ <b>1,113,405.</b>
<b>F</b> Name and address of principal officer: <b>Ryan Alexander</b> Same As C Above		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ►	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ► <b>www.taxpayer.net</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of Formation: <b>1995</b> <b>M</b> State of legal domicile: <b>DC</b>	

Part I Summary			Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TCS is dedicated to cutting wasteful spending and subsidies in order to achieve a responsible and efficient government that operates within its means.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of employees (Part V, line 2a)	5	14
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	920,294.	1,075,409.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,863.	-1,695.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e)	19,817.	20,878.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	942,974.	1,094,592.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	708,898.	664,694.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► <b>41,433.</b>		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	266,820.	265,423.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	975,718.	930,117.	
19	Revenue less expenses. Subtract line 18 from line 12	-32,744.	164,475.	
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	448,708.	647,799.
	21	Total liabilities (Part X, line 26)	43,727.	58,615.
22	Net assets or fund balances. Subtract line 21 from line 20	404,981.	589,184.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

►  Signature of officer Date **11/15/2010**

► **Ryan Alexander** President  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <b>Harvey E. Jester</b>	Date <b>11/10/10</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) <b>N/A</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <b>Harvey E. Jester, CPA</b> <b>2841 Woodlawn Avenue</b> <b>Falls Church, VA 22042-2045</b>	EIN ► <b>N/A</b>	Phone no. ► <b>(703) 241-2418</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III 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 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?

Yes 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 462,629. including grants of \$ ) (Revenue \$ )

Environment Program - Works to eliminate environmentally harmful spending on issues including energy, forest, mining, transportation, public lands, and agriculture.

4b (Code: ) (Expenses \$ 157,815. including grants of \$ ) (Revenue \$ )

National Security Reform Program - Works for reforms to achieve a strong U.S. military at a reasonable cost to taxpayers.

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4c (Code: ) (Expenses \$ 142,098. including grants of \$ ) (Revenue \$ )

Budget, Corruption and General Programs - Includes activities to track and monitor the federal budget and in particular earmarked spending trends and impacts. TCS investigates and attempts to identify the true beneficiaries of discrete funding provisions. In addition, TCS develops broad databases and analyses of federal spending proposals. These efforts are designed to make the budget process more transparent to American taxpayers and to make members of Congress and the Administration directly accountable for their spending decisions.

4d Other program services. (Describe in Schedule O.) See Schedule O

(Expenses \$ 65,813. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 828,355.

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, 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 D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the 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? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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		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		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
<b>22</b> 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? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
<b>23</b> 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>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>b</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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
<b>26</b> 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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>30</b> Did the organization receive contributions or other historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....		
	1 a 7		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
	1 b 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
	1 c		
<b>2 a</b>	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 a 14		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....		X
	3 a		
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....		
	3 b		
<b>4 a</b>	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)? .....		X
	4 a		
<b>4 b</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.		
	4 b		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
	5 a		
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
	5 b		
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		
	5 c		
<b>6 a</b>	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? .....		X
	6 a		
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....		
	6 b		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		X
	7 a		
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....		
	7 b		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
	7 c		
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....		
	7 d		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
	7 e		
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
	7 f		
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....		
	7 g		
<b>7 h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .....		
	7 h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? .....		
	9 a		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....		
	9 b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. ....		
	10 a		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....		
	10 b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from other members or shareholders. ....		
	11 a		
<b>11 b</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		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
	12 a		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....		
	12 b		

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

**Section A. Governing Body and Management**

		Yes	No
1 a	Enter the number of voting members of the governing body.....		
1 b	Enter the number of voting members that are independent.....		
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?.....		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.....		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?.....		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?.....		X
6	Does the organization have members or stockholders?.....		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?.....		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.....		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: See Schedule O		
8 a	The governing body?.....	X	
8 b	Each committee with authority to act on behalf of the governing body?.....		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.....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a		X
10 b		
11		X
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	
12 a	X	
12 b	X	
12 c	X	
13		X
14		X
15		
15 a		X
15 b		X
16 a		X
16 b		

**Section C. Disclosures**

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ The Organization 651 Pennsylvania Ave, SE Washington DC 20003 202-546-8500

**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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Courtney Cuff Chair	0	X						0.	0.	0.
Danielle Brian Director	0	X						0.	0.	0.
Tim Atkin Director	0	X						0.	0.	0.
David Terry Director	0	X						0.	0.	0.
Marion Edey Director	0	X						0.	0.	0.
Kathleen Welch Director	40	X						0.	0.	0.
Rob Stuart Director	0	X						0.	0.	0.
Mark Smith Director	0	X						0.	0.	0.
Ryan Alexander President & CEO	40			X				121,000.	0.	5,580.

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	1,075,409.				
	g Noncash contribns included in lns 1a-1f	\$					
	<b>h Total. Add lines 1a-1f</b>		<b>1,075,409.</b>				
<b>PROGRAM SERVICE REVENUE</b>	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
<b>g Total. Add lines 2a-2f</b>							
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)		2,118.			2,118.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	20,559.				
		(ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)	20,559.					
	d Net rental income or (loss)		20,559.			20,559.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	15,000.				
		(ii) Other					
	b Less: cost or other basis and sales expenses	18,813.					
	c Gain or (loss)	-3,813.					
	d Net gain or (loss)		-3,813.			-3,813.	
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a Class action settlement	900099		319.			319.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			319.				
<b>12 Total revenue. See instructions</b>			<b>1,094,592.</b>	<b>0.</b>	<b>0.</b>	<b>19,183.</b>	

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.
11 Fees for services (non-employees)				
a Management				
b Legal	2,291.	2,121.	170.	
c Accounting	39,067.		39,067.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	29,717.	10,066.	2,850.	16,781.
12 Advertising and promotion				
13 Office expenses	3,564.	3,254.	310.	
14 Information technology	5,838.	15,032.	75.	731.
15 Royalties				
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				
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.)				
a <u>Printing and Publications</u>	37,621.	36,957.	75.	589.
b <u>Communications</u>	17,675.	17,628.	46.	1.
c <u>Postage and Shipping</u>	113.	32.	81.	
d _____				
e _____				
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 <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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**Part X Balance Sheet**

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

BAA

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

b Were the organization's financial statements audited by an independent accountant? .....

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? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: .....

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? .....

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. ....

BAA

Form 990 (2009)

**PUBLIC DISPLAY**



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	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 <b>Total.</b> Add lines 1-through 3.	455,129.	748,905.	947,012.	920,294.	1,075,409.	4,146,749.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,379,315.
6 <b>Public support.</b> Subtract line 5 from line 4.						2,767,434.

**Section B. Total Support**

Calendar year (or fiscal year beginning 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 from similar sources.	23,725.	30,703.	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 <b>Total support.</b> Add lines 7 through 10.						4,278,500.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)).	14	64.7%
15 Public support percentage from 2008 Schedule A, Part II, line 14.	15	62.1%
16a <b>33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> 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.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**b 33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PUBLIC DISPLAY**

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

Taxpayers For Common Sense

Employer identification number

52-1941122

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit??  Yes  No

**Part 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 pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_  
(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_  
b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

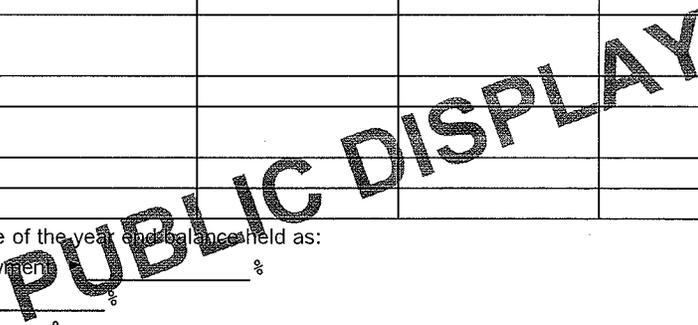
	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If 'Yes,' explain the arrangement in Part XIV.

**Part V Endowment Funds** Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					



2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		36,691.	24,191.	12,500.
e Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				12,500.

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**Part X 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		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		19,728.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		184,203.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,114,320.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	19,728.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	19,728.
3	Subtract line 2e from line 1	3	1,094,592.
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	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,094,592.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	930,117.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	930,117.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	930,117.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part XIV** Supplemental Information *(continued)*

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**Part III 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.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(J) General or managing partner?	
							Yes	No	Yes	No
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DUPLICATE DISPLAY

**Part IV Identification of Related Organizations Taxable as a Corporation or 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.)

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
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**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.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to other organization(s)		X
<b>c</b> Gift, grant, or capital contribution from other organization(s)		X
<b>d</b> Loans or loan guarantees to or for other organization(s)		X
<b>e</b> Loans or loan guarantees by other organization(s)		X
<b>f</b> Sale of assets to other organization(s)		X
<b>g</b> Purchase of assets from other organization(s)		X
<b>h</b> Exchange of assets		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		X
<b>n</b> Sharing of paid employees		X
<b>o</b> Reimbursement paid to other organization for expenses		X
<b>p</b> Reimbursement paid by other organization for expenses		X
<b>q</b> Other transfer of cash or property to other organization(s)		X
<b>r</b> Other transfer of cash or property from other organization(s)		X

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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 and transaction thresholds.

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

Taxpayers For Common Sense

52-1941122

**Form 990, Part III, Line 1 - Organization Mission**

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.

**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

Name of the organization

Employer identification number

Taxpayers For Common Sense

52-1941122

**Form 990, Part VI, Line 11 - Form 990 Review Process (continued)**

reviews.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Board members submit an annual conflict of interest policy compliance statement, requiring them to acknowledge that they have received, read, and understand the conflict of interest policy, that they agree to comply by its terms, and to note any potential or actual conflicts. The compliance statements are reviewed by the Board Chair and/or the President of TCS.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

TCS does not make its governing documents, internal policies or financial statements public. The annual information return Form 990 is made public as the law requires.

**PUBLIC DISPLAY**

Name of the organization

Employer identification number

Taxpayers For Common Sense

52-1941122

**PUBLIC DISPLAY**

Client 008

Taxpayers For Common Sense

52-1941122

11/10/10

09:36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179/ SDA	Prior 179/ SDA/ Depr.	Method	Life	Current Depr.
Depr. Schedule Only										
Intangible Asset - Trademark										
3	Trademark option (blnce)	12/31/99		15,000			9,000	S/L	15	1,000
Total Intangible Asset - Trademark				15,000		0	9,000			1,000
Machinery and Equipment										
1	Fax Machine	10/01/96		1,825			1,825	S/L	5	0
2	HP 4000 printer	3/25/98		1,699			1,699	S/L	5	0
4	Pentium III CPU	8/15/01		800			801	S/L	5	0
5	Pentium III CPU	8/15/01		800			800	S/L	5	0
6	Pentium III CPU	8/15/01		800			800	S/L	5	0
7	Pentium III CPU	8/15/01		800			800	S/L	5	0
8	SCB Entprs CPU Autumn	12/31/04		700			700	S/L	3	0
9	SCB Entprs CPU for Erich	12/31/04		700			700	S/L	3	0
10	SCB Entprs CPU for Mchle	12/31/04		800			800	S/L	3	0
11	SCB Entprs CPU for Keith	12/31/05		800			800	S/L	3	0
12	Xeon server	1/30/06		2,000			1,667	S/L	3	333
13	Computer CPU (Franz)	3/22/06		800			667	S/L	3	133
14	Computer CPU (Steve)	5/19/06		920			767	S/L	3	153
15	Toshiba Notebook Cmptr	9/28/06		900			600	S/L	3	300
16	Sony Ntbk cmptr/other	11/02/06		2,800			1,866	S/L	3	934
17	CPU (SN: 28657)-Keith	3/28/07		1,099			549	S/L	3	367
18	Computer (SN:28910)-Demia	6/30/07		1,225			612	S/L	3	204
19	Phone system	4/25/07		10,856			3,256	S/L	5	1,086
20	Canon IR50201 copier	5/15/09		3,889				S/L	2	972
21	Toshiba R600 laptop	12/03/09		2,478				S/L	3	0
Total Machinery and Equipment				36,691		0	19,709			4,482
Total Depreciation				51,691		0	28,709			5,482
Grand Total Depreciation				51,691		0	28,709			5,482

PUBLIC DISPLAY

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	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.
Depr. Schedule Only																
Intangible Asset - Trademark																
3	Trademark option (blnce)	12/31/99		15,000							15,000	9,000	S/L	15		1,000
Total Intangible Asset - Trademark																
Machinery and Equipment																
1	Fax Machine	10/01/96		1,825							1,825	1,825	S/L	5		0
2	HP 4000 printer	3/25/98		1,699							1,699	1,699	S/L	5		0
4	Pentium III CPU	8/15/01		800							800	801	S/L	5		0
5	Pentium III CPU	8/15/01		800							800	800	S/L	5		0
6	Pentium III CPU	8/15/01		800							800	800	S/L	5		0
7	Pentium III CPU	8/15/01		800							800	800	S/L	5		0
8	SCB Entprs CPU Autumn	12/31/04		700							700	700	S/L	3		0
9	SCB Entprs CPU for Erich	12/31/04		700							700	700	S/L	3		0
10	SCB Entprs CPU for Michle	12/31/04		800							800	800	S/L	3		0
11	SCB Entprs CPU for Keith	12/31/05		800							800	800	S/L	3		0
12	Xeon server	1/30/06		2,000							2,000	1,667	S/L	3		333
13	Computer CPU (Franz)	3/22/06		800							800	667	S/L	3		133
14	Computer CPU (Steve)	5/19/06		920							920	767	S/L	3		153
15	Toshiba Notebook Cmptr	9/28/06		900							900	600	S/L	3		300
16	Sony Ntbk cmptr/other	11/02/06		2,800							2,800	1,866	S/L	3		934
17	CPU (SN: 28657)-Keith	3/28/07		1,099							1,099	549	S/L	3		367
18	Computer (SN:28910)-Demia	6/30/07		1,225							1,225	612	S/L	3		204
19	Phone system	4/25/07		10,856							10,856	3,256	S/L	5		1,086
20	Canon IR50201 copier	5/15/09		3,889							3,889		S/L	2		972

Client 008

Taxpayers For Common Sense

52-1941122

11/10/10

09:36PM

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Method	Life	Rate	Prior Depr.	Current Depr.
21	Toshiba R600 laptop	12/03/09		2,478							2,478	S/L	3		0	0
Total Machinery and Equipment																
				36,691		0	0	0	0	0	36,691				19,709	4,482
Total Depreciation																
				51,691		0	0	0	0	0	51,691				28,709	5,482
Grand Total Depreciation																
				51,691		0	0	0	0	0	51,691				28,709	5,482

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**PUBLIC DISPLAY  
COPY**

TAXPAYERS FOR COMMON SENSE

FORM 990  
YEAR ENDED DECEMBER 31, 2008

PUBLIC DISPLAY COPY





**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

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 year may use this form.

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**

**A For the 2008 calendar year, or tax year beginning , 2008, and ending ,**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Please use IRS label or print or type. See Specific Instructions. <b>Taxpayers For Common Sense</b> 651 Pennsylvania Avenue, SE Washington, DC 20003	<b>D</b> Employer identification number 52-1941122
		<b>E</b> Telephone number 202-546-8500
		<b>F</b> Group Exemption Number
		<b>G</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**I Website:** ▶ www.taxpayer.net

**J Organization type** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 975,789.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	920,294.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	23,993.
	5a Gross amount from sale of assets other than inventory	5a	31,252.
	b Less: cost or other basis and sales expenses	5b	32,815.
	c Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a) (att sch.)	5c	-1,563.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ See Statement 2 )	8	250.	
9 <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	942,974.	
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	708,898.
	13 Professional fees and other payments to independent contractors	13	56,610.
	14 Occupancy, rent, utilities, and maintenance	14	101,218.
	15 Printing, publications, postage, and shipping	15	23,154.
	16 Other expenses (describe ▶ See Statement 3 )	16	85,838.
17 <b>Total expenses</b> (add lines 10 through 16)	17	975,718.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,744.	
<b>ASSETS</b>	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	487,366.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 4	20	-49,641.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	404,981.

**Part II Balance Sheets.** If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	195,344.	111,894.
23 Land and buildings		
24 Other assets (describe ▶ See Statement 5 )	345,085.	336,814.
25 <b>Total assets</b>	540,429.	448,708.
26 <b>Total liabilities</b> (describe ▶ See Statement 6 )	53,063.	43,727.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	487,366.	404,981.

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

Form 990-EZ (2008)

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

What is the organization's primary exempt purpose? See Statement 7  
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	<u>Environment Program - Works to eliminate environmentally harmful spending on issues including energy, forest, mining, transportation, public lands, and agriculture.</u> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	28a	316,400.
29	<u>See Statement 8</u> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	29a	161,407.
30	<u>National Security Reform Program - Works for reforms to achieve a strong U.S. military at a reasonable cost to taxpayers.</u> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	30a	179,489.
31	Other program services (attach schedule) <u>See Statement 9</u> (Grants \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	31a	251,530.
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	908,826.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Courtney Cuff 651 Pennsylvania Avenue, SE Washington, DC 20003	Chairman 0	0.	0.	0.
Danielle Brian 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Tim Atkin 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
David Terry 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Marion Edey 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Ryan Alexander 651 Pennsylvania Avenue, SE Washington, DC 20003	President 40.00	121,000.	5,558.	0.
Rob Stuart 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Mark Smith 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Kathleen Welch 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
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**Part V Other Information** (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions.		
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.		
39	39 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9.		
39b	b Gross receipts, included on line 9, for public use of club facilities.		
40a	40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
40b	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		
40d	d Enter amount of tax on line 40c reimbursed by the organization.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ The Organization Telephone no. ▶ 202-546-8500  
 Located at ▶ 651 Pennsylvania Ave, SE, Washington, DC ZIP + 4 ▶ 20003

		Yes	No
42b	b 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)? If 'Yes,' enter the name of the foreign country: ...		X
42c	c 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: ...		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 10

	Yes	No
46 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.....		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....		X
b If 'Yes,' was the related organization(s) a section 527 organization?.....		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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 and other allowances
None				
Total number of other employees paid over \$100,000..... ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000..... ▶		

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 10/8/09

Type or print name and title: Ryan Alexander President

Preparer's signature: *[Signature]* Date: 10/05/09 Check if self-employed:  Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: Harvey E. Jester CPA, 2841 Woodlawn Avenue, Falls Church, VA 22042-2045  
EIN: N/A  
Phone no.: (703) 241-2418

May the IRS discuss this return with the preparer shown above? See instructions.  Yes  No

BAA



**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.)

**Section A. Public Support**

Calendar year (or fiscal year 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.') . . . . .	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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						2,588,764.

**Section B. Total Support**

Calendar year (or fiscal year beginning 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 from similar sources . . . . .	21,583.	23,725.	30,703.	30,334.	23,993.	130,338.
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						4,170,291.
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	62.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f. . . . .	15	66.7 %
16a <b>33-1/3 support test — 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test — 2007.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test — 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar 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 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.						
6 Total. Add lines 1-5.						
7a 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 total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.



**Statement 1**  
**Form 990-EZ, Part I, Line 5c**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

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**

Honoraria..... \$ 250.  
 Total \$ 250.

**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Amortization..... \$ 1,000.  
 Conferences, Conventions, and Meetings..... 1,700.  
 Depreciation..... 5,685.  
 Information Technology..... 37,371.  
 Insurance..... 5,306.  
 Office Expenses..... 27,079.  
 Travel..... 7,697.  
 Total \$ 85,838.

**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Net Unrealized Gains and Losses on Investments..... \$ -49,641.  
 Total \$ -49,641.

**Statement 5**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	Beginning	Ending
Accounts Receivable.....	\$ 23,355.	\$ 4,414.
Intangible Assets.....	7,000.	6,000.
Machinery and Equipment.....	16,300.	10,615.
Pledges and Grants Receivable.....	291,000.	307,940.
Prepaid Expenses and Deferred Charges.....	7,000.	7,415.

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

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

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

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

**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.

**Statement 9**  
**Form 990-EZ, Part III, Line 31**  
**Statement of Program Service Accomplishments**

Description	0. Grants	Program Service Expenses
Budget, Corruption and General Programs - Includes activities to track and monitor the federal budget and in particular earmarked spending trends and impacts. TCS investigates and attempts to identify the true beneficiaries of discrete funding provisions. In addition, TCS develops broad databases and analyses of federal spending proposals. These efforts are designed to make the budget process more transparent to American taxpayers and to make members of Congress and the Administration directly accountable for their spending decisions.		251,530.
Includes Foreign Grants: No		
Total	\$ 0.	\$ 251,530.

**Statement 10**  
**Form 990-EZ, Part VI**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

Taxpayers For Common Sense

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductib.	Depr. Basis	Method	Life	Rate	Prior Depr.	Current Depr.
Depr. Schedule Only																
Intangible Asset - Trademark																
3	Trademark option (bince)	12/31/99		15,000							15,000	S/L	15		8,000	1,000
Total Intangible Asset - Trademark																
Machinery and Equipment																
1	Fax Machine	10/01/96		1,825							1,825	S/L	5		1,825	0
2	HP 4000 printer	3/25/98		1,699							1,699	S/L	5		1,699	0
4	Pentium III CPU	8/15/01		800							800	S/L	5		801	0
5	Pentium III CPU	8/15/01		800							800	S/L	5		800	0
6	Pentium III CPU	8/15/01		800							800	S/L	5		800	0
7	Pentium III CPU	8/15/01		800							800	S/L	5		800	0
8	SCB Entprs CPU Autumn	12/31/04		700							700	S/L	3		700	0
9	SCB Entprs CPU for Erich	12/31/04		700							700	S/L	3		700	0
10	SCB Entprs CPU for Michle	12/31/04		800							800	S/L	3		800	0
11	SCB Entprs CPU for Keith	12/31/05		800							800	S/L	3		800	0
12	Xeon server	1/30/06		2,000							2,000	S/L	3		534	266
13	Computer CPU (Franz)	3/22/06		800							800	S/L	3		1,000	667
14	Computer CPU (Steve)	5/19/06		920							920	S/L	3		400	267
15	Toshiba Notebook Cmptr	9/28/06		900							900	S/L	3		460	307
16	Sony Nibk cmptr/other	11/02/06		2,800							2,800	S/L	3		300	300
17	CPU (SN: 28657)-Keith	3/28/07		1,099							1,099	S/L	3		933	933
18	Computer (SN:28910)-Demia	6/30/07		1,225							1,225	S/L	3		183	366
19	Phone system	4/25/07		10,856							10,856	S/L	5		204	408
Total Machinery and Equipment																
				30,324	0	0	0	0	0	0	30,324				14,024	5,685

Taxpayers For Common Sense

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Ect.	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.
	Total Depreciation			<u>45,324</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>45,324</u>	<u>22,024</u>				<u>6,685</u>
	Grand Total Depreciation			<u>45,324</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>45,324</u>	<u>22,024</u>				<u>6,685</u>

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COPY**

**TAXPAYERS FOR COMMON SENSE**

**FORM 990  
YEAR ENDED DECEMBER 31, 2007**

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If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.  X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Name of Exempt Organization: Taxpayers For Common Sense
Employer identification number: 52-1941122
Address: 651 Pennsylvania Avenue, SE, Washington, DC 20003

FILE COPY

Check type of return to be filed (File a separate application for each return):
Form 990 (checked), Form 990-PF, Form 990-T, Form 990-EZ, Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The books are in care of The Organization
Telephone No. 202-546-8500 FAX No. 202-546-8511
If the organization does not have an office or place of business in the United States, check this box.
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

I request an additional 3-month extension of time until 11/15, 2008.
For calendar year 2007, or other tax year beginning 2007, and ending 2008.
If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period
State in detail why you need the extension: Certain allocations of costs required under SFAS No. 117 must still be tabulated before a complete and accurate return can be prepared.

Table with 3 rows: 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. 8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: Certified Public Accountant Date: 7/21/2008

Notice to Applicant. (To be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
Other

Director: By: Date:

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: Harvey E. Jester, CPA
Number and street (include suite, room, or apartment number) or a P.O. box number: 2841 Woodlawn Avenue
City or town, province or state, and country (including postal or ZIP code): Falls Church, VA 22042-2045

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

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  X
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>Taxpayers For Common Sense</b>	Employer identification number <b>52-1941122</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>651 Pennsylvania Avenue, SE</b>	FILE COPY
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Washington, DC 20003</b>	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of ► The Organization

Telephone No. ► 202-546-8500 FAX No. ► 202-546-8511

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2008, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

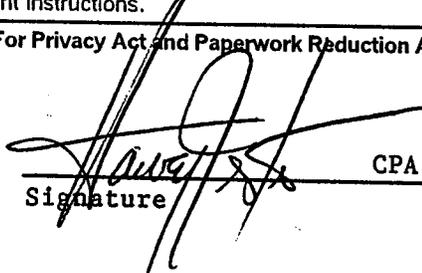
- calendar year 2007 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
3c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

  
Signature

CPA

Certified Public Accountant  
Title

4/28/2008

Date

Return of Organization Exempt From Income Tax

2007

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

Department of the Treasury Internal Revenue Service(77)

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 2007, and ending

B Check if applicable:

- Address change
Name change
Initial return
Termination
Amended return
Application pending

Please use IRS label or print or type. See specific instructions.

C Taxpayers For Common Sense
651 Pennsylvania Avenue, SE
Washington, DC 20003

D Employer Identification Number

52-1941122

E Telephone number

202-546-8500

F Accounting method:

- Cash
[X] Accrual
Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? Yes No [X]

H (b) If 'Yes,' enter number of affiliates.

H (c) Are all affiliates included? Yes No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No [X]

G Web site: www.taxpayer.net

J Organization type

(check only one) [X] 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 979,367.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include contributions, program service revenue, membership dues, interest, dividends, rents, investment income, sales of assets, special events, and inventory sales. Total revenue is 979,367 and total expenses is 982,376.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	<b>22a</b>				
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here... <input type="checkbox"/>	<b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b>	114,528.	110,027.	3,127.	1,374.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b>	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b>	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	477,341.	458,605.	13,008.	5,728.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	28,499.	27,967.	139.	393.
<b>29</b> Payroll taxes	<b>29</b>	44,772.	43,498.	708.	566.
<b>30</b> Professional fundraising fees	<b>30</b>				
<b>31</b> Accounting fees	<b>31</b>	36,122.		36,122.	
<b>32</b> Legal fees	<b>32</b>	1,123.		1,123.	
<b>33</b> Supplies	<b>33</b>	7,661.	5,425.	1,701.	535.
<b>34</b> Telephone	<b>34</b>	74,546.	71,606.	2,507.	433.
<b>35</b> Postage and shipping	<b>35</b>	1,536.	1,269.	249.	18.
<b>36</b> Occupancy	<b>36</b>	94,879.	92,698.	1,007.	1,174.
<b>37</b> Equipment rental and maintenance	<b>37</b>	16,410.	15,613.	181.	616.
<b>38</b> Printing and publications	<b>38</b>	22,090.	15,806.	186.	6,098.
<b>39</b> Travel	<b>39</b>	22,729.	20,710.	143.	1,876.
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	8,481.	2,787.	27.	5,667.
<b>41</b> Interest	<b>41</b>	581.		581.	
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>	9,041.	8,571.	411.	59.
<b>43</b> Other expenses not covered above (itemize):					
<b>a</b> Insurance	<b>43a</b>	5,271.		5,271.	
<b>b</b> Professional fees	<b>43b</b>	16,766.	14,392.	533.	1,841.
<b>c</b>	<b>43c</b>				
<b>d</b>	<b>43d</b>				
<b>e</b>	<b>43e</b>				
<b>f</b>	<b>43f</b>				
<b>g</b>	<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b>	982,376.	888,974.	67,024.	26,378.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose? ▶ <u>See Statement 2</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
<b>a</b> <u>See Statement 3</u> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	888,974.
<b>b</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>c</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>d</b> ----- ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>e</b> Other program services. .... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)..... ▶	888,974.

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	<b>45</b> Cash — non-interest-bearing .....	18,012.	<b>45</b>	12,821.
	<b>46</b> Savings and temporary cash investments .....	239,731.	<b>46</b>	20,175.
	<b>47a</b> Accounts receivable .....	<b>47a</b> 23,355.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	8,837.	<b>47c</b> 23,355.
	<b>48a</b> Pledges receivable .....	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable .....	105,000.	<b>49</b>	291,000.
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	326.	<b>53</b>	7,000.
	<b>54a</b> Investments — publicly-traded securities... Stmt. 4 ... <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	137,604.	<b>54a</b>	162,348.
	<b>b</b> Investments — other securities (attach sch) ... <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<b>55a</b> Investments — land, buildings, & equipment: basis ...	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments — other (attach schedule) .....		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b> 30,324.		
<b>b</b> Less: accumulated depreciation (attach schedule) ... Statement 5 ...	<b>57b</b> 14,024.	11,161.	<b>57c</b> 16,300.	
<b>58</b> Other assets, including program-related investments (describe ▶ See Statement 6) .....	8,430.	<b>58</b>	7,430.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58. ....	529,101.	<b>59</b>	540,429.	
LIABILITIES	<b>60</b> Accounts payable and accrued expenses .....	16,802.	<b>60</b>	52,063.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....	3,094.	<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ See Statement 7) .....	1,000.	<b>65</b>	1,000.
	<b>66 Total liabilities.</b> Add lines 60 through 65 .....	20,896.	<b>66</b>	53,063.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	223,215.	<b>67</b>	301,996.
	<b>68</b> Temporarily restricted .....	284,990.	<b>68</b>	185,370.
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21). ....	508,205.	<b>73</b>	487,366.
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	529,101.	<b>74</b>	540,429.	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	970,127.
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	970,127.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): See Stm 8	<b>d2</b>		9,240.
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	9,240.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	979,367.

**Part IV-E Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	990,966.
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		8,590.
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	8,590.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	982,376.
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	982,376.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 9		110,000.	4,528.	0.



Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b N/A 83a X 83b X 84a X 84b N/A 85a N/A 85b N/A 85c N/A 85d N/A 85e N/A 85f N/A 85g N/A 85h N/A 86a N/A 86b N/A 87a N/A 87b N/A 88a X 88b X 89a 0. 0. 0. 89b X 89c 0. 89d 0. 89e X 89f X 89g X 90a DC 90b 7 91a The books are in care of The Organization Telephone number 202-546-8500 Located at 651 Pennsylvania Ave, SE, Washington, DC ZIP + 4 20003 91b X

BAA

**Part VI Other Information** (continued)

Yes	No
	X

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c**  Yes  No  
 If 'Yes,' enter the name of the foreign country ▶ \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A   
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **92** N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees & contracts from government agencies . . .					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings & temporary cash invmnts . . .			14	2,694.	
<b>96</b> Dividends & interest from securities . . . . .			14	9,650.	
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	17,990.	
<b>98</b> Net rental income or (loss) from pers prop . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory . . . . .					
<b>103</b> Other revenue: a _____					
b Expense recoveries					2,021.
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				30,334.	2,021.
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					32,355.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103b	Expense recoveries: TCS was reimbursed by vendors for various exempt purpose expenses that arose in the current or earlier years, and are therefore not unrelated business income.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

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

**Part X** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 8/5/08  
 Ryan Alexander, President  
 Type or print name and title.

Preparer's signature: *[Signature]* Date: 8/05/08  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Harvey E. Jester, CPA, 241 Woodlawn Avenue, Falls Church, VA 22042-2045  
 Check if self-employed:  Preparer's SSN or PTIN (See General Instruction X): N/A  
 EIN: N/A  
 Phone no.: (703) 241-2418

PUBLIC DISPLAY COPY

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

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

**2007**

Department of the Treasury  
Internal Revenue Service

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization <b>Taxpayers For Common Sense</b>	Employer identification number <b>52-1941122</b>
---	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Keith Ashdown Washington, DC 20003 ,	Chief Invstgtr 40	68,599.	3,563.	0.
Steve Ellis Washington, DC 20003 ,	VP-Programs 40	84,333.	4,499.	0.
Jill Lancelot Washington, DC 20003 ,	Senior Advisor 40	57,732.	2,642.	0.
Autumn Hanna Washington, DC 20003 ,	Senior Directo 40	61,750.	4,426.	0.
Demian Moore Washington, DC 20003 ,	Snr Plcy Anlys 40	62,500.	349.	0.
Total number of other employees paid over \$50,000 ▶	2			

**Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . ▶ \$ <u>250.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .		X
<b>b</b> Lending of money or other extension of credit? . . . . .		X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	See Form 990, Part V	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	X	
<b>e</b> Transfer of any part of its income or assets? . . . . .		X
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .		X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	X	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .		X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .		X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	N/A	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	N/A	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶		N/A
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶		0
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶		0.

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) .....	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)...	728,645.	668,629.	831,863.	878,904.	3,108,041.
<b>16</b> Membership fees received .....					0.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose .....					0.
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975..	21,690.	19,465.	16,901.	12,809.	70,865.
<b>19</b> Net income from unrelated business activities not included in line 18 .....					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0.
<b>21</b> 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.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0.
<b>23</b> Total of lines 15 through 22 .....	750,335.	688,094.	848,764.	891,713.	3,178,906.
<b>24</b> Line 23 minus line 17 .....	750,335.	688,094.	848,764.	891,713.	3,178,906.
<b>25</b> Enter 1% of line 23 .....	7,503.	6,881.	8,488.	8,917.	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24 .....					<b>26a</b> 63,578.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					<b>26b</b> 989,068.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e) .....					<b>26c</b> 3,178,906.
<b>d</b> Add: Amounts from column (e) for lines:	<b>18</b> 70,865.	<b>19</b>	<b>20</b>	<b>21</b>	<b>26d</b> 1,059,933.
	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26e</b> 2,118,973.
<b>e</b> Public support (line 26c minus line 26d total) .....					<b>26e</b> 2,118,973.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					<b>26f</b> 66.66 %
<b>27 Organizations described on line 12:</b> N/A					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add: Amounts from column (e) for lines:	<b>15</b> _____	<b>16</b> _____	<b>17</b> _____	<b>20</b> _____	<b>21</b> _____
<b>d</b> Add: Line 27a total .....					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total) .....					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					<b>27g</b> _____ %
<b>i</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					<b>27h</b> _____ %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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

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

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	250.
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	0. 250.
<b>39</b>	Other exempt purpose expenditures .....	<b>39</b>	955,748.
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	0. 955,998.
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table —		
	<b>If the amount on line 40 is —</b>		
	<b>The lobbying nontaxable amount is —</b>		
	Not over \$500,000 .....		20% of the amount on line 40 .....
	Over \$500,000 but not over \$1,000,000 .....		\$100,000 plus 15% of the excess over \$500,000 .....
	Over \$1,000,000 but not over \$1,500,000 .....		\$175,000 plus 10% of the excess over \$1,000,000 .....
	Over \$1,500,000 but not over \$17,000,000 .....		\$225,000 plus 5% of the excess over \$1,500,000 .....
	Over \$17,000,000 .....		\$1,000,000 .....
<b>41</b>			168,400.
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	0. 42,100.
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	0. 0.
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	0. 0.

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....	168,400.	133,136.	132,741.	133,627.	567,904.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					851,856.
<b>47</b> Total lobbying expenditures .....	250.	5,294.	9,498.	18,175.	33,217.
<b>48</b> Grassroots non-taxable amount .....	42,100.	33,284.	33,185.	33,407.	141,976.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					212,964.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> ) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> ) .....			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Statement 1**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

Decrease in market value of securities.....	\$	-9,240.
Loss from payroll service bankruptcy.....		-8,590.
	Total \$	<u>-17,830.</u>

**Statement 2**  
**Form 990, 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 3**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Environment Program - Works to eliminate environmentally harmful spending on issues including energy, forest, mining, transportation, public lands, and agriculture. Includes Foreign Grants: No		317,820.
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. Includes Foreign Grants: No		144,737.
National Security Reform Program - Works for reforms to achieve a strong U.S. military at a reasonable cost to taxpayers. Includes Foreign Grants: No		102,894.
Budget, Corruption and General Programs - Includes activities to track and monitor the federal budget and in particular earmarked spending trends and impacts. TCS investigates and attempts to identify the true beneficiaries of discrete funding provisions. In addition, TCS develops		

**Statement 3 (continued)**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
broad databases and analyses of federal spending proposals. These efforts are designed to make the budget process more transparent to American taxpayers and to make members of Congress and the Administration directly accountable for their spending decisions.		323,523.
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 888,974.</u>

**Statement 4**  
**Form 990, Part IV, Line 54a**  
**Investments - Publicly Traded Securities**

Corporate Stocks	Valuation Method	Amount
Citigroup Inc.	Market Value	\$ 7,831.
Exxon Mobil Corp.	Market Value	13,210.
	Total	\$ 21,041.

Other Publicly Traded Securities	Valuation Method	Amount
Franklin Rising Dividends Fund	Market Value	53,112.
Capital Income Builder Fund	Market Value	28,640.
First Eagle Global Fund	Market Value	31,317.
Royce Fund - Pennsylvania	Market Value	28,238.
	Total	\$ 141,307.

Publicly Traded Securities \$ 162,348.

**Statement 5**  
**Form 990, Part IV, Line 57**  
**Land, Buildings, and Equipment**

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	\$ 30,324.	\$ 14,024.	\$ 16,300.
Total	<u>\$ 30,324.</u>	<u>\$ 14,024.</u>	<u>\$ 16,300.</u>

**Statement 6**  
**Form 990, Part IV, Line 58**  
**Other Assets**

Net Intangible Assets.....	7,000.
Utility deposits.....	\$ 430.
Total	<u>\$ 7,430.</u>

**Statement 7**  
**Form 990, Part IV, Line 65**  
**Other Liabilities**

Sublet security deposit.....	\$ 1,000.
Total	<u>\$ 1,000.</u>

**Statement 8**  
**Form 990, Part IV-A, Line d(2)**  
**Other Amounts**

Net unrealized losses on securities.....	\$ 9,240.
Total	<u>\$ 9,240.</u>

**Statement 9**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Courtney Cuff 651 Pennsylvania Avenue, SE Washington, DC 20003	Co-Chair 0	\$ 0.	\$ 0.	\$ 0.
Danielle Brian 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Tim Atkin 651 Pennsylvania Avenue, SE Washington, DC 20003	Co-Chair 0	0.	0.	0.
David Terry 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Marion Edey 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.

Statement 9 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Ryan Alexander 651 Pennsylvania Avenue, SE Washington, DC 20003	President 40.00	\$ 110,000.	\$ 4,528.	\$ 0.
Rob Stuart 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Mark Smith 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
Kathleen Welch 651 Pennsylvania Avenue, SE Washington, DC 20003	Director 0	0.	0.	0.
	Total	<u>\$ 110,000.</u>	<u>\$ 4,528.</u>	<u>\$ 0.</u>

Taxpayers For Common Sense

52-1941122

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Dep. Allow.	Prior Bonus/Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Depr. Schedule Only																
Capital lease																
49	Canon Image Runner 50201	8/10/04	8/10/07	15,912							15,912	12,818	S/L	3		3,094
Total Capital lease																
Intangible Asset - Trademark																
28	Trademark option (blince)	12/31/99		15,000							15,000	7,000	S/L	15		1,000
Total Intangible Asset - Trademark																
Machinery and Equipment																
1	Fax Machine	10/01/96		1,825							1,825	1,825	S/L	5		0
18	HP 4000 printer	3/25/98		1,699							1,699	1,699	S/L	5		0
40	Pentium III CPU	8/15/01		800							800	801	S/L	5		0
41	Pentium III CPU	8/15/01		800							800	800	S/L	5		0
42	Pentium III CPU	8/15/01		800							800	800	S/L	5		0
43	Pentium III CPU	8/15/01		800							800	800	S/L	5		0
46	SCB Entprs CPU Autumn	12/31/04		700							700	466	S/L	3		234
47	SCB Entprs CPU for Erich	12/31/04		700							700	466	S/L	3		234
48	SCB Entprs CPU for Michle	12/31/04		800							800	534	S/L	3		266
50	SCB Entprs CPU for Keith	12/31/05		800							800	267	S/L	3		267
51	Xeon server	1/30/06		2,000							2,000	333	S/L	3		667
52	Computer CPU (Franz)	3/22/06		800							800	133	S/L	3		267
53	Computer CPU (Steve)	5/19/06		920							920	153	S/L	3		307
54	Toshiba Notebook Cmptr	9/28/06		900							900		S/L	3		300

