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

"Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices - Part III: Impacts on Seniors, Working Families and Memorial Day Vacations"

May 25, 2011

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Deneen Borelli
2. Name of Organization(s) You are Representing at the Hearing:
The National Center for Public Policy Research – Project 21
3. Business Address: 501 Capitol Court, N.E., Suite 200, Washington DC 20002
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 202.543.4110

Name/Organization: Deneen Borelli, The National Center for Public Policy Research – Project 21 Title/Date of Hearing: "Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices - Part III: Impacts on Seniors, Working Families and Memorial Day Vacations"- May 25, 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.
n/a
b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
n/a
c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
n/a
d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
n/a
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.
n/a
f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.
n/a

Name/Organization: Deneen Borelli, The National Center for Public Policy Research – Project 21 Title/Date of Hearing: "Harnessing American Resources to Create Jobs and Address Rising Gasoline Prices - Part III: Impacts on Seniors, Working Families and Memorial Day Vacations"- May 25, 2011

<u>In addition, for witnesses representing organizations:</u>

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

n/a

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

n/a

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).

n/a

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.

n/a

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)).

Attached

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inter	nal Rever	nue Service		<u>► T</u>	he organiza	ation	may have to u	use a copy	of this return to	satisfy state r	eport	ing requiren	nents	Оре	en to Rublic in	spection
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Ma	y the IF	RS discuss this	return	with t	he prepa	arer	shown abo	ve? (se	e instructions)					X Yes	No

	990 (2009) NATIONAL CENTER FOR PUBLIC POLICY	52-1226614	Page 2
(Par	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission' PUBLIC POLICY RESEARCH AND EDUCATION.		
2	Did the organization undertake any significant program services during the year which were not listed on	he prior	
	Form 990 or 990-EZ?		X No
	If 'Yes,' describe these new services on Schedule O	_ (
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ces?	X No
4	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services	hy expenses. Section 50	1(c)(3)
7	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocations to others, the	e total
4 a	(Code:) (Expenses \$7,241,756. including grants of \$) (REDUCATE THE PUBLIC ON ISSUES OF PUBLIC CONCERN, INCLUDING US DOMES POLICY, SOCIAL SECURITY/MEDICARE, GOVERNMENT ACCOUNTABILITY/REFORM REGULATORY AFFAIRS, CAMPAIGN REFORM, HEALTH CARE, BUDGET & TAXES PRESS_RELEASES, WEB SITE & E-MAILS, SPEECHES, SEMINARS, PETITIONS MEETINGS.	M, THE ENVIRONME THROUGH OP/EDS, CONFERENCES AN	
41	(Code) (Expenses \$248,121. including grants of \$) (F PROMOTE DEBATE ON ENVIRONMENTAL POLICIES & REGULATORY REFORM THROWN RESPONSE NEWSLETER, NATIONAL POLICY ANALYSIS PAPERS, SEMINARS, SPINTERVIEWS, A WEB SITE, AND OP/EDS (SYNDICATED)	EECHES, MEDIA_) DND
4	(Code:) (Expenses \$ 192,231. including grants of \$) (F PROMOTE POLICY/PRACTICE IMPROVEMENTS IN MINORITY ISSUES SUCH AS E FAMILIES, CIVIL RIGHTS, HEALTH CARE, WELFARE, & SOCIAL SECURITY T EDITORIALS TO 375 AFRICAN-AMERICAN NEWSPAPERS, SEMINARS, AND MEDI	HROUGH NEW VISION	
4	d Other program services. (Describe in Schedule O) SEE SCHEDULE O		
	(Expenses \$ 1,344. including grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·)
4	e Total program service expenses ► 7, 683, 452.		

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	_3		<u>X</u>
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		_X_
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	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			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
12	AWas 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 Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 Schedule I 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х c 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? If 'Yes,' complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 31 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36

BAA Form 990 (2009)

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule Q

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Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 9 Information Returns Enter -0- if not applicable 1 a 0 1 b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 13 Х 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2_b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 3 a this return b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь Х 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a Х provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business Х 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X 96 b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a 10b b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11_b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009)

Governing Body and Management

Section A.

Yes No

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

	Enter the number of voting members of the governing body	1a 6 1b 4			
	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relati				
	officer, director, trustee or key employee? SEE SCHEDULE O	_	2	Х	
3	Did the organization delegate control over management duties customarily performed by or unof officers, directors or trustees, or key employees to a management company or other person	?	3		<u>X</u> _
4	Did the organization make any significant changes to its organizational documents		4		<u>X</u>
5	since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization!	s assets?	5		Х
6	Does the organization have members or stockholders?		6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or mogoverning body?	ore members of the	7a		X
t	Are any decisions of the governing body subject to approval by members, stockholders, or other	er persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	aken during the year by			
ē	The governing body?		8a	Х	
Ŀ	Each committee with authority to act on behalf of the governing body?		8ь	Х	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9	х	
	tion B. Policies (This Section B requests information about policies not re nue Code)	equired by the Internal			
]	Yes	No
	Does the organization have local chapters, branches, or affiliates?	}	10 a		_X
ŀ	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body be	-	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	SEE SCHEDULE O	1	•	
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Χ	
	Are officers, directors or trustees, and key employees required to disclose annually interests the conflicts?	_	12b	Х	
•	Does the organization regularly and consistently monitor and enforce compliance with the police Schedule O how this is done SEE SCHEDULE Q	cy? If 'Yes,' describe in	12c	Х	
	Does the organization have a written whistleblower policy?		13	X	
	Does the organization have a written document retention and destruction policy?		14	<u>X</u>	ļ
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?			
	The organization's CEO, Executive Director, or top management official		15 a	X	
ı	Other officers of key employees of the organization SEE SCHEDULE Q		15 b	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)				
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	arrangement with a taxable	16a		X
	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard t	to evaluate its participation the organization's exempt	16b		
Sec	status with respect to such arrangements?		וסט		Щ.
	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE	. 0			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection Indicate how you make these available Check all that apply X Own website X Another's website X Upon request	d 990-T (501(c)(3)s only) a			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	ents, conflict of interest poli	cy, ar	nd fina	ancial
20	State the name, physical address, and telephone number of the person who possesses the board RIDENOUR 501 CAPITOL COURT, NE SUITE 200 WASH DC 20	ooks and records of the orga 002 202-543-4110	anızatı 	on 	-

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees'

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

- 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 compensation.

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

(A)	(B)	_		((D)	(E)	(F)
Name and Title	Average hours per week	tndwidual trustee or director	Institutional trustee		Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
AMY RIDENOUR					-					
PRESIDENT	55	Х		Х	X			188,706.	0.	0.
DAVID RIDENOUR								· · · · · · · · · · · · · · · · · · ·		
VICE PRESIDENT	50	Х		Х	X			150,437.	0.	0.
EDMUND F. HAISLMAIER										
DIRECTOR	5	X					ĺ	0.	0.	0.
VICTOR PORLIER										
DIRECTOR	1 5	Х						0.	0.	0.
RON ROBINSON			ļ —							
DIRECTOR	5	Х						0.	0.	0.
PETER SCHWEIZER									<u> </u>	
DIRECTOR	5	Х				}		0.	0.	0.
	<u> </u>									
]									

Part VII Section A. Officers, Directors, Trust	tees, k	(ey	En	ıplo	ye	es,	an	d Highest Cor	npensated Emp	oloyees	(cont.)
(A)	(B)	1		(6	c) _			(D)	(E)	(F)
Name and Title	Average hours		_	_				Reportable compensation from	Reportable compensation from		mated t of other
	per week	Individual or director	Institutional trustee	Officer	ξey .	Highest compensa	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe	ensation n the
		ecto	ution	[약	employee	est co	ler		,	and	ization related
		trustee	al tr		oyee) mp				organ	zations
		ee	ıstee			nsat					
						e d					
					_						
			ŀ								
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										1	
			├	-	╁	├				 	
1 b Total	<u> </u>	1				-	>	339,143.	0.	1	0.
2 Total number of individuals (including but not limite	d to tho	se li	stec	d abo	ove)	wh	o re		\$100,000 in report	able comp	pensation
from the organization 2											
											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	tee,	key	emp	oloy	ee,	or h	ighest compensat	ed employee		
										3	X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t	portable han \$15	e coi 50,00	mpe	ensa If 'Y	tion 'es'	con	otn iplet	te Schedule J for	trom such		
ındıvıdual							•			4	X
5 Did any person listed on line 1a receive or accrue of	ompens	satio	n fr	om :	any	unr	elate	ed organization fo	r services	-	
rendered to the organization? If 'Yes,' complete Sc. Section B. Independent Contractors	neaule .	J tor	suc	en pe	erso	n				5	Х
Complete this table for your five highest compensal	ted inde	pen	dent	t cor	ntrac	ctors	s tha	at received more t	han \$100,000 of		
compensation from the organization						_					
. (A)								(E	0).	(C)
Name and business addres					***	00		Description		Compen	
RESPONSE DYNAMICS, INC 2070 CHAIN BRIDGE ROA								CAGING SERVIO			27,2 <u>92.</u> 38,063.
WASHINGTON INTELLIGENCE BUREAU 4128 PEPSI PI DIRECT RESPONSE DATA MANAGEMENT VIENNA, VA 2		TATA I	ابلد	u 1 ,	VΑ	۷0.	TOT	DATA MANAGEMI			.5,789.
FULFILLMENT MANAGEMENT SERVICES 1150 INTERNA		L PF	(WY	FRE	EDE	RIC	KSBI				34,453.
MID AMERICA PRINTING 101 JULIAD CT HARTWOOD,								PRINTING SER			55,216.
2 Total number of independent contractors (including	but not	lım	ıted	to t	hose	e lis	ted a	above) who receiv	ed more than		
\$100,000 in compensation from the organization >	5										

Pai	t VI	II Statement of Re	venue		,			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
5 2	1 a	Federated campaigns	1	a				
RAN	b	Membership dues.	<u> </u>	b				}
N. G.	С	Fundraising events	1	С]			1
AR/	d	Related organizations	1	<u>d</u>]			1
Š,	ę	Government grants (contribute	ons) <u>1</u>	е				
ER S	f	All other contributions, gifts, g	rants, and					
ള림		All other contributions, gifts, g similar amounts not included a	above 1	f 11,609,920.				
N S	_	Noncash contribus included in	Ins 1a-1f.	\$				
3 4	h	Total. Add lines 1a-1f			11,609,920.			
<u> </u>	_			Business Code				
2					_			
羰	b			-		_		
Ĭ.	c							
A SE	d						- · · · · · · · · · · · · · · · · · · ·	
I A	e	All other program comm						
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS		All other program service Total. Add lines 2a-2f	e revenue					· · · · · · · · · · · · · · · · · · ·
-								
	3	Investment income (inclother similar amounts)	luaing aiviae	nas, interest and	6,677.			6,677.
	4	Income from investment	t of tax-exen	npt bond proceeds				
	5	Royalties		•				
		[(ı) Real	(II) Personal				
	6a	Gross Rents	38,12	21.				
	b	Less rental expenses.	49,16	50.				
	С	Rental income or (loss)	-11,03	39.				
	d	Net rental income or (lo	ss)		-11,039.		-11,039.	
	7 a	Gross amount from sales of	(i) Securitie	s (II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		<u> </u>			· · ·	
NUE	8a	Gross income from fund (not including \$						
Ē		of contributions reported	d on line 1c)					
OTHER REVENU		See Part IV, line 18		a	-			
OTH		Less direct expenses		b[
		Net income or (loss) fro		· —				
	9 a	Gross income from gam See Part IV, line 19	ning activities	s _				
		Less direct expenses		a b	1			
		Net income or (loss) fro	ım damınd a	ctivities >				
		•	-				-	
	IUa	Gross sales of inventory and allowances	y, less return	s a				
		Less cost of goods sole		b	1			
		Net income or (loss) fro		nventory				
		Miscellaneous Reven		Business Code				
	11 a	EXPENSE REIMB			26,969.	26,969.		
	b	'						
	c							
	C	All other revenue					·	
		Total. Add lines 11a-11		•	20,000.			
	12	Total revenue. See inst	ructions	•	11,632,527.	26,969.	-11,039.	6,677.

RartiX Statement of Functional Expenses

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

	All other organizations must comp	lete column (A) but are	not required to compl	ete columns (B), (C), and	(D).
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	339,143.	273,227.	43,350.	22,566.
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	298,283.	253,635.	34,250.	10,398.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	20,870.	20,870.		
10	Payroll taxes	45,315.	37,455.	5,517.	2,343.
11	Fees for services (non-employees)				
á	Management				
ŀ	Legal	11,243.			11,243.
(Accounting	36,345.		36,345.	
(Lobbying				
	Prof fundraising svcs See Part IV, In 17 Investment management fees	822,083.			822,083.
	Other	101,371.	100,760.	429.	182.
12	Advertising and promotion	1,965.		1,965.	<u> </u>
13	Office expenses	5,297.	4,378.	645.	274.
14	Information technology	-,	,		
15	Royalties				
16	Occupancy				
17	' ' '	20,744.	8,633.	459.	11,652.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,722.	2,250.	331.	141.
20	Interest	43,871.	36,261.	5,341.	2,269.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,538.	26,069.	3,839.	1,630.
23	Insurance	9,351.	4,109.	3,679.	1,563.
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 DIRECT MAILING	9,499,692.	6,738,069.	502,994.	2,258,629.
	PRINTING AND PUBLICATIONS	57,475.	56,127.	1,348.	
	c CONSULTING	27,961.	18,271.	9,690.	
	d POSTAGE AND SHIPPING	20,915.	17,743.	2,613.	559.
	e BANK SERVICE CHARGE	19,373.		19,373.	
	f All other expenses	106,164.	85,595.	11,097.	9,472.
25	'. '. '. '. '. '. '. '. '. '. '. '.	11,521,721.	7,683,452.	683,265.	3,155,004.
	Joint costs. Check here ► X 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	10,319,674.	6,738,069.	502,994.	3,078,610.
BA	A				Form 990 (2009)

Balance Sheet

(A) Beginning of year End of year 888,914 735,862 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use. 8 9 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment; cost or other basis 10a 1,435,539. Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 241,884. 1,224,920 10 c 1,193,655. 41,318. 11 50,170. 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 16,187 22,715. 14 14 Intangible assets 3,346. 15 Other assets See Part IV, line 11 2,450. 15 2,173,789. 2,005,748. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 428,655. 17 Accounts payable and accrued expenses 684,574. 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 930,023. 23 907,194 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 1,614,598 26 335,849 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 510,180 27 669,899. 27 Unrestricted net assets. 49,011. 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 559,191. 33 669,899. 33 Total net assets or fund balances. 2,173,789. 34 2,005,748. Total liabilities and net assets/fund balances

BAA

Form 990 (2009)

TATALAN TATALA			
		Yes	No
1 Accounting method used to prepare the Form 990 $igcap$ Cash $igl X$ Accrual $igr igr $ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		х
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			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Total

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

2009 Open to Rublice Inspection

OMB No. 1545-0047

Name of the organization NATIONAL CENTER FOR PUBLIC POLICY Employer identification number RESEARCH 52-1226614 Part Id Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (v) Did you notify the organization in col (i) of your support? (i) Name of Supported (II) EIN (vii) Amount of Support (III) Type of organization (IV) Is the (vi) Is the (described on lines 1-9 above or IRC section (see instructions)) organization in col (i) listed in your Organization organizátion in col (i) organized in the governing document? Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Page 2 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 (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 7,395,844. 5,404,826. 6,343,126. 8,625,261 11609920. 39,378,977. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf 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 0. the public without charge 7,395,844. 5,404,826. 6,343,126. 8,625,261 11609920. 39.378,977. Total. Add lines 1-through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support. Subtract line 5 39,378,977. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 11609920 8,625,261 39,378,977. 7,395,844 5,404,826 6,343,126. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 30,339. 1,035 8,985 12,325 1,317 6,677 sımılar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 through 10 39,409,316. 12 0. 12 Gross receipts from related activities, etc (see instructions) 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 99.9% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 99.9% 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test – 2009. 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 b 33-1/3 support test - 2008. 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 17a 10%-facts-and-circumstances test - 2009 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 b 10%-facts-and-circumstances test - 2008. 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

Schedule A (Form 990 or 990-EZ) 2009

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2009 NATIONAL CENTER FOR PUBLIC POLICY Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1)

Jecl	ion A. Public Support						
	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·			
8	Public support (Subtract line				1. E 17 Get .	, i s , is, s	
	7c from line 6)				, , , ,, ,,		
Sec	tion B. Total Support				<u> </u>		
Caler	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10-							
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				:		
	dividends, payments received on securities loans, rents, royalties and income form						
b	dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
b c 11	dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is						
b 11 12	dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12)						
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Schedule A	(Form	990 or 9	990-EZ	2009	NATI	ONAL	CENTE	R FOR	PUBLI	C PO	LICY	_	52-12	26614	Page 4
Part IV	Supp	lemen	tal Int	format	ion. Co	mplet	e this	part to	provide	the e	xplanat	ions rec	uired by	26614 Part II, lin See instru	e 10;
	. Siri		1/4	,	and F	aitiii,		2. Fiov	iue arry	other	additio	IIai IIIIO	mation.	See mstruc	CHOIIS.
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Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

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

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))
 Complete Part II-B Do not complete Part II-A

	-	to Form 990, Part IV, line 5 (Proxy Tax), t	hen		
	of organization	rganizations: Complete Part III		F	
		UDI TO DOLTON		Employer (dentifica 52-122661	
	FIONAL CENTER FOR P	ganization is exempt under section	on 501(c) or ic a		
1		organization's direct and indirect political c			24(1011.
2	Political expenditures	organization's direct and indirect political c	ampaign activities in	rant iv ►\$	
	Volunteer hours			٠ ٩.	
		ganization is exempt under section	on 501(c)(3)		
		ise tax incurred by the organization under		► \$	0.
	-	ise tax incurred by the organization managers		► \$	0.
3	-	section 4955 tax, did it file Form 4720 for		Ψ.	Yes No
_	Was a correction made?	section 4333 tax, did it life form 4720 for	tilis year:		Yes No
	If 'Yes,' describe in Part IV				☐ 163 ☐ IIO
		ganization is exempt under section	on 501(c) eycen	t section 501(c)(3)	
1		pended by the filing organization for section			
-		, ,	·	•	
2	Enter the amount of the filing function activities.	g organization's funds contributed to other	organizations for sec	tion 527 exempt ► \$	·····
3	Total of exempt function exp line 17b	enditures. Add lines 1 and 2 Enter here a	nd on Form 1120-POI	-, ► \$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
	made For each organization contributions received that w	and employer identification number (EIN) listed, enter the amount paid from the filir ere promptly and directly delivered to a se e (PAC). If additional space is needed, pro	ng organization's func parate political organ	ls. Also enter the amou	nt of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
				_	

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

Schedule C (Form 990 or 990-EZ) 2009

Pantill A Complete if t section 501(the organization h)).	n is exempt under sec	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► If the filin	ng organization belo	ngs to an affiliated group			
B Check ► If the filin	ng organization chec	cked box A and 'limited cor	ntrol' provisions apply		
(The term	Limits on Lobbyir 'expenditures' mea	ng Expenditures – ns amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ires to influence pu	blic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ires to influence a l	egislative body (direct lobb	yıng)		
c Total lobbying expenditu	,	nd 1b)		0.	0.
d Other exempt purpose e	•			600.	
e Total exempt purpose ex	xpenditures (add lin	es 1c and 1d)		600.	0.
both columns.		ount from the following tab	le in	120.	
If the amount on line 1e, colu	umn (a) or (b) is.	The lobbying nontaxable a	mount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000	· · · · · · · · · · · · · · · · · · ·	\$225,000 plus 5% of the excess of	over \$1,500,000		
g Grassroots nontaxable a		\$1,000,000 of line 15		30.	0.
h Subtract line 1g from lin	•	•		0.	0.
i Subtract line 1f from line		•		0.	0.
		,		<u>~</u>	<u></u>
section 4911 tax for this	ner than zero on eit s year?	her line 1h or line 1i, did th	ne organization file For	m 4/20 reporting	Yes No
(Some	e organizations tha	4-Year Averaging Period L t made a section 501(h) eles s below. See the instruction	ection do not have to	complete all of the five h 2f.)	
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	20	0. 140.	180.	120.	640.
b Lobbying ceiling amount (150% of line 2a, column (e)).				_	960.
c Total lobbying expenditures	<u> </u>				0.
d Grassroots nontaxable amount	5	0. 35.	45.	30.	160.
e Grassroots ceiling amount (150% of line 2d, column (e))					240.
f Grassroots lobbying expenditures					0.
BAA				Schedule C (Form	990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 NATIONAL CENTER FOR PUBLIC POLICY 52-1226614

Ratified Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
artill A Complete if the organization is exempt under section 501(c)(4), section 50	01(c)(5)	, or so	ection 501(c)(6)
1 Were substantially all (90% or more) dues received nondeductible by members?			Yes N
			2
			3
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	31/->/E>		
if Buth Part III-A, questions I and 2 are answered No UK if Part III-A, lin	e 3 is a	nswe	red 'Yes.'
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, lin 1 Dues, assessments and similar amounts from members	e 3 is a	nswe	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures) 		nswe	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 		nswe	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 		nswe	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 		1 2a	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 		1 2a 2b	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 		1 2a 2b 2c	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 	al	1 2a 2b 2c	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and personable of nondeductible lobbying and personable estimate of nondeductible estimate of nondeductible estimates. 	al	1 2a 2b 2c	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excited section 162(e) the reasonable estimate of nondeductible lobbying and pexpenditure next year? 	al	1 2a 2b 2c 3	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	al	1 2a 2b 2c 3	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excited does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, so, complete this part for any additional information 	al cess olitical and Part	1 2a 2b 2c 3 4 5	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excited section 162(e) the reasonable estimate of nondeductible lobbying and pexpenditure next year? 	al cess olitical and Part	1 2a 2b 2c 3 4 5	red 'Yes.'
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 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excitoses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, lso, complete this part for any additional information 	al cess olitical and Part	1 2a 2b 2c 3 4 5	red 'Yes.'
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 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excitoses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, lso, complete this part for any additional information 	al cess olitical and Part	1 2a 2b 2c 3 4 5	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excitoses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, lso, complete this part for any additional information 	al cess olitical and Part	1 2a 2b 2c 3 4 5	red 'Yes.'
 Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excitoses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Supplemental Information complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, lso, complete this part for any additional information 	al cess olitical and Part	1 2a 2b 2c 3 4 5	red 'Yes.'

Schedule C (Form 990 or 990-E2) 2009 NATIONAL CENTER FOR PUBLIC POLICE	52-1220014	Page 4
Rantiva Supplemental Information (continued)		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Doen to Public

OMB No 1545-0047

Employer Identification number

NATIONAL CENTER FOR PUBLIC POLICY RESEARCH 52-1226614 Partill 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 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? No 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? No Yes Rartill Conservation Easements Complete if the organization answered 'Yes' to Form 990, line 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 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 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year > Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ 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)? 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 Rartille 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 ► S (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for 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

Schedule D (Form 990) 2009 NATIO	NAL CENT	ER FO	OR PUBLIC I	POLTCY	52-122	6614	Page 2
Part III Organizations Maintai							
3 Using the organization's acquisition items (check all that apply).				<u> </u>			
a Public exhibition			d \square Loan	or exchange programs			
b Scholarly research			e Other				
c Preservation for future genera	ations		٠ ـــا ٠ ـــا				
4 Provide a description of the organ Part XIV		ections	and explain hov	w they further the organ	nization's exempt purpo	se in	
5 During the year, did the organizal assets to be sold to raise funds r.	ather than to	be mair	ntained as part	of the organization's co	llection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amount	Arrangen unt on Fori	n ents (Complete if o , Part X, line	organization answe 21.	red 'Yes' to Form 9	90, Part I\	/, line
1a Is the organization an agent, trus included on Form 990, Part X?			-		ner assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV a	ind com	plete the follow	ing table			
						Amount	
c Beginning balance.					1 c		
d Additions during the year					1 d		
e Distributions during the year					1 e		
f Ending balance					1f		
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 213	•		Yes	No
b If 'Yes,' explain the arrangement							
Part V Endowment Funds Cor	mplete if o	rganız	ation answer	ed 'Yes' to Form 9	90, Part IV, line 10	·	
	(a) Current	year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four y	ears back
1 a 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	e of the year	end bal	ance held as.				
a Board designated or quasi-endow	-		*				
b Permanent endowment							
c Term endowment ►	8						
3a Are there endowment funds not a	n the posses	sion of t	he organization	that are held and adm	inistered for the	Ye	s No
(i) unrelated organizations						3a(i)	- 110
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(ii), are the related of	raanizations	listed a	e roquired on S	chodulo D2		3b	_
4 Describe in Part XIV the intended						30	
Part VI Investments—Land, B					line 10		
Description of investment		(a) Cos	t or other basis	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value
1a Land		 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		320,619.	Doproduction	32	20,619.
b Buildings				990,342.	132,713.		57,629.
c Leasehold improvements				930,342.	132,113.	0.	11,049.
d Equipment		\vdash					
• •				124,578.	109,171.	1	15,407.
e Other		<u></u>		144,5/6.	103,1/1.		.J,4U/.

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

Schedule **D** (Form 990) 2009

1,193,655.

Part VII Investments—Other Securities See F	orm 990, Part X, lin	e 12. N/A
(a) Description of security or category (including name of security)	(b) Book value	(ເ) Metriog of variuation Cost or end-of-year market value
Financial derivatives	-	Cost of end-of-year market value
	-	
Closely-held equity interests	-	
Other		
		· · · · · · · · · · · · · · · · · · ·
		
		· · · · · · · · · · · · · · · · · · ·
-	-	
		
Total (Column (b) must equal Form 990 Part X, col (B) line 12) ►		
Part VIII Investments-Program Related (See	Form 990, Part X. II	ne 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) book value	Cost or end-of-year market value
		Cook of one of your market value
	+	
	ļ	
		=
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)		
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	
	escription	(b) Book value
(7)		(2) 20011 2001
	<u></u>	
	<u></u>	
Total. (Column (b) must equal Form 990, Part X, col (B),		•
Part X Other Liabilities (See Form 990, Part	X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes	, , , , , , , ,	
- Casiai ilicolio Taxos		-
		
		-
	-	
<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		
	· · · · · · · · · · · · · · · · · · ·	's financial statements that reports the organization's liability

Schedule D (Form 990) 2009 NATIONAL CENTER FOR PUBLIC POLICY

52-1226614

Page 3

Sche	dule D (Form 990) 2009 NATIONAL CENTER FOR PUBLIC POLICY		52-1226	614	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to Fi	nancial Statements			
1	Total revenue (Form 990, Part Vin,column (A), line 12)		i	11,632	,527.
· 2	Total expenses (Form 990, Part IX, column (A), line 25)			11,521	
3	Excess or (deficit) for the year. Subtract line 2 from line 1				,806.
4	Net unrealized gains (losses) on investments				, , , , , ,
5	Donated services and use of facilities		<u> </u>		
6	Investment expenses		<u> </u>		
	·		-		
7	Prior period adjustments		⊢		
8	Other (Describe in Part XIV)		\vdash		
9	Total adjustments (net) Add lines 4 through 8		-	110	206
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3		Datum	110	<u>,806.</u>
	XII Reconciliation of Revenue per Audited Financial Statement	s with Revenue per	Return	11 626	
1	Total revenue, gains, and other support per audited financial statements		- 1- -	11,632	,521.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ı			
	Net unrealized gains on investments	2a	 · ·		
t	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c	\		
c	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3	11,632	2,527.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				-
	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b		4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	11,632	527
	t XIII Reconciliation of Expenses per Audited Financial Statemer	ts With Eynenses r			., 02 . 1
	Total expenses and losses per audited financial statements	its With Expenses p	1	11,521	721
				11,521	., 121.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ۔ ا			
	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses		_		
•	Other (Describe in Part XIV)	2d			
•	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1	•	3	11,521	<u>1,721.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	xx		
Į	Other (Describe in Part XIV)	4b			
	: Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5	11,52	1,721.
	t XIV Supplemental Information				
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pai 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d a mation	rt III, lines 1a and 4; Part nd 4b Also complete this	t IV, lines 1 s part to pr	b and 2b, Pa	art V, ditional
				- -	
		. 			_
		. 			 _
			 -		
			-		
BA	TEEA3304L 02/02/10		Sched	ule D (Form	990) 2009

Schedule D (Form 990) 2009 NATIONAL CE	INTER FOR PUBLIC POLICY	52-1226614	Page 5
PantXIV Supplemental Information (d	continued)		
			
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			_ _
			_
BAA	TEEA3305L 07/10/09	Schedule D (Form	990) 2009

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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization NATIONAL CENT RESEARCH	1	Employer identification number 52-1226614				
Part I Fundraising Activities. Comp	lete if the organ	nization an	swered 'Y	es' to Form 990, Part I		
1 Indicate whether the organization					* * *	
X Mail solicitations				Solicitation of non-	government grants	
Internet and email solicitations	5			Solicitation of gover	rnment grants	
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written employees listed in Form 990, Pai	rt VII) or entity	in connect	íon with pi	rofessional fundraising	services?	X Yes
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent ne organization	tities (fund	raisers) pi	ursuant to agreements (under which the fundra	iser is to be
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RESPONSE DYNAMICS, INC	DIR MAIL CAMPN		х	9,910,995.	727,292.	9,183,703.
BASE CONNECT	DIR MAIL CAMPN		х	809,267.	94,790.	714,477.
						
	-					
					-	
Total 3 List all states in which the organization	·	1		10,720,262.	822,082.	9,898,180.
3 List all states in which the organiz or licensing	zation is registe	red or lice	nsed to so	olicit funds or has been	notified it is exempt fro	om registration
						
						
			. -			
	-					
		-				

		G (Form 990 or 990-EZ) 2009 NATIONA			52-12				age 2
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a	nswered 'Yes' to Fo	orm 990, Part IV, II	ne 18 ater t	3, or han 1	5.00	00.
		Topolitod more than \$1.0,000 On 1	(a) Event #1	(b) Event #2	(c) Other Events	(d	Total	Even	ts
R			(event type)	(event type)	(total number)	_	col.	(c))	
mczm <m2< td=""><td>1</td><td>Gross receipts</td><td></td><td></td><td></td><td>·</td><td></td><td></td><td></td></m2<>	1	Gross receipts				·			
Ł	2	Less Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
п	5	Noncash prizes							
D-RECT	6	Rent/facility costs.							
1	7	Food and beverages							
ΣP	8	Entertainment							
MMWZMWW	9	Other direct expenses				<u> </u>			
3	10 11	Direct expense summary Add lines 4- tl Net income summary Combine lines 3, o			•		_		
Par		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	es' to Form 990, Par	rt IV, line 19, or re	porte	d mo	re th	an
שה>שבש			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) (Add	Total col (a col.	a) thro	ng ough
E	1	Gross revenue							
D E	2	Cash prizes							
DIRECT S	3	Non-cash prizes			•				
T É S	4	Rent/facility costs.							
	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes%				
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•				
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7	•				
۵	Ent	er the state(s) in which the organization o	poratos gaming activitiv	ne.				YES	NO
		ne organization licensed to operate gamin	·		· · ·		9a		
ı	۱f 'N 	lo,' explain							
10.							10-		
		re any of the organization's gaming licensi 'es,' explain	es revoked, suspended	or terminated during the	e tax year		10a		
11	 Doe	es the organization operate gaming activiti	es with nonmembers?				11	· · · · · · · ·	
12	ls t adr	ne organization a grantor, beneficiary or tr ninister charitable gaming?	rustee of a trust or a m	ember of a partnership o	or other entity formed t	0	12		

Schedule G (Form 990 or 990-EZ) 2009 NATIONAL CENTER FOR PUBLIC POLICY	52-1226614	F	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in		يس س	
a The organization's facility	a %		
b An outside facility	b %		
14 Enter the name and address of the person who prepares the organization's gaming/special events be	ooks and records:		
Name. -			
Address •			
			70337
15a Does the organization have a contact with a third party from whom the organization receives gaming	revenue?	15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party			
Name: -			
Address. •			
16 Gaming manager information			
Name •			
Gaming manager compensation \$			
Description of services provided			3
Director/officer Employee Independent contractor			
4-14			
17 Mandatory distributions			1000
a Is the organization required under state law to make charitable distributions from the gaming proceed	ds to retain the		
state gaming license?		17a	F000-472
b Enter the amount of distributions required under state law to be distributed to other exempt organiza	tions or spent in the		
organization's own exempt activities during the tax year. ► \$	7		THE SHAPE

TEEA3703L 02/05/10

Schedule **G** (Form 990 or 990-EZ) 2009

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SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered 'Yes' to Form 990. Part IV. line 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

NATIONAL CENTER FOR PUBLIC POLICY 52-1226614 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1 b reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х a The organization? 5a b Any related organization? Х 5b If 'Yes' to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a Х 6Ь X **b** Any related organization? If 'Yes' to line 6a or 6b, describe in Part III For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III 8 Х

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

If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2009

X

Page 2

Schedule J (Form 990) 2009 NATIONAL CENTER FOR PUBLIC POLICY

Parill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdow	(B) Breakdown of W-2 and/or 1099-MIS	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(f) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990)-EZ
AMY RIDENOUR	ļ		0		0	188, 706.	0.
	 	0	0.		0.	0	
DAVID RIDENOUR	(1) 150,437.	37.	0			150, 437.	
	 	0	0.		0.	0.	0.
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	(ii)						
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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 NATIONAL CENTER FOR PUBLIC POLICY	Employer identification number			
RESEARCH	52-1226614			
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION				
WORK_TO_EDUCATE_AMERICANS_ABOUT_GOVERNMENT_ACCOUNTABILITY_THROUGH_SEMINARS,				
SPEECHES, MEDIA_INTERVIEWS, & WEB_SITE				
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECT			
AMY & DAVID RIDENOUR BOTH OFFICERS (SPOUSES).				
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS				
ELECTRONIC DRAFT OF 990 SUBMITTED TO PRESIDENT FOR REVIEW PRIOR TO FILING				
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS				
REVIEWED AT LEAST ANNUALLY DURING EXECUTIVE COMMITTEE MEETINGS OR CALLS.				
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES				
COMPENSATION DETERMINED BY MAJORITY VOTE OF INDEPENDENT DIRECTORS				
FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED				
AL AL AZ AR CA CO CT DE DC FL GA IN IL KY MD MA ME MI MN NC NH NJ NM NY OH OR PA				
RI SC UT VA WA WI WV				
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE				
NUMEROUS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS	LOCATED ON WEBSITE.			
	·			

Schedule O (Form	990) 2009	rage z
	NATIONAL CENTER FOR PUBLIC POLICY	Employer identification number
	RESEARCH	52-1226614
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CLIENT 26650			Ž	TION/	AL CEN	TER FC RESEAF	NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	IC POLI	չ:					52-1,226614	6614
11/08/10	DATE	DATE	COST/ RASIS	BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD LIFE	LIFE RATE	5	06 18PM URRENT DEPR.
990/990-PI				i	!										
AMORTIZATION															
35 LOAN FEES	10/14/04	·	17,775	l						377,71	2,520	S/L	30		593
TOTAL AMORTIZATION			17,775		0	0	0	0	0	17,775	2,520				593
BUILDINGS															
34 BUILDING	10/14/04		961,475							961,475	104,775	S/L	33	2	24,653
38 LIGHTING & WIRING	2/15/05		2,465							2,465	247	S/L	33		83
39 SIGNAGE	2/18/05		3,660							3,660	360				8
40 GLASS IN LOBBY AREA	3/24/05		2,706							2,706	259	S/L			69
41 GLASS IN LOBBY AREA	8/09/05		8,119							8,119	711	S/L			208
69 BUILDING (TRANSFER TAX)	10/14/04		11,917	ŀ						11,917		S/L	33		1,274
TOTAL BUILDINGS			990,342		0	0	0	0	0	990,342	106,352			2	26,361
LAND															
33 LAND	10/14/04		316,647							316,647					0
70 LAND (TRANSFER TAX)	10/14/04	·	3,972	1		İ				3,972					0
TOTAL LAND			320,619		0	0	0	0	0	320,619	0				0
MACHINERY AND EQUIPMENT															
1 DESK	11/27/90		643							643	643	S/L	ĸ		0
2 EXECUTIVE DESK	8/10/93		423							423	423	S/L			0
3 VCR	2/05/94		305							305	305	S/L	. 2		0
															1

12/3	12/31/09	7	000 F	2009 FEDER	AL B	00	(DEP	RECIA	TION	SCHE	BOOK DEPRECIATION SCHEDULE				PA	PAGE 2
CLIEN	CLIENT 26650			AN	NOIL	AL CEI	VTER FC RESEA!	TIONAL CENTER FOR PUBLIC POLICY RESEARCH	IC POLI	≿					52-12	52-1226614
11/08/10	O	DATE	DATE	COST/	BUS	CUR 179 BONIES	SPECIAL DEPR	PRIOR 179/ BONUS/ SP DEPR	PRIOR DEC BAL	SALVAG /BASIS RENICT	DEPR RAGIS	PRIOR DEPR	METHOD	LIFF RATE	3	OE 18PM CURRENT DEFR
	PRINTER-A	4/24/95		1,197	1						761,1	. 197	I/S	5	 	0
. rc	COMPUTER EQUIP MONITOR	4/24/95		924							924	924	S/L	5		0
9	COMP. EQUIP -ONE POWER	5/30/95		1,851							1,851	1,851	S/L	5		0
7	2 MAGNAVOX TV/VCR COMBO	10/17/95		798							798	798	S/L	5		0
∞	MONITOR	6/12/96		339							399	399	S/L	5		0
6	COMPUTER (DAVID RIDENOUR'	7/31/97		1,260							1,260	1,260	S/L	5		0
10	JAZZ DRIVE	10/03/97		403							403	403	S/L	2		0
11	COMP MAIL MACH.(LEASE)	3/08/38		1,800							1,800	1,800	S/L	5		0
12	4 DRAWER FILE & STORAGE	7/30/99		1,743							1,743	1,743	S/L	7		0
13	ARTWORK FOR OFFICE WALLS	11/19/99		229							529	559	S/L	7		0
14	MAC SOFTWARE	6/10/9		405							402	405	S/L	က		0
15	SOFTWARE	6/30/01		381							381	381	S/L	က		0
17	USED IMAC COMPUTER	5/24/01		789							789	721	200DB	2		0
18	POWER MAC G4 COMPUTER	3/10/01		2,529							2,529	2,284	200DB	5		0
19	PRINTER & ACCESSORIES	3/16/01		2,834							2,834	2,569	200DB	2		0
20	COMPUTER REIMB TO AMY	4/16/02		4,779							4,779	4,349	200DB	2		0
21	COMPUTER & HARDDRIVE DA	3/31/02		2,330							2,330	2,112	200DB	2		0
22	SOFTWARE	5/31/02		2,224							2,224	1,827	S/L	က		0
23	SOFTWARE	12/04/03		539							538	539	S/L	က		0
24	COMPUTER	5/11/04		1,096							1,096	1,022	S/L	2		74
25	DESKTOP COMPUTER	11/01/04		2,911							2,911	2,425	S/L	2		486
92	LASER FAX MACHINE	1/22/04		873							873	860	S/L	2		13
27	CANON COPIER #2	12/20/04		2,111							2,111	1,688	S/L	2		423
28	CANON COPIER #1	8/05/04		2,019							2,019	1,784	S/L	2		235
29	COMPUTER	12/18/04		1,401							1,401	1,120	S/L	2		182
30	LAPTOP COMPUTER	10/26/04		2,966							2,966	2,471	S/L			495
31	SOFTWARE	4/27/04		066							066	066	S/L	က		0

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12/31/09		3 600s	EDER	AL E	3001	K DEF	RECIA	TION	SCH	2009 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 3
CLIENT 26650			Ž	NATIONAL	IAL CE	NTER F RESEA	CENTER FOR PUBLIC POLICY RESEARCH	IC POLI	ჯ					52-1226614
11/08/10		:			4		PRIOR		47.	- -				06. 18PM
NO. DESCRIPTION	DATE ACQUIRED	DATE	COST/ BASIS	BUS	CUR 179 BONIIS	SPECIAL DEPR ALLOW	179/ BONUS/ SP. DEPR.	DEC BAL	SALVAG /BASIS REDILCT	DEPR BASIS	PRIOR DEPR.	METHOD	LIFE RATE	CURRENT DEFR.
32 SOFTWARE	11/27/04		773							773	773	S/L	က	0
37 OFFICE FURNITURE	2/18/05		31,862							31,862	17,449	S/L	7	4,552
42 OFFICE FURNITURE	3/01/05		1,284							1,284	702	S/L	7	183
43 OFFICE FURNITURE	5/26/05		4,503							4,503	2,304	S/L	7	643
44 OFFICE FURNITURE	11/28/05		2,242							2,242	286	S/L	7	320
45 SECURITY SYSTEM	3/15/05		7,542							7,542	4,129	S/L	7	1,077
46 HP LASERJET 4250 PRINTER	1/12/05		2,300							2,300	1,840	S/L	2	460
47 LARGE FRIDGE	1/18/05		768							292	431	S/L	7	110
48 WINDOW SHADES	2/24/05		751							751	410	S/L	7	107
49 BLINDS	5/02/05		894							894	469	S/L	7	128
50 INTERN COMPUTERS	5/11/05		1,300							1,300	953	S/L	5	260
51 APPLE POWERBOOK G4	8/30/02		2,740							2,740	1,827	S/L	2	548
52 DESK-PEYTON	9/15/05		889							889	427	S/L	7	128
53 NK DELL COMPUTER	10/19/05		1,399							1,399	887	S/L	2	280
54 HP LASERJET 4240 PRNTR	12/09/05		1,275							1,275	786	S/L	5	255
55 SOFTWARE	5/04/05		362							362	362	S/L	က	0
56 DREAMWEAVER 8 SOFTWARE	9/21/05		431							431	431	S/L	က	0
57 QUICKBOOKS SOFTWARE	10/20/05		185							185	185	S/L	3	0
58 FILEMAKER 7 SOFTWARE	12/09/05		317							317	317	S/L	က	0
59 QUICKBOOKS CREDIT CARD	1/26/06		316							316	307	S/L	3	б
SO BLINDS	2/22/06		3,275							3,275	1,326	S/L	7	468
61 DESK	90/20/9		839							839	331	S/L	7	128
62 COMPUTER-D HOGBERG	90//0/9		1,424							1,424	736	S/L	2	285
63 PRINTER	90/08/9		1,024							1,024	512	S/L	2	205
64 QB & MICRO OFFICE SOFTWARI	7/17/06		295							295	452	S/L	က	110
65 BLACKBERRY PHONE-DAR	8/12/06		336							336	162	S/L	2	. 29
66 DREAMWEAVER SOFTWARE	10/31/06		409							409	295	S/L	m	114

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12/31/09	2	.009 F	2009 FEDERAL BOOK DEPRECIATION SCHEDULE	L B() V	DEPF	3ECIA	TION	SCH	EDULE				PAG	PAGE 4
CLIENT 26650			NA	IONA	L CEN	TER FO	NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	IC POLI	ჯ					52-1226614	26614
11/08/10 NO DESCRIPTION	DATE	DATE	COST/ B	C BUS 1 PCT B0	CUR S 179 BONUS A	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	МЕТНОВ	LIFE RATE	37	06. 18PM IRRENT DEI'R.
DREAMWEA SOFTWARE	12/12/06 3/31/08		8 38							218	152	3/r S/L	m m		99
TOTAL MACHINERY AND EQUIPME MISCELLANEOUS			113,712		 ° 	0	0	0	0	113,712	79,599				12,570
16 LEASED MAILING MACHINE 36 LEASED TELEPHONE SYSTEMS	11/20/98		11,914				ļ			11,914	11,914	3/r 3/r	5		1,001
TOTAL MISCELLANEOUS			18,918		0	0	0	0	0	18,918	16,001				1,001
TOTAL DEPRECIATION		•	1,443,591				0	0		1,443,591	201,952				39,932
GRAND TOTAL AMORTIZATION			17,775		0	0	0	0	0	17,775	2,520				593
GRAND TOTAL DEPRECIATION		-	1,443,591			0	0	0	0	1,443,591	201,952				39,932
		į													

Form **8868**

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • 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 Partil. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation 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 a corporation 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 and click on *e-file for Charities & Nonprofits*. Name of Exempt Organization Employer identification number Type or NATIONAL CENTER FOR PUBLIC POLICY print RESEARCH 52-1226614 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions 501 CAPITOL COURT, N.E. #200 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20002 Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 • The books are in the care of ► AMY RIDENOUR Telephone No ► 202-543-4110 • 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 corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 09 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 3a \$ **b** 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 3b|\$ 0. c Balance Due. 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 3clS 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

FIFZ0501L 03/11/09

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

Note. Only			1
	are filing for an Additional (Not Automatic) 3-Month Extension, complete of	only Part II and check the	s box
 If you a 	complete Part II if you have already been granted an automatic 3-month e	extension on a previously	filed Form 8868
	are filing for an Automatic 3-Month Extension, complete only Part I (on pa		
(Partill			
	Name of Exempt Organization	E	mployer identification number
Type or	NATIONAL CENTER FOR PUBLIC POLICY		
print	RESEARCH	———(I	2-1226614
File by the	Number, street, and room or suite number. If a P O box, see instructions	F	or IRS use only
extended due date for	POLAN WHITE & ASSOCIATES		
filing the return See	1901 RESEARCH BLVD SUITE 300		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
Chask him	ROCKVILLE, MD 20850	<u> </u>	<u>ئىسىنى كىسى يەسىمىنى سىسىپ يىسى</u>
X Form 9	e of return to be filed (File a separate application for each return)	☐Form 1041-A	☐ Form 6069
Form 9	——————————————————————————————————————	Form 4720	Form 8870
Form 9	· —	Form 5227	FOITH 6670
	not complete Part II if you were not already granted an automatic 3-mont		ichi filad Farm 9969
	oks are in care of AMY RIDENOUR	il extension on a previou	isly lifed Form 6606.
	one No ► 202-543-4110 FAX No ►		
	organization does not have an office or place of business in the United Stat	toe chack this hav	
	s for a Group Return, enter the organization's four digit Group Exemption N	•	. If this is for
	ip, check this box	` `	
•	he extension is for	and attach a list with	the names and Envisor an
		0 10	
•		20 , and ending	20
	s tax year is for less than 12 months, check reason. Initial return		Change in accounting per
	an detail why you need the extension INFORMATION NEEDED		
	TURN IS NOT AVAILABLE AT THIS TIME.		
_==			
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the ti	entative tax, less any	
8a If this	efundable credits See instructions		8a \$
8a If this			
nonre b If this	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	ole credits and estimated	tax tax
b If this	nents made. Include any prior year overpayment allowed as a credit and ar	ole credits and estimated ny amount paid previous	v
nonro b If this payn with	nents made Include any prior year overpayment allowed as a credit and ar Form 8868	ny amount paid previous	y 8b\$
b If this paym with	nents made Include any prior year overpayment allowed as a credit and ar Form 8868 nce Due. Subtract line 8b from line 8a Include your payment with this form	ny amount paid previousl	8b \$
b If this paym with	nents made Include any prior year overpayment allowed as a credit and ar Form 8868	ny amount paid previousl n, or, if required, deposit ent System) See instrs	y 8b\$
b If this paym with c Bala with	nent's made Include any prior year overpayment allowed as a credit and ar Form 8868 nce Due. Subtract line 8b from line 8a Include your payment with this form FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verifications of perjury, I declare that I have examined this form, including accompanying schedules and states.	ny amount paid previously n, or, if required, depositent System) See instrection	8b \$ 8c \$
b If this paym with c Bala with	nents made Include any prior year overpayment allowed as a credit and ar Form 8868 nce Due. Subtract line 8b from line 8a Include your payment with this form FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payme Signature and Verification)	ny amount paid previously n, or, if required, depositent System) See instrection	8b \$ 8c \$

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCANNED DEC 1 4 2009

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

	For th	<u>e 20</u> 08 calenc	lar year,	or tax year beginning		, 200	08, and endin	g		,		
В	Check if	applicable							D Employ	er Identifi	cation Number	
	Add	dress change	Please use IRS label	NATIONAL CENTE	ER FOR P	UBLIC POLIC	CY		52-	12266	14	
	□ _{Nar}	me change	or print or type.	RESEARCH					E Telepho			
	\vdash	ial return	See specific	501 CAPITOL CO	OURT, N.	E. #200				-543-		
	\vdash		Instruc-	WASHINGTON, DO	20002				202	343	4110	
	\vdash	mination	tions						_		0 661 1	
	\vdash	ended return	F	<u> </u>					G Gross r		8,661,5	
	L App	olication pending		and address of principal officer				H(a) Is this a H(b) Are all	-		= '''	X №
				AS C ABOVE					attach a list		uctions) Yes	☐ No
<u> </u>		exempt status				4947(a)(1) or	527					
<u>J</u>	Web	site: ► WW	W.NATI	ONALCENTER.ORG		· · · · · · · · · · · · · · · · · · ·		H(c) Group (
<u>K</u>		of organization	Corpora	ation Trust Assoc	iation X Oth	ner► FOUNDATI	L Year of Format	tion 1982	2 M s	State of leg	jal domicile DC	
Pa		Summa										
	1 8	Briefly describ	e the org	ganization's mission or	most signifi	cant activities	PUBLIC_P	OLICY_	<u>RESEAR</u>	<u>CH_AN</u>	D_EDUCATION	ON.
ė	_			 .								
auc	_											
Activities & Governance	_	- 			 -		. 	. .				
ò				if the organization disc			sposed of mo	re than 25	5% of its a	assets		
8				bers of the governing b						3		6
es				it voting members of the	e governing	body (Part VI, III	ne 1b)			4		4
Ĭ.				yees (Part V, line 2a)						5		16
Act				eers (estimate if neces ousiness revenue from l		- 10lu (O)				6	20	0
-		_		s taxable income from F		, ,				7a 7b	-20,2	
	וט	vet unrelated	business	taxable income irom r	TOTTI 990-1,	iirie 34				/ 0	-15,	
									rior Year		Current Yea	
e l				its (Part VIII, line 1h)				6	,323,1	.26.	8,625,3	<u> 361.</u>
en				ue (Part VIII, line 2g)		7.0			10 1			
Revenue				art VIII, column (A), line					12,1			317.
_				III, column (A), lines 5,					-11,8		-19,	
_				nes 8 through 11 (must			line 12)	6	,323,6	28.	8,607,0	<u> </u>
				ounts paid (Part IX, col	,	•						
				members (Part IX, colu		•						
ø	15	Salaries, othe	r comper	nsation, employee bene	efits (Part IX	(, column (A), line	es 5-10)		622,5	501.	653,	014.
use	16 a f	Professional f	undraisin	ng fees (Part IX, columr	1 (A), line 1	1e)		-	315,0	89.	536,	578.
Expenses	Ь.	Total fundrais	ına exper	nses (Part IX, column (D) line 25)	▶ 2.8	890,273.					
ũ	17 (Other expense	ns (Dart I	X, column (A), lines 1		245			,345,0	1/0	7,153,	770
	10	Total automa	- 20 (Lairi	nes 13-17 (must equal	a-Tiu,		į		, 282, 6			
		-		· · ·		umin (A), line 25)	16				8,343,3	
	19	Revenue less	expense	s Subtract line 18 from	· · · · · · · · · · · · · · · · · · ·	0.000	0		40,9		263,	
te or ncos					38 NO	V 18 2009			ning of Y		End of Yea	
Bala		Total assets (•	``		SS		,690,4		2,173,	
Net Assets Fund Balanc	21	Total liabilities	s (Part X,	, line 26)	00	DEN UT	_	1	<u>,387,3</u>	336.	1,614,	<u> 598.</u>
	22	Net assets or	fund bala	ances Subtract line 21	from line 2				303,0	73.	559,	<u> 191.</u>
Pa	rt II	Signatu	<u>ire Bloc</u>	:k								
		Under penalties	of perjury,	I declare that I have examined Declaration of grepares (other	this return, inc	luding accompanying s	chedules and stat	tements, and	to the best of	of my know	ledge and belief, it i	IS
		true, correct, ar	na complete	Declaration of grepares (other	r than officer) is	based on all information	on of which prepa	arer nas any i	knowleage	-/-/	~	
Sig	jn		tm	1 ruals	rolle)		/	2///إ	1/09	1	
He	re	Signature of	of officer	7				Da	te			
		▶ √	AM	'V RIDENC	DUR							
		Type or pri	nt name and	d'title			-					
			$\overline{}$	001	0.00		Date	CI	neck if	Prep	parer's identifying nu instructions)	ımber
Pai	id			LADA	Chi	CPA	11 -	se	elf- nployed		manuchona)	
Pre		Preparer's signature	OH	N D. HOLLIS, CI	_		11-3-	04 "	,y 		Α	
	rer's	Euro a acres 4	POL		OCIATES							
√Ũs		yours if self			D SUITE	300		 	N	I/A		
On	y y	employed), address, and				300		EI			720_1120	 -
AME	, the 15	ZIP + 4	RUU.	KVILLE, MD 208	JU			J PI	none no	(301)	738-1120	, N =

	1 990 (2008) NATIONAL CENTER FOR PUBLIC POLICY	52-12266	<u> 14</u>		Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)				
1	Briefly describe the organization's mission				
	PUBLIC POLICY RESEARCH AND EDUCATION.				
				-	
				-	
	Del the company of the last of				
Z	Did the organization undertake any significant program services during the year which were not listed on the	prior		-	
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O	_			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses So	ection 5	501 <i>(</i> c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	ocations to o	thers, t	he tot	àĬ
	expenses, and revenue, if any, for each program service reported				
				_	
4.	(Code.) (Expenses \$ 302,568. including grants of \$) (Rev				
40			T 0770	10110)
	PROMOTE DEBATE ON ENVIRONMENTAL POLICIES & REGULATORY REFORM THROUG	H THE TE	7-2FC	<u> </u>	
	RESPONSE NEWSLETER, NATIONAL POLICY ANALYSIS PAPERS, SEMINARS, SPEE	<u>CHES, ME</u>	DIA_		
	INTERVIEWS, A WEB SITE, AND OP/EDS (SYNDICATED)				
A 1.	(0.1)	^			
40	(Code				
	PROMOTE POLICY/PRACTICE IMPROVEMENTS IN MINORITY ISSUES SUCH AS EDU				
	FAMILIES, CIVIL RIGHTS, HEALTH CARE, WELFARE, & SOCIAL SECURITY THR	OUGH NEW	_VIS1	<u>:0NS</u>	
	EDITORIALS TO 375 AFRICAN-AMERICAN NEWSPAPERS, SEMINARS, AND MEDIA	INTERVIE'	NS.		
		-			
_					
40	(Code) (Expenses \$ 1,349. including grants of \$) (Rev)
	WORK TO EDUCATE AMERICANS ABOUT GOVERNMENT ACCOUNTABILITY THROUGH S	<u>EMINARS,</u>	<u>SPE</u> E	CHE	S <u>.</u>
	MEDIA INTERVIEWS, & WEB SITE.				
40	Other program services (Describe in Schedule O) SEE SCHEDULE O				
	(Expenses \$ 4,791,821. including grants of \$) (Revenue \$)	
46	* Total program service expenses > \$ 5,266,782 (Must equal Part IX. Line 25, column (B))	· -	·		

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete			
•	Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Х
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	X	
18	3 - Province of the second sec	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		_ X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and IL	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		X
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
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Form 990 (2008) NATIONAL CENTER FOR PUBLIC POLICY

Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively			
	with other person(s) listed in Part VII, Section A)? If Yes, complete Schedule L, Part IV	28a		X
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		Х
,	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х

BAA

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable 8 1 a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 16 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3*a* b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O Х 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 50 6a Did the organization solicit any contributions that were not tax deductible? X 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? X 7 a **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 Х 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e X benefit contract? X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f N/A g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7 h N/A Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have Х excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make any distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b BAA

Part V

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management				
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, o	describe the circumstances,		Yes	No
1 a	Enter the	number of voting members of the governing body	1a 6			
ŧ	Enter the	number of voting members that are independent	1b 4			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relationship or a business relation, trustee or key employee? SEE SCHEDULE 0	lationship with any other	2	X	
3	Did the o	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	nder the direct supervision	3		Х
4	Did the c	rganization make any significant changes to its organizational documents		4		Х
_		prior Form 990 was filed?				
5 6		rganization become aware during the year of a material diversion of the organization organization have members or stockholders?	i's assets?	5 6		X
7 a		organization have members, stockholders, or other persons who may elect one or m	nore members of the			
ŀ	•	g body. decisions of the governing body subject to approval by members, stockholders, or otl	her nersons?	7a 7b		$\frac{X}{X}$
	Did the c	rganization contemporaneously document the meetings held or written actions under	·	7.5		
a	the follov The gove	ving. erning body?		8a	X	
ŀ	Each cor	nmittee with authority to act on behalf of the governing body?		8b		X
9 a	Does the	organization have local chapters, branches, or affiliates?		9a		X
t	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	9Ь		
10	Was a co	ppy of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 S.	² All organizations must EE SCHEDULE O	10	Х	
11	Is there a	any officer, director or trustee, or key employee listed in Part VII, Section A, who car tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		Х
Sec	tion B.					
					Yes	No
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	<u>X</u>	
t	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests tes?	that could give rise	12b	х	
C	Does the	organization regularly and consistently monitor and enforce compliance with the pole O how this is done SEE SCHEDULE O	ıcy? If 'Yes,' describe in	12c	_x	
13	Does the	organization have a written whistleblower policy?	•	13	Х	
14	Does the	organization have a written document retention and destruction policy?		14	Χ	
15	Did the persons,	process for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent			
		nization's CEO, Executive Director, or top management official?		15a	Х	
ŀ	Other off	icers of key employees of the organization? SEE SCHEDULE O		15 b	Χ	
	Describe	the process in Schedule O. (see instructions)				
16 a		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		
. I	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec	tion C.	Disclosures	<u></u>			
17	List the s	states with which a copy of this Form 990 is required to be filed SEE SCHEDUL	E_0			
18	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar n Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	aılabl	e for p	oublic
		website Another's website Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governing documits available to the public SEE SCHEDULE O	ents, conflict of interest police	cy, an	d fina	ncıal
		name, physical address, and telephone number of the person who possesses the beautiful court, NE SUITE 200 WASH DC 20	ooks and records of the orga	nızatıd	on	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 no	t compen	sate a	ny c	ffice	er, d	Iırecto	r, tri	ustee, or key employe	e	
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		tion (_	k all t	hat app		Reportable	Reportable	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization
		ector	ution	er	emplo	est co	व्			organization and related organizations
		trust	al tru		уее	mpe				organizations
		ee	stee			Highest compensated employee				
AMY RIDENOUR										
PRESIDENT	55	Х		Х	[x]			158,044.	0.	0.
DAVID RIDENOUR										
VICE PRESIDENT	50	Х		Х	Х		ļ	146,924.	0.	0.
EDMUND_FHAISLMAIER	_									_
DIRECTOR	5	X					-	0.	0.	0.
VICTOR PORLIER DIRECTOR	5	Х						0.	0.	0
HORACE COOPER	<u> </u>		-					0.1	0.	0.
DIRECTOR	5	x						0.	0.	0.
PETER SCHWEIZER								0.		
DIRECTOR	5	Х						0.	0.	0.
							 			
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The test of the properties of	, (A)	(B)			((c)			(D)	(E)		(F)	
1b Total	Name and Title				_					Reportable			
1b Total 1b Total 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee or time 1a* if **res*, complete Schedule J for such individual 4 For any individual listed or line 1a, is the sum of reportable compensation and other compensation from the organization in related organizations greater than \$150,000* if **res* complete Schedule J for such individual 5 Did any person listed on this paraceue or accure compensation from any unrolated organization for a provided organization from the organization from the organization for the stable for your five highest compensated independent contractors. 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (C) Name and business address RESPONSE DYNAMICS, INC 2010 CHAIN BRIDGE ROAD \$520 VIENNA, VA 22182 FUNDRATISTICS SERVICES 1. COMPETENTIAL SERVICES 1. STATA MANAGEMENT VIENNA, VA 22182 DATA MANAGEMENT SERVICES 788, 327. FULLILILIEUT MANAGEMENT SERVICES 1. 539, 959. 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in		per week	or di	finstit	e G	Key	Hıgh emp	Forn	the organization (W-2/1099-MISC)	related organizations	com	pensatio	
1b Total 1b Total 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee or time 1a 1f 1*ves, complete Schedule I for such individual 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee 4 For any individual listed or line 1a, is the sam of reportable compensation and other compensation from individual separations are in the 1a 150,000° If 1*ves complete Schedule J for such individual 5 Did any some listed on line 1a receive or access compensation from any unrotated organization from the organizations greater than \$150,000° If 1*ves complete Schedule J for such individual separation from the organizations greater than \$150,000° If 1*ves complete Schedule J for such individual separation from the organization of the programment of th			recto	utior	ē	emp	est c	ner	(11 27 1055 111100)	(11-2/1033-111100)	orga	anizatio	
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the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such A	·			nner	neati	nn	and	othe	er compensation f	rom	3		
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	2 Total number of independent contractors (including	those in	1) \	who	rece	eive	d m	ore	than \$100.000 in				{
			,,,		- • •	. •		-	, , , , , , , , , , , , , , , , , , ,				}

Pa	rt viii Statement of Revenue			. – — — — — — — — — — — — — — — — — — —		
:	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S.	1 a Federated campaigns	1a				
ANT	b Membership dues	1b				
GR/	c Fundraising events	1c				
₹A	d Related organizations	 				
₽Ā	-	1d				•
SIM,	e Government grants (contributions)	1e				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above					
SS	g Noncash contribus included in Ins 1a-1f.	\$				
	h Total. Add lines 1a-1f	<u> </u>	8,625,361.			
PROGRAM SERVICE REVENUE		Business Code				
<u> </u>	2a					
22	b					
힣	c					
E.	d					
Σ						
8	f All other program service revenu					
ğ		16: T				
-	g Total. Add lines 2a-2f					
	3 Investment income (including div	vidends, interest and	1 217			1 217
	other similar amounts)		1,317.			1,317.
:	4 Income from investment of tax-e	exempt bond proceeds				
	5 Royalties	•				
	(i) R	Real (II) Personal			• .	
	6a Gross Rents 34	, 338.				
	b Less rental expenses 54	,549.				
		, 211.				
	d Net rental income or (loss)	-20,211.		-20,211.		
	(1) \$00	-20,211.		-20,211.		
	/ a Gross amount from sales of	urities (ii) Other				
	assets other than inventory					
	b Less cost or other basis and sales expenses					
	·					
	c Gain or (loss)				L	
	d Net gain or (loss)	•				
NUE	8a Gross income from fundraising e (not including \$					
3	of contributions reported on line	1c)				
OTHER REVEN	See Part IV, line 18	a				
풀	b Less direct expenses	ь				
٥١	c Net income or (loss) from fundra	aising events				
	9a Gross income from gaming activ					
	See Part IV, line 19	a a				
	b Less direct expenses	b				
	-	~				
	c Net income or (loss) from gamin					
	10 a Gross sales of inventory, less re	l l				
	and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales	of inventory				
	Miscellaneous Revenue	Business Code				
	11a EXPENSE REIMB		536.			536.
	b					
	c				 -	
	d All other revenue					
	e Total. Add lines 11a-11d		536.	<u> </u>		
		ł	330.			
	12 Total Revenue. Add lines 1h, 2g	, 3, 4, 5, 6d, 7d, 8c, 9c,	0 607 003	^	_ 20_ 211	1 050
	10c, and 11e .		8,607,003.	0.	-20,211.	1,853.

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).

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	304,968.	223,104.	46,728.	35,136.
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	280,846.	237,093.	33,978.	9,775.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	27,972.	22,333.	3,459.	2,180.
10	Payroll taxes	39,228.	31,555.	4,594.	3,079.
11	Fees for services (non-employees)				
	n Management				
	Legal	28,222.		18,197.	10,025.
	Accounting	31,817.		31,817.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17	536,578.			536,578.
	Investment management fees	1.47.001			
_	Other	147,981.	147,592.	230.	159.
	Advertising and promotion	285.	7,156.	285.	<u> </u>
13 14	Office expenses Information technology	8,863.	7,130.	1,009.	698.
15	Royalties				
16	Occupancy				<u> </u>
17	Travel	13,550.	2,676.	336.	10,538.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	13,330.	2,070.	330.	10,330.
19	Conferences, conventions, and meetings	481.	388.	55.	38.
20	Interest	42,474.	34,285.	4,843.	3,346.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,840.	25,702.	3,630.	2,508.
23 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).	10,660.	8,851.	946.	863.
ā	DIRECT MAILING	6,630,597.	4,362,746.		2,267,851.
	RESEARCH	57,115.	57,115.		
•	POSTAGE AND SHIPPING	21,934.	18,427.	3,374.	133.
	REAL PROPERTY TAXES	19,560.	15,789.	2,230.	1,541.
•	CONSULTING	17,854.	4,336.	13,518.	
	All other expenses	90,546.	67,634.	17,087.	5,825.
	Total functional expenses. Add lines 1 through 24f	8,343,371.	5,266,782.	186,316.	2,890,273.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	·				Form 990 (2008)

	•		(A) Beginning of year		(B) End of year		
	1	Cash — non-interest-bearing	311,580.	1	888,914.		
	2	Savings and temporary cash investments	0-1,0001	2			
	3	Pledges and grants receivable, net	<u></u> .	3	<u> </u>		
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		3			
	"	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6			
Ą	7	Notes and loans receivable, net	-	7	· · · · · · · · · · · · · · · · · · ·		
Š	8	Inventories for sale or use		8			
A S E T S	9	Prepaid expenses and deferred charges	1,367.	9	· · · · · · · · · · · · · · · · · · ·		
•	l	Land, buildings, and equipment cost basis 10a 1,419,651.	1,307.	-			
	l	Less accumulated depreciation. Complete Part VI of					
	_	Schedule D 10b 194,731.	1,263,887.	10 c	1,224,920.		
	11	Investments – publicly-traded securities	96,235.	11	41,318.		
	12	Investments – other securities See Part IV, line 11	50,233.	12	41,510.		
	13	Investments – program-related See Part IV, line 11		13			
	14	Intangible assets	17,340.	14	16,187.		
	15	Other assets See Part IV. line 11	17,510.	15	2,450.		
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,690,409.	16	2,173,789.		
	17	Accounts payable and accrued expenses	439,207.	17	684,574.		
	18	Grants payable		18			
	19	Deferred revenue		19			
Ļ	20	Tax-exempt bond liabilities		20			
À	21	Escrow account liability Complete Part IV of Schedule D		21			
LIABILITI	22	Payables to current and former officers, directors, trustees, key employees.					
Ĭ		highest compensated employees, and disqualified persons. Complete Part II					
į		of Schedule L		22			
Š	23	Secured mortgages and notes payable to unrelated third parties	948,129.	23	930,023.		
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25	1.		
_	26	Total liabilities. Add lines 17 through 25	1,387,336.	26	1,614,598.		
N E T		Organizations that follow SFAS 117, check here ► X and complete lines					
		27 through 29 and lines 33 and 34.					
ASSET	27	Unrestricted net assets	303,073.	27	510,180.		
	28	Temporarily restricted net assets.		28	49,011.		
S O R	29	Permanently restricted net assets		29			
		Organizations that do not follow SFAS 117, check here and complete					
FUZD		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Ă	31	Paid-in or capital surplus, or land, building, and equipment fund	· -	31	-		
Ă	32	Retained earnings, endowment, accumulated income, or other funds	202 072	32	FF0 101		
B女し女ごひ近の	33	Total net assets or fund balances.	303,073.	33	559,191.		
_	rt X	Total liabilities and net assets/fund balances	1,690,409.	34	2,173,789.		
1	1111	Financial Statements and Reporting			Voc. No.		
1	۸۵	counting method used to proper the Form 000. Cosh V Assurel	Other		Yes No		
	1 Accounting method used to prepare the Form 990						
-			accountants		2a X 2b X		
		ere the organization's financial statements audited by an independent accountant?	y for avaragable of the	udı.	2b X		
	rev	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilit new, or compilation of its financial statements and selection of an independent acco	y for oversight of the at untant?	uuit,	2c X		
	a As	a result of a federal award, was the organization required to undergo an audit or au					
	Au	dit Act and OMB Circular A-133?		-	3a X		
		Yes,' did the organization undergo the required audit or audits?			3b (2009)		
BΑ	A				Form 990 (2008)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

nonexempt charitable trusts.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Total

NATIONAL CENTER FOR PUBLIC POLICY RESEARCH

Employer identification number 52-1226614

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

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 NATIONAL CENTER FOR PUBLIC POLICY Page 2 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 1) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 8,755,532. 7,395,844. 5,404,826. 6,343,126. 8,625,261 36,524,589. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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. 5,404,826. 8,755,532. 7,395,844. 6,343,126. 8,625,261. Total. Add lines 1-3 36,524,589. 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 0. shown on line 11, column (f) Public support. Subtract line 5 from line 4 36,524,589. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🟲 8,755,532 8,625,261 Amounts from line 4 395,844 5,404,826 6,343,126 36,524,589 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 119 1,035 8,985 12,325 1,317 23,781. sımılar sources Net income form unrelated business activities, whether or not the business is regularly 2,921 2,921. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV 4,727 4,727. Total support. Add lines 7 36,556,018. through 10 Gross receipts from related activities, etc. (see instructions) 12 0. 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 99.9% 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 99.9% 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test – 2007. 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. 17a 10%-facts-and-circumstances test - 2008. 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 b 10%-facts-and-circumstances test - 2007. 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

Schedule A (Form 990 or 990-EZ) 2008

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8	(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							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons		-					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the 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)							
Sec	tion B. Total Support				•			
Cale	Calendar year (or fiscal yr beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 200							(f) Total
9	Amounts from line 6					, ,		
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				-			
11	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
	Total support. (add Ins 9, 10c, 11, and 12)							
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	id, third, fourth, o	or fifth tax year as	a section 5	01(c)(3)	▶□
	tion C. Computation of Pul							
				e 13 column (f)			15	%
	Public support percentage from 2	•	•				16	
$\overline{}$	tion D. Computation of Inv		· · · · · · · · · · · · · · · · · · ·				10	70
	Investment income percentage for				mn (fl)		17	%
18	Investment income percentage fi	•	• •	-	(17)	}	18	<u>%</u> %
	33-1/3 support tests – 2008. If the				is more than 33-1/3	l 1 and line 1%.		
	more than 33-1/3%, check this b	ox and stop here	. The organization	n qualifies as a pu	ublicly supported of	organization		► 🗌
	33-1/3 support tests – 2007. If the support tests support	this box and sto	p here. The organ	ization qualifies a	as a publicly supp	orted organi	zation	and line 18
_20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule	A (Forn	990 or	990-EZ	2008	NATIONA	L CE	NTER	FOR	PUBL:	IC	POLICY	52-1226614	Page 4
Part IV	Sup	plemen	ital Inf	ormat	ion. Comp	lete th	nis pa	rt to j	provide	e the	e explai	52-1226614 nation required by Part II, li onal information. (see instru	ne 10;
•	Part	II, line	17a c	r 17b;	or Part III	, lıne	12. Pi	rovide	e any c	othe	r additio	onal information. (see instru	ictions)
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then
--

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of organization			Employer identific	ation number		
NA'	TIONAL CENTER FOR P	UBLIC POLICY		52-122661			
Pai	t I-A To be completed	by all organizations exempt undens for Schedule C for details.	r section 501(c)	and section 527 or	ganizations.		
1	Provide a description of the o	organization's direct and indirect political ca	mpaign activities in F	Part IV			
	Political expenditures	•	, 5	► \$,		
3	Volunteer hours			·			
Pai	To be completed See the instruction	by all organizations exempt undens for Schedule C for details.	r section 501(c)(3).			
1	Enter the amount of any exci	se tax incurred by the organization under s	ection 4955	▶ \$	NONE		
2	Enter the amount of any exci	se tax incurred by organization managers u	inder section 4955	▶ \$	NONE		
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for t	hıs year?		Yes No		
4 a	Was a correction made?				Yes No		
	If 'Yes,' describe in Part IV.						
Pai	To be completed See the instruction	by all organizations exempt undens for Schedule C for details.	r section 501(c),	except section 50	1(c)(3).		
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$			
2	2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities						
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b						
4	Did the filing organization file	Form 1120-POL for this year?			Yes No		
5 	made Enter the amount paid received and promptly and di	and employer identification number (EIN) or I and indicate if the amount was paid from t rectly delivered to a separate political organ al space is needed, provide information in F	the filing organization nization, such as a se	's funds or were politica	l contributions		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-		

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

Schedule C (Form 990 or 990-EZ) 2008

Schedule C i	(Form 990 or 99	0.F71 2008	NATIONAL	CENTER	FOR	PIJRT.TC	POT.TCY

52-1226614

Part II-A To be compl	leted by organiza	tions exempt under	section 501(c)(3) th	nat filed Form 5768	
	· · · · · · · · · · · · · · · · · · ·	e instructions for Scl is to an affiliated group	nedule C for details.	·	
 		ed box A and 'limited con	itrol' provisions apply		
	Limits on Lobbying			(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publi	c opinion (grass roots lot	obying)		
b Total lobbying expenditu	ures to influence a leg	islative body (direct lobby	yıng)		
c Total lobbying expenditu	ures (add lines 1a and	1b)		0.	0.
d Other exempt purpose e	expenditures		_	900.	
e Total exempt purpose e	xpenditures (add lines	1c and 1d)	_	900.	<u> </u>
f Lobbying nontaxable am both columns	nount Enter the amou	nt from the following tabl	le ın	180.	
If the amount on line 1e, colu	umn (a) or (b) is. The	e lobbying nontaxable ar	mount is:		
Not over \$500,000		of the amount on line 1e			
Over \$500,000 but not over \$1,	.000,000 \$10	0,000 plus 15% of the excess ov	ver \$500,000	}	
Over \$1,000,000 but not over \$					
Over \$1,500,000 but not over \$					
Over \$17,000,000	\$1,0	00,000			
g Grassroots nontaxable a		•		45.	0.
h Subtract line 1g from lin		0.	0.		
i Subtract line 1f from line	e 1c Enter -0- if line f	is more than line c	L	0.	0.
j If there is an amount of section 4911 tax for this	her than zero on eithe gyear?	r line 1h or line 1i, did th	e organization file Form	4720 reporting	Yes X No
(Some	e organizations that n	ear Averaging Period Unade a section 501(h) ele elow. See the instructio	ction do not have to co	mplete all of the five 2f.)	
	Lobbyii	ng Expenditures During	4-Year Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	300.	200.	140.	180.	820.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,230.
c Total lobbying expenditures					0.
d Grassroots non-taxable amount	75.	50.	35.	45.	205.
e Grassroots ceiling amount (150% of line 2d, column (e))					308.
f Grassroots lobbying expenditures				0.1.1.2.5	0.
BAA				Scheaule C (Form	990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have (election under section 501(h)). See the instructions for Schedule C for detail	ls.				
	(a))		(b)	
	Yes	No	An	ount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum,					
through the use of	<u> </u>				
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?	\vdash				
e Publications, or published or broadcast statements?				_	
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	-				
i Other activities? If 'Yes,' describe in Part IV					
j Total lines 1c through 1:	-				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		}			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 -				
Part III-A To be completed by all organizations exempt under section 501(c)(4), section 5	n 501	(cVF	i) or sec	tion	<u>'</u>
501(c)(6). See the instructions for Schedule C for details.)II JU I	(C)(-	<i>,,</i> or sec	, liOii	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	1.00	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		-
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Part III-B To be completed by all organizations exempt under section 501(c)(4), section	n 501	(c)(5	i). or sec	tion	
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part I answered 'Yes.' See Schedule C Instructions for details.	II-A, q	ùést	ion 3 is		
1 Dues, assessments and similar amounts from members		1			
	-				
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	- - <u>-</u>				
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	}-	2a			
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	-	2a 2b			
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 					
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 		2ь			
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 		2b 2c			
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces 	s Ical	2b 2c			
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	s sical	2b 2c			
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) 	s s	2b 2c 3			
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year? 	s sical	2b 2c 3			
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information 	ıcal -	2b 2c 3 4 5	ıne 1ı		
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and 	ıcal -	2b 2c 3 4 5	ıne 1ı		
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, an Also, complete this part for any additional information 	ıcal -	2b 2c 3 4 5	ine 1i		
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Also, complete this part for any additional information 	ıcal -	2b 2c 3 4 5	ine 1i		
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, an Also, complete this part for any additional information 	ıcal	2b 2c 3 4 5	ine 1i		
 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, an Also, complete this part for any additional information 	ıcal	2b 2c 3 4 5	ine 1ı		
 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, an Also, complete this part for any additional information 	ıcal	2b 2c 3 4 5	ine 1i		

Schedule C (F	Form 990 or 990-EZ) 2008 NATIONAL Supplemental Information	CENTER FOR	PUBLIC POLICY	52-1226614	Page 4
Part IV	Supplemental Information	(continued)			
•					
					
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	-				

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

אואי	TONNI CENTED FOR DURITO DOLLO	v		50 1006614
	IONAL CENTER FOR PUBLIC POLIC		<u> </u>	52-1226614
Parl	Organizations Maintaining Donor the organization answered 'Yes' t	Advised Funds or Other	Similar Funds or Acco	ounts Complete if
	the organization answered Tes t			
_	T	(a) Donor advised fu	inds (b) F	unds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			- <u>-</u>
4	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the as to the organization's exclusive le	ssets held in donor advised egal control?	Yes No
	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	s, and donor advisors in writing he benefit of the donor or donor	that grant funds may be advisor or other	∏Yes ∏No
	II Conservation Easements Comple	ete if the organization ans	wered 'Yes' to Form 99	
	Purpose(s) of conservation easements held by			o, raitiv, inte 7.
•	Preservation of land for public use (e g , r		Preservation of an historica	ally important land area
	Protection of natural habitat	picasarc)	Preservation of certified his	-
	Preservation of open space	L_	J. 10001 Faction of Certified His	No.10 Structure
2	Complete lines 2a-2d if the organization held a	a qualified conservation contribu	ition in the form of a conserv	vation easement on the last day
	of the tax year			
				Held at the End of the Year
а	Total number of conservation easements		2a	<u> </u>
b	Total acreage restricted by conservation easer	nents	2 b	
С	Number of conservation easements on a certif	ied historic structure included in	(a) 2c	
d	Number of conservation easements included in	n (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified,	transferred, released, extinguish	ned, or terminated by the org	anization during the taxable
	year >			
4	Number of states where property subject to co	nservation easement is located	-	
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, olds?	inspection, violations, and	Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing ease	ements during the year 🕨 _	
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easeme	ents during the year ▶\$	
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requ	urements of section	☐ Yes ☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote t	conservation easements in its re-	venue and expense statement, atements that describes the	and balance sheet, and organization's accounting for
	conservation easements.			
Part	Complete if the organization ans	ctions of Art, Historical T wered 'Yes' to Form 990, I	reasures, or Other Si m Part IV, line 8.	ilar Assets
	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or resea	evenue statement and balan arch in furtherance of public	ice sheet works of art, historical service, provide, in Part XIV,
	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, not to report in its ric exhibition, education, or research	evenue statement and balan arch in furtherance of public	ice sheet works of art, historical service, provide the following
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other : 116 relating to these items	sımılar assets for fınancıal g	ain, provide the following
а	Revenues included in Form 990, Part VIII, line	1		> \$
b	Assets included in Form 990, Part X			► \$

Schedule D (Form 990) 2008 NATIO				52-122	
Part III Organizations Maintai	ning Collectio	ns of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
Using the organization's accession that apply)	n and other record	_		significant use of its colle	ection items (check all
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e 💹 Other			
c Preservation for future genera					
4 Provide a description of the organ Part XIV			-		e in
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be m	ve donations of ar aintained as part (t, historical treasures, of of the organization's co	or other similar Hection?	∏Yes ∏No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrang	ements Compl	ete if organization		
1a Is the organization an agent, trus included on Form 990, Part X?		-		ner assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and co	mplete the followi	ng table		
					Amount
c Beginning balance				1 c	
d Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a		0, Part X, line 21?			∐ Yes
b If 'Yes,' explain the arrangement					
Part V Endowment Funds Cor					
	(a) Current year	(b) Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance	·				
b Contributions					
c Investment earnings or losses					
d Grants or scholarships	····				
e Other expenditures for facilities and programs					
f Administrative expenses		ļ			
g End of year balance		<u> </u>			
2 Provide the estimated percentage	-				
a Board designated or quasi-endow	· -	%			
b Permanent endowment ►					
c Term endowment ►	%				
3a Are there endowment funds not in	n the possession o	f the organization	that are held and admi	nistered for the	
organization by					Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations b If 'Yes' to 3a(ii), are the related o	raanizationa listod	00 roquired on Ca	shadula D2		3a(ii)
4 Describe in Part XIV the intended	_				30
Part VI Investments—Land, B				line 10	
Description of investment		ost or other basis	(b) Cost or other	(c) Depreciation	(d) Book Value
Description of livestment	(4)	(investment)	basis (other)	(c) Depreciation	(d) DOOK Value
1 a Land			316,647.		316,647.
b Buildings			978,426.	106,352.	872,074.
c Leasehold improvements					
d Equipment					
e Other			124,578.	88,379.	36,199.
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 99	00, Part X, column	(B), line 10(c))	•	1,224,920.
BAA				Sched	lule D (Form 990) 2008

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 NATIONAL CENTER F	OR PUBLIC POLIC	Υ	52-1226614	Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, Iin	e 12. N/A		
 (a) Description of security or category (including name of security) 	(b) Book value	(c) M Cost or er	ethod of valuation d-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests	-	<u> </u>		.
Other				
				<u> </u>
	· 		 	-
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990 Part X, col (B) line 12)				
Part VIII Investments-Program Related (See			<u> </u>	
(a) Description of investment type	(b) Book value	(c) M	ethod of valuation d-of-year market value	
		0031 01 01	d-or-year market value	
				
Total Column (b)(should equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15) N/A			
	escription		(b) Book	value
(4) 00	3GTPRIOTI		(b) Book	value
	·· · · · ·	· ·		
	_			
Total. Column (b) Total (should equal Form 990, Part X, co Part X Other Liabilities (See Form 990, Part			•	
(a) Description of Liability	(b) Amount			
Federal Income Taxes	(b) Amount			
ROUNDING		1.		

Total Column (b) Total (should equal Form 990, Part X, col (B) line 25)	•	1.		
In Part XIV, provide the text of the footnote to the organiza				

Sche	edule D (Form 990) 2008 NATIONAL CENTER FOR PUBLIC POLICY	52-1226614	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	;	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		3,607,003.
2	Total expenses (Form 990, Part IX, column (A), line 25)		3,343,371.
3	Excess or (deficit) for the year Subtract line 2 from line 1		263,632.
4	Net unrealized gains (losses) on investments		
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 4-8.		
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-	262 622
10 Par		. Datum	263,632.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
	Total revenue, gains, and other support per audited financial statements	1 1 2	3,607,003.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
	Donated services and use of facilities 2b	—	
	Recoveries of prior year grants		
C	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 8	3,607,003.
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		
	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		3,607,003.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		7,001,005.
	Total expenses and losses per audited financial statements		3,343,371.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		0,343,371.
			
	Prior year adjustments 2b		
	Losses reported on Form 990, Part IX, line 25		
	Other (Describe in Part XIV)		
€	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3 8	3,343,371.
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		
t	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		3,343,371.
	t XIV Supplemental Information	1 3 1	7000,0:21
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	-	
	TEEA3304L 12/23/08	Schedule D (Form 990) 2008
DAA	TEEA3304L 12/23/08	Scriedule D (FUIIII 330) 2000

Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued)	Page 5
Part XIV Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name of the organization	NATION	IAL CENT	TER FOR PU	BLIC P	OLICY	-	Employer identifica	
	RESEAF	RCH					52-122661	
						answered 'Yes' to		line 17
		ganization	raised funds thre	ough any	of the folio	owing activities Check a		
X Mail soli						Solicitation of non-		
├ ─	olicitations					Solicitation of gover	=	
-	olicitations					Special fundraising	events	
In-perso	n solicitatio	ns						
employees l	isted in For	m 990, Par	t VII) or entity ii	n connect	ion with pr	al (including officers, dir rofessional fundraising s	services?	X Yes No
b If 'Yes,' list to compensate	the ten high d at least \$	nest paid in 5,000 by th	dividuals or enti ne organization	ities (fund Form 990	raisers) pu EZ filers a	ursuant to agreements uare not required to comp	under which the fundrai plete this table	ser is to be
(3) N =				Com Dod	fundanas		(v) Amount paid to	6.0 A
	of individu (fundraisei		(ii) Activity	have custoo	fundraiser by or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	<u> </u>			of contri	ibutions?		col (ı)	organization
				Yes	No			
			DIRECT					
RESPONSE DY	NAMICS,	INC	MAIL CAM		X	7,302,913.	519,571.	6,783,342.
. =	•					·-		
								
					<u> </u>			
				•				
						-		
			L			n		
					j. j			
Total						7 302 013	510 571	6 702 312
Total						7,302,913.	519,571.	6,783,342.
3 List all state or licensing	s in which f	the organiz	ation is register	ed or licer	nsed to so	licit funds or has been r	notified it is exempt froi	m registration
				-				
			_ 					
		_ _		-				
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				-				
								
								
	_							

Sch	·	G (Form 990 or 990-EZ) 2008 NATIONA	NI CENTED FOD I	DIDITO DOLLOV	E2_12	26614
		Fundraising Events. Complete if reported more than \$15,000 on F			52-12 orm 990, Part IV, II	
-	•	reported more than \$15,000 on F	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
R			(event type)	(event type)	(total number)	col (ć))
REVERUE	1	Gross receipts			-	
E	2	Less Charitable contributions				
	3	Gross revenue (line 1 minus line 2)				
	4	Cash prizes				
D I R E C T	5	Non-cash prizes				
	6	Rent/facility costs				
EXPENSES	7	Other direct expenses				
E S	8	Direct expense summary Add lines 4- tl Net income summary Combine lines 3 a			•	
Par			ation answered 'Ye	es' to Form 990, Pa	rt IV, line 19, or rep	oorted more than
R E > E Z			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Ü E	1	Gross revenue				
F	2	Cash prizes				
DIREC	3	Non-cash prizes				
R E N S E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine I	ines 1 and 7 in column	(d)	•	11
	ls th	er the state(s) in which the organization op ne organization licensed to operate gamino lo,' Explain			<u></u>	YES NO

	a Is the organization licensed to operate gaming activities in each of these states?	9a	
ı	b If 'No,' Explain		
		-	
10	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
l	b If 'Yes,' Explain.		
		-	
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to		
	administer charitable gaming?	12	

Schedule G (Form 990 or 990 EZ) 2008 NATIONAL CENTER FOR PUBLIC POLICY	<u>52-122661</u>	4	Pa	age 3
,	1		YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a %		- 1	
b An outside facility	13b %			{
14 Provide the name and address of the person who prepares the organization's gaming/special eve	nts books and records		1	
Name· ►				
Name· ►				
Address •		1		
15a Does the organization have a contact with a third party from whom the organization receives gam		15a		 ;
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		-	-
of gaming revenue retained by the third party \$				
c If 'Yes,' enter name and address				
Name ▶				
Name				
Address •				
16 Gaming manager information				
Name ▶				-
Name				1
Gaming manager compensation ► \$				
Description of services provided				
Director/officer Employee Independent contractor				{
17 Mandatory distributions				}
·				}
a Is the organization required under state law to make charitable distributions from the gaming proc state gaming license?	ceeds to retain the	17a		
b Enter the amount of distributions required under state law distributed to other exempt organization	ns or spent in the			
organization's own exempt activities during the tax year: ►\$				
BAA TEEA3703L 07/18/08	Schedule G (Form 990	or 990)-EZ)	2008

BAA

SCHEDULĘ J (Form 990)

Compensation Information

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

2008

Employer identification number

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

NATIO	MAL CENTER FOR PUBLIC POLICY	152-1226614			
Part I	Questions Regarding Compensation				
_				Yes	No
1 a Che VII	eck the appropriate box(es) if the organization provided any of the following to or for a person I , Section A, line 1a. Complete Part III to provide any relevant information regarding these	sted in Form 990, Part e items			
	First-class or charter travel Housing allowance or resi	dence for personal use			
П	Travel for companions Payments for business us			1	
	Tax indemnification and gross-up payments Health or social club dues	or initiation fees			
	Discretionary spending account Personal services (e.g., n	naid, chauffeur, chef)		- 1	
	_				
b If I	ine 1a is checked, did the organization follow a written policy regarding payment or reimb the expenses described above? If 'No,' complete Part III to explain	oursement or provision of all	1 b		
2 Dic trus	d the organization require substantiation prior to reimbursing or allowing expenses incurre stees, and the CEO/Executive Director, regarding the items checked in line 1a?	ed by all officers, directors,	2		
3 Ind CE	licate which, if any, of the following organization uses to establish the compensation of the O/Executive Director Check all that apply	e organization's			
X	Compensation committee Written employment contr	act			
X	Independent compensation consultant Compensation survey or s				
X	Form 990 of other organizations Approval by the board or				
4 Du	ring the year, did any person listed in Form 990, Part VII, Section A, line 1a	<u> </u>			
a Re	ceive a severance payment or change of control payment?	<u> </u>	4a		Х
b Pa	rticipate in, or receive payment from, a supplemental nonqualified retirement plan?	<u>.</u> .	4Ь		X
c Pa	rticipate in, or receive payment from, an equity-based compensation arrangement?	<u>_ </u>	4c		Χ
If "	Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in	Part III	-		
On	ly 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	į			
5 For	r persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accintingent on the revenues of	rue any compensation			
a The	e organization?		5a		Х
b An	y related organization?	_ !	5Ь		Х
If "	Yes' to line 5a or 5b, describe in Part III				
6 For	r persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accintingent on the net earnings of	rue any compensation			
a The	e organization?		6a		Х
b An	y related organization?		6ь		Х
If "	Yes' to line 6a or 6b, describe in Part III				
7 For	r person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any	non-fixed payments not			
des	scribed in lines 5 and 67 If 'Yes,' describe in Part III		7		Χ

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If 'Yes,' describe in Part III

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

Schedule J (Form 990) 2008

Page 2

52-1226614

NATIONAL CENTER FOR PUBLIC POLICY

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed Schedule J (Form 990) 2008

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	_	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MIS(9-MISC compensation	(C) Deferred	(n) Montaxable	(F) Total of columns	(F) Company
(A) Name		(ı) Base compensation	(ii) Bonus and incentive compensation	(III) Other compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-F7
AMY RIDENOUR	Ξ	158,044.	0	0.	0.	0.		0.
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	(i)							
ВАА				TEEA4102L 08/	08/11/08		Sched	Schedule J (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization NATIONAL CENTER FOR PUBLIC POLICY	Employer identification number
RESEARCH	52-1226614
FORM_990, PART III, LINE 4D - QTHER PROGRAM SERVICES DE	SCRIPTION
EDUCATE_THE_PUBLIC_ON_ISSUES_OF_PUBLIC_CONCERN,_INC	LUDING_US_DOMESTIC_&_FOREIGN
POLICY, SOCIAL SECURITY/MEDICARE, GOVERNMENT ACCOUNT	TABILITY/REFORM, THE ENVIRONMENT,
REGULATORY AFFAIRS, CAMPAIGN REFORM, HEALTH CARE, B	BUDGET & TAXES THROUGH OP/EDS,
PRESS RELEASES, WEB SITE & E-MAILS, SPEECHES, SEMIN	MARS, PETITIONS, CONFERENCES AND
MEETINGS.	
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHI	P OF OFFICERS, DIRECT
AMY & DAVID RIDENOUR BOTH OFFICERS (SPOUSES).	
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS	
ELECTRONIC DRAFT OF 990 SUBMITTED TO EXECUTIVE DIRE	CTOR AND TREASURER FOR REVIEW
PRIOR TO FILING	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING A	ND ENFORCEMENT OF C
REVIEWED AT LEAST ANNUALLY DURING EXECUTIVE COMMITT	EE MEETINGS OR CALLS.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPR	OVAL PROCESS FOR OFFICERS & KEY EMPLOYE
COMPENSATION REVIEWED AND APPROVED ANNUALLY DURING	EXECUTIVE COMMITTEE MEETINGS OR
CALLS.	
FORM 990 , PART VI, LINE 17 - LIST OF STATES WHICH THIS RE	ETURN IS FILED
AK AL AR AZ CA CO CT DC FL GA IL IN KY MA MD ME MI	MN NC NH NJ NM NY OH OR PA RI
SC UT VA WA WI WV	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENT	TS PUBLICLY AVAILABLE
GOVERNING DOCUMENTS, AND POLICIES AVAILABLE UPON RE	QUEST. FINANCIAL STATEMENTS
LOCATED ON WEBSITE.	
·	

2008 SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5 **NATIONAL CENTER FOR PUBLIC POLICY CLIENT 26650** RESEARCH 52-1226614 11/05/09 09 37AM PART II, LINE 10 - OTHER INCOME NATURE AND SOURCE 2008 2007 2006 2005 2004 LIST RENTAL INCOME 4,727. 4,727. TOTAL \$ 0. \$ 0. \$ 0. \$

Form **8868**(Rev April 2008)

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

Department of the Treasury

File a separate application for each return.

OMB No 1545-1709

internal Revenue	Service	The a separate applica	ition for each return.			
If you are	filing for an Automatic 3-Mon	th Extension, complete only P	art I and check this box		_	► X
If you are	filing for an Additional (Not A	utomatic) 3-Month Extension,	complete only Part II (or	n page 2 of this	s form)	_
		eady been granted an automat			lled Form 8868	
Part I	Automatic 3-Month Exter	nsion of Time. Only subm	ıt original (no copie	s needed).		
						. \Box
•	,	nd requesting an automatic 6-m			,	
All other corp income tax re		rs), partnerships, REMICS, and	trusts must use Form 7	004 to request	an extension of time	to file
the additional Form 990-T	l (not automatic) 3·month extei Instead, vou must submit the fi	electronically file Form 8868 if tion required to file Form 990-1 nsion or (2) you file Forms 990- ully completed and signed page on e-file for Charities & Nonprofi	BL, 6069, or 8870, group 2 (Part II) of Form 8868	o returns, or a	composite or consolic	lated
	Name of Exempt Organization				Employer identification num	ber
Type or print	NATIONAL CENTER FOR	PUBLIC POLICY				
`	RESEARCH				52-1226614	
File by the due date for	Number, street, and room or suite numb	er If a P O box, see instructions				
filing your return See instructions	501 CAPITOL COURT,					
		code. For a foreign address, see instruction	ons			
	WASHINGTON, DC 2000					
X Form 990		rate application for each return) Form 990-T (corporation)	1	Form 4726	Λ	
Form 990		Form 990-T (section 401(a)	or 408(a) trust)	Form 522		
Form 990		Form 990-T (trust other tha		Form 6069		
Form 990		Form 1041-A	,	Form 8870	0	
If this is for check this	or a Group_Return, enter the or	ce or place of business in the Uganization's four digit Group Exfert the group, check this box	emption Number (GEN)	If t		
		nths for a corporation required t	o file Form 990-T) exten	sion of time		
•	•	e the exempt organization retu	-			
_	ension is for the organization's		-			
► X	calendar year 20_08_ or					
▶ [tax year beginning	, 20, and ending	, 20 _			
2 If this ta	ax year is for less than 12 mon	ths, check reason Initial	return Final retu	ırn Ch	nange in accounting p	eriod
	pplication is for Form 990-BL, ndable credits. See instructions	990-PF, 990-T, 4720, or 6069, e	enter the tentative tax, le	ss any	3a \$	0.
b If this a made 1	pplication is for Form 990-PF on nclude any prior year overpayo	r 990-T, enter any refundable onent allowed as a credit	redits and estimated tax	payments	3ы\$	0.
deposit	e Due. Subtract line 3b from lin with FTD coupon or, if required tructions	e 3a Include your payment with I, by using EFTPS (Electronic F	n this form, or, if required ederal Tax Payment Sys	d, stem)	3c \$	0.
Caution. If yo		onic fund withdrawal with this Fo	orm 8868, see Form 845	3-EO and Forn	n 8879-EO for	
BAA For Priv	vacy Act and Paperwork Redu	ction Act Notice, see instruction	ns.		Form 8868 (Rev	4-2008)
		a Defels	CPA	5-19	4.09	

FIFZ0501L 04/16/08

Form 8868	(Rev 4-2008)		Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only F	Part II and check this box	<u>► X</u>
Note. Only	complete Part II if you have already been granted an automatic 3-month extens	sion on a previously filed l	Form 8868
If you a	re 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 mu	ust file original and o	one copy.
	Name of Exempt Organization	Employer	identification number
Type or	NATIONAL CENTER FOR PUBLIC POLICY		
print	RESEARCH	52-12	26614
Cita his tha	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS us	se only
File by the extended			
due date for filing the return See	501 CAPITOL COURT, N.E. #200		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	WASHINGTON, DC 20002		
_	of return to be filed (File a separate application for each return)		
X Form 99	90 Form 990-PF	Form 1041-A	Form 6069
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 99	90-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do r	<u>not complete Part II if you were not already granted an automatic 3-month exte</u>	nsion on a previously file	ed Form 8868.
	ks are in care of <u>AMY_RIDENOUR</u>		
	one No ► 202-543-4110 FAX No ►		_
	ganization does not have an office or place of business in the United States, ch		▶ ∐
• If this is	s for a Group Return, enter the organization's four digit Group Exemption Number		. If this is for the
	o, check this box $ ightharpoonup$ if it is for part of the group, check this box $ ightharpoonup$ an	id attach a list with the na	mes and EINs of all
	ne extension is for		
4 I requ	est an additional 3-month extension of time until $11/15$, 20 09.		
	alendar year 2008, or other tax year beginning	_ , and ending _ 	, 20
	tax year is for less than 12 months, check reason Initial return	——	nge in accounting period
	in detail why you need the extension INFORMATION_NEEDED_TO_F	TILE A COMPLETE A	AND_ACCURATE
RET	URN_IS_NOT_AVAILABLE_AT_THIS_TIME		
8a If this nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative fundable credits. See instructions	ve tax, less any	8a \$
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred		
	ents made. Include any prior year overpayment allowed as a credit and any amo form 8868		8b \$
c Balan	ce Due. Subtract line 8b from line 8a Include your payment with this form, or, if	f required, deposit	
with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy	stem) See instrs	8c \$
I Indox popolitica	Signature and Verification	ad to the best of my transmissing	and hallof it in true
correct, and cor	FOI penuty, I declare that I have examined this form, including accompanying schedules and statements, a mplete, and that I am authorized to prepare this form	nu to trie best of my knowledge ar	io benet, it is true,
Signature	Jal Stolling CPA		Date - 8-12-09
			
ВАА	FIF20502L 04/16/08		Form 8868 (Rev 4-2008)

POLAN WHITE & ASSOCIATES

1901 RESEARCH BLVD SUITE 300

ROCKVILLE, MD 20850

Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

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

Α	For t	he 2007 calen	dar year,	or tax year beginning	_ ,	2007, and	ending			,	
В	Check	ıf applıcable		С				D Empl	oyer Ide	ntification Number	
	Ac	ldress change	Please use IRS label	NATIONAL CENTER FOR	PUBLIC POI	ICY		52	-122	6614	
	Na	Name change or print or type. See 501 CAPITOL COURT, N.E. #200						hone nu	ımber		
	Ini	tial return	See specific	WASHINGTON, DC 2000	N.E. #200					3-4110	
	Те	rmination	Instruc- tions.	WASHINGTON, DC 2000	2			F Acco	unting od:	Cash X	Accrual
	An	nended return							Other (sp	pecify)	
	Ap.	plication pending	Section	on 501(c)(3) organizations and	4947(a)(1) nonex	empt	H and I are not applic	able to se	ction 52	7 organizations	
			charit	table trusts must attach a comp n 990 or 990-EZ).	pleted Schedule	4	H (a) Is this a group				X No
<u>_</u>	Woh	Cito: > TaTTaTTaT	•	ALCENTER.ORG			H (b) If 'Yes,' enter			,s ►	
			MALION	ALCENIEN.ONG			H (c) Are all affiliat			Yes	∐ No
J		nization type :k only one)	•	X 501(c) 3 ◀ (insert no) 4947(a)(1) or	527	H (d) Is this a sepa			•	
<u>—</u>				ization is not a 509(a)(3) suppo			organization o				X No
	gross	receipts are	normally i	not more than \$25,000 A return	n is not required.		I Group Exe	emption	Numb		
	orgar	nization choos	es to file	a return, be sure to file a comp	lete return		M Check ►	X If the	organiz	zation is not requir	ed
		receipts Add	lines 6b, 8	b, 9b, and 10b to line 12 ► 6	,573,315.		to attach Sch	edule B (Form 99	90, 990-EZ, or 990-I	2F)
Pa	rt I	Revenue	e, Exper	nses, and Changes in Ne	t Assets or Fu	nd Bala	nces (See the	ınstru	ction	s.)	
	1	Contributions	, gifts, gra	ants, and similar amounts recei	ved		1		-		
	a	Contributions	to donor	advised funds.		1.	а				
	b	Direct public	support (r	not included on line 1a)		11	b 6,323,	126.			
	С	Indirect public	c support	(not included on line 1a).		1.	С				
				ons (grants) (not included on lin	•		d				
	е	Total (add lines la through ld) (ca	_{ash} \$	6,323,126. noncash \$	S)			1 e	6,323	<u>,126.</u>
	2	Program serv	ice reven	ue including government fees a	ind contracts (from	n Part VII	line 93)		2		
	3	Membership	dues and	assessments.					3		
	4	Interest on sa	avings and	d temporary cash investments					4		
	5	Dividends and	d interest	from securities.			1		5	12	<u>,160.</u>
		Gross rents				6		324.			
		Less rental e	•			6	b 46,	453.			
			•	oss) Subtract line 6b from line	6a				6c	12	<u>,129.</u>
R	7	Other investn	nent incor	ne (describe	442.0	- I -	(B) OII		7		
REVENUE	8a			es of assets other	(A) Securitie		(B) Other	r			
Ñ		than inventor	-		203, 3				ì		
				is and sales expenses	203,2				. }		
2008	C	Gain or (loss) (at		•		.65. 8	<u>c </u>				1.05
7				nbine line 8c, columns (A) and invities (attach schedule) If any		amina ch	ook boro	٦	8d		165.
00				luding \$			leck fiele	J			
~		reported on li				9.	al				
<u>_</u>	ь	•	•	other than fundraising expenses	S	9					
DEC	С	Net income o	r (loss) fr	om special events. Subtract line	e 9b from line 9a				9 c		
C	10 a	Gross sales of	of invento	ry, less returns and allowances		10	a				
Щ	b	Less cost of	goods so	ld		10					
Ž	e c	Gross profit or (I	oss) from sa	ales of inventory (attach schedule) Subt	ract line 10b from line	: 10a			10c		
V	11	Other revenu	e (from P	art VII, line 103)					11		306.
_0	10 a b c 11	Total revenue	e. Add Ime	es 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c,	10c, and 11	REC	CEIVED		12	6,323	,628.
	13	Program serv	rices (fron	n line 44, column (B))				ي اي	13	4,190	,734.
EXPERSES	14	_	_	ral (from line 44, column (C))	4		1 0 2000	2	14		,230.
Ë	15	Fundraising (from line	44, column (D))	504	NOV	1 9 2008	-SX-	15	1,851	<u>,675.</u>
S E	16	Payments to	affiliates	(attach schedule) .	1~	L		۲ĺ	16		
<u> </u>	17			nes 16 and 44, column (A)		00	DEN, UT		17	6,282	
Α	18	Excess or (de	eficit) for t	the year Subtract line 17 from	line 12		IT, U !		18		<u>,989.</u>
NET T	19			ances at beginning of year (fron					19		<u>,376.</u>
		-		ssets or fund balances (attach	•		STATEMENT 2	2	20		<u>,708.</u>
S	21	Net assets or	fund bala	ances at end of year Combine	lines 18, 19, and	20			21	303	,073.

Do not inclu	tatement of Functional E section 501(c)(3) and (4) orga- ude amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Fundraising
 	9b, 10b, or 16 of Part I aid from donor advised	++		services	and general	
funds (at	tach sch)					
(cash	\$					
non-cash	·					
	nount includes rants, check here	22 a				
	s and allocations (att sch)					
(cash	\$					
non-cash	\$)					
	nount includes rants, check here	22 b				
0 0	·	220		· - 		
23 Specific a (attach se	assistance to individuals chedule)	23				
24 Benefits (attach se	paid to or for members chedule)	24				
25 a Compens	sation of current officers,					
	key employees, etc listed	25a	283,016.	215,762.	36,252.	31,002
	ation of former officers.	234	203,010.	213,762.	30,232.	31,002
directors,	key employees, etc listed		_	_		
in Part V	-B on and other distributions, not	25 b	0.	0.	0.	0
included ab	ove, to disqualified persons (as					
defined und described ir	er section 4958(f)(1)) and persons	1 1		-		
4958(c)(3)(l	B)	25c	0.	0.	0.	0
26 Salaries	and wages of employees not	1 _ 1				
	on lines 25a, b, and c	26	339,485.	301,880.	29,582.	8,023
27 Pension included	plan contributions not on lines 25a, b, and c	27				
28 Employed	e benefits not included on	28				
29 Payroll ta	=:	29	41,992.	34,918.	4,441.	2,633
•	nal fundraising fees	30	315,089.	01/3201	.,	315,089
31 Accounting	ng fees	31	54,225.		54,225.	0-0/500
32 Legal fee	S	32	67,304.		60,201.	7,103
33 Supplies		33	8,685.	7,219.	921.	545
34 Telephon	e	34	7,142.	5,939.	755.	448
•	and shipping	35	13,492.	11,969.	1,522.	1
36 Occupan	-	36				
	nt rental and maintenance	37	1,861.	1,547.	197.	117
•	and publications	38	23,121.	20,512.	2,609.	
39 Travel 40 Conferences	s, conventions, and meetings	39 40	6,317.	5,253.	660	396
41 Interest	s, conventions, and meetings	41	49,152.	40,873.	668. 5,198.	3,081
	n, depletion, etc (attach schedule)	42	32, 366.	26,916.	3,422.	2,028
	ises not covered above (itemize)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	32,300.	20,310.	5/422.	2,020
a SEE_ST	ATEMENT 3	43a	5,039,392.	3,517,946.	40,237.	1,481,209
b		43b				
c		43 c				
d		43d				
e		43e				
<u> </u>		43f				
g	- 	43g				
44 Total funct through 43g (B) · (D), c	ional expenses. Add lines 22a (Organizations completing columns arry these totals to lines 13 - 15)	44	6,282,639.	4,190,734.	240,230.	1,851,675
(5) (5), (neck X if you are following			7,10,104.	240,230.	_ 1,031,073

to Fundraising \$ <u>1,</u>450,636. Form **990** (2007) BAA TEEA0102L 08/02/07

Form 990 (20	1071	NATIONAL	CENTER	FOR	PIIRI.TC	POT.TCY
OHH 330 (20	JU/)	NULLOUAL	CENTER	LOI	LODUTC	LODICI

52-1226614

Page 3

Part III	Statement of Program Service Accomplishments (See the Instructions.)	
Form 990 is	s available for public inspection and, for some people, serves as the primary or sole source of information about a particular	

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 prim All organizations must describ clients served, publications issue izations and 4947(a)(1) nonexi	nary exempt purpose? Pe e their exempt purpose achieved, etc Discuss achievements the empt charitable trusts must also	JBLIC POLICY RESEARCH AN ements in a clear and concise manner at are not measurable (Section 501(c)(3) so enter the amount of grants and alloc	D EDUCATION. State the number and (4) organizations to others)	r of (R	ogram Service Expenses equired for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4	-				
				- · - ·	
	\$) If this amount includes foreign grants,	check here ►		4,190,734.
(Grants and allocations	\$) If this amount includes foreign grants,	check here	<u> </u>	
				- ·	
4) If this amount includes foreign grants,			
d				- · - ·	
				-	
(Grants and allocations	\$) If this amount includes foreign grants,	check here ►		
e Other program services	٨	N. I. Maria and A. L. L. Maria		-, l	
(Grants and allocations f Total of Program Service	\$ Expenses (should equal line) If this amount includes foreign grants,44, column (B), Program services)	cneck nere	<u> </u>	4,190,734.

BAA

Form 990 (2007)

Not	e:	Where required, attached schedules and amounts within column should be for end-of-year amounts only	n the d	escription		(A) Beginning of year		(B) End of year
	45	Cash — non-interest-bearing	494,541.	45	311,580.			
	46	Savings and temporary cash investments			•	106,505.	46	
		•						
	47	a Accounts receivable	47a					
		b Less: allowance for doubtful accounts	47 b				47 c	
	48	Ba Pledges receivable 48a						
		b Less allowance for doubtful accounts	ess allowance for doubtful accounts 48b				48 c	
	49	Grants receivable					49	
	50	a Receivables from current and former officers, director employees (attach schedule)	rs, trus	tees, and ke	э у [50 a	
Δ		b Receivables from other disqualified persons (as defin and persons described in section 4958(c)(3)(B) (attack)	ed und ch sche	er section 4 dule)	958(f)(1))		50 Ь	
A S S E T		Other notes and loans receivable (attach schedule)	51 a					
Ś		b Less allowance for doubtful accounts	51 b				51 c	
	52	Inventories for sale or use.			ļ		52	
	53	Prepaid expenses and deferred charges.			_	1,187.	1 1	1,367.
	54	a Investments — publicly-traded securities	>	· Cost	∐FMV		54 a	96,235.
		b Investments — other securities (attach sch)	▶	Cost	∐FMV	51,478.	54 b	
	55	a Investments - land, buildings, & equipment basis	55 a					
		b Less accumulated depreciation (attach schedule)	55 b				55 c	
	56	Investments - other (attach schedule)					56	
	57	a Land, buildings, and equipment basis	57a	1,4	19,651.			
		b Less accumulated depreciation (attach schedule) STATEMENT 5	57b	1	55,764.	1,302,943.	57 c	1,263,887.
	58	3 i						
		(describe ► SEE STATEMENT 6)	19,213.	_	17,340.
	59		gh 58			1,975,867.	59	1,690,409.
	60					629,093.	60	439,207.
	61	Grants payable			,		61	
L	62	Deferred revenue					62	
A B	63							
Ľ		employees (attach schedule)					63	
Ţ	64	a Tax-exempt bond liabilities (attach schedule)					64 a	
I E S		b Mortgages and other notes payable (attach schedule)				1,087,398.	64 ь	948,129.
S	65	`	-)		65	1 005 006
	66					1,716,491.	66	1,387,336.
N	Or		nd com	plete lines	67		1 1	
N E N		through 69 and lines 73 and 74				050 056	~	000 000
Ą	67					259,376.	67	303,073.
ASSETS	68						68	
Š	69	•		69				
O R	Or	ganizations that do not follow SFAS 117, check here						
		70 through 74						
DZD.	70			. ,	}		70	
	71	3, 1			}		71	
Ĺ	72	3 ,			}	 	72	
田々し470年の	73	72 (Column (A) must equal line 19 and column (B) i	must e	qual line 21	through)	259,376. 1,975,867.	73	303,073. 1,690,409.
	74	Total liabilities and net assets/fund balances. Add li	tal liabilities and net assets/fund balances. Add lines 66 and 73					

Fc	rm 990 (2007) NATIONAL CENTER FOR PUBLIC POLICY	52-	122	26614	Page	e 5
P	art IV-A Reconciliation of Revenue per Audited Financial Statement	s with Revenue per Re	tur	n (See ti	he	
_	instructions.)					
а	Total revenue, gains, and other support per audited financial statements		a	6,	<u>323,628</u>	<u>}.</u>
þ	Amounts included on line a but not on Part I, line 12	1				
	1 Net unrealized gains on investments	ь1]			
	2Donated services and use of facilities	b2] !			
	3Recoveries of prior year grants	b3]			
	4Other (specify)					
		b4]!			
	Add lines b1 through b4		Ь			
С	Subtract line b from line a		С	6,	323,628	<u> 3.</u>
d	Amounts included on Part I, line 12, but not on line a:					
	1 Investment expenses not included on Part I, line 6b	d1] !			
	2Other (specify)					
		d2]			
	Add lines d1 and d2		d			
е	Total revenue (Part I, line 12) Add lines c and d	>	е		323,628	₹.
P	art IV-B Reconciliation of Expenses per Audited Financial Statemen	ts with Expenses per	Ret	urn		
а	Total expenses and losses per audited financial statements		а	6,	282,639) .
þ	Amounts included on line a but not on Part I, line 17					
	1 Donated services and use of facilities	b1]			
	2Prior year adjustments reported on Part I, line 20.	b2				
	3Losses reported on Part I, line 20	b3				
	4Other (specify).					
		ь4				
	Add lines b1 through b4		Ь			
С	Subtract line b from line a		С	6,	282,639	₹.
d	Amounts included on Part I, line 17, but not on line a:				· · · · · · · · · · · · · · · · · · ·	
	1 Investment expenses not included on Part I, line 6b	d1				
	2Other (specify)		1			
		ı		I		

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
AMY RIDENOUR	PRESIDENT	159,008.	0.	0.
501 CAPITOL CT. N.E. SUITE 2	þo o			
WASHINGTON, DC 20002]			
DAVID RIDENOUR	VICE PRESIDENT	124,008.	0.	0.
501 CAPITOL CT, NE. SUITE 20	þ o			
WASHINGTON, DC 20002				
EDMUND F. HAISLMAIER	DIRECTOR	0.	0.	0.
THE HERITAGE FOUNDATION	0			
WASHINGTON, DC				
VICTOR PORLIER	DIRECTOR	0.	0.	0.
CENTER FOR CIVIC RENEWAL	0			
NEW YORK, NY				
HORACE COOPER	DIRECTOR	0.	0.	0.
GEORGE MASON UNIVERSITY] 0			
ARLINGTON, VA				
PETER SCHWEIZER	DIRECTOR	0.	0.	0.
] 0			
TALLAHASSEE, FL				
544	TEE ACTOEL O	0.0000		E 000 (0007)

Add lines d1 and d2

Total expenses (Part I, line 17) Add lines c and d

6,282,639.

Form 990 (2007) NATIONAL CENTER FOR P			52-12266	14	Р	age 6
Part V-A Current Officers, Directors, Tru					Yes	No
75 a Enter the total number of officers, directors, and trustees p						1
b Are any officers, directors, trustees, or key em- listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the rela-	nsated professional and igh family or business r	d other independent cor relationships? If 'Yes,' a	ntractors listed in Schedul attach a statement that	es le 75 b	X	
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from	ployees listed in form 9 nsated professional and n any other organization	990, Part V-A, or highes d other independent cor ns, whether tax exempt	ntractors listed in Schedul	s le ed	^	
to the organization? See the instructions for the		_		► 75 c	 	X
If 'Yes,' attach a statement that includes the in		the instructions		<u> </u>		
d Does the organization have a written conflict of				75 d		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, directed during the year, list that person below a the instructions)	or, trustee, or key empl	lovee received compens	sation or other benefits (d	lescribed I	below)) e
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		lher
NONE					•	
		<u> </u>				
Part VI Other Information (See the Insti	ructions.)		·		Yes	No
76 Did the organization make a change in its acti		nducting activities?	•	76		x
77 Were any changes made in the organizing or	governing documents b	ut not reported to the IF	RS?	77		Х
If 'Yes,' attach a conformed copy of the chang	es					
78 a Did the organization have unrelated business	gross income of \$1,000	or more during the yea	ar covered by this return?	78 a	X	
b If 'Yes,' has it filed a tax return on Form 990-1	for this year?			78 b	Х	
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	on, or substantial contra	action during the		79		х
80 a Is the organization related (other than by assomembership, governing bodies, trustees office	ciation with a statewide ers, etc, to any other e	e or nationwide organiz xempt or nonexempt or	ation) through common ganization?	80 a		Х
b If 'Yes,' enter the name of the organization	N/A		. 			1
			xempt or nonexem	pt		!
81 a Enter direct and indirect political expenditures	(See line 81 instruction	ons)	81 a	0.		
b Did the organization file Form 1120-POL for the	iis year [?]	_		81 ь	L	X
BAA				Form	990	(2007)

TEEA0106L 12/27/07

Form 990 (2007) NATIONAL CENTER FOR PUBLIC POLICY	52-1226614	1	Р	age 7
Part VI Other Information (continued)		Ĭ	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	s at no charge or at	82a		Х
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	826 N/A			
83a Did the organization comply with the public inspection requirements for returns and exempt		83a	Х	<i>.</i> `
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contri	butions?	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such on not tax deductible?	contributions or gifts were	84b	N,	/A
85 a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		85 a	N	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N.	/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless waiver for proxy tax owed for the prior year	the organization received a			
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			: 1
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			. 1
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N,	/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reas dues allocable to nondeductible lobbying and political expenditures for the following tax year?	onable estimate of	85 h	N,	/A
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on				
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86 b N/A	1		
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable	corporation or partnership,	1		. 1
or an entity disregarded as separate from the organization under Regulations sections 301. If 'Yes,' complete Part IX	7701-2 and 301 7701-37	88 a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled enti section 512(b)(13)? If 'Yes,' complete Part XI	•	88 b		<u>X</u>
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year of section 4911 ►				
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exceeduring the year or did it become aware of an excess benefit transaction from a prior year? I explaining each transaction	ess benefit transaction f 'Yes,' attach a statement	89 b		X
		00.0		
c Enter. Amount of tax imposed on the organization managers or disqualified persons during year under sections 4912, 4955, and 4958	the ► 0.			ı İ
d Enter Amount of tax on line 89c, above, reimbursed by the organization .	► O.			, }
e All organizations. At any time during the tax year, was the organization a party to a prohibit	ed tax shelter transaction?	89 e		X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable	insurance contract?	89 f		X
	•			
g For supporting organizations and sponsoring organizations maintaining donor advised funds organization, or a fund maintained by a sponsoring organization, have excess business hold	Did the supporting			
the year?	angs at any time during	89 g		_X
90 a List the states with which a copy of this return is filed ► SEE STATEMENT 8				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)]	90 ь		11
91 a The books are in care of ► AMY RIDENOUR Telephone no	umber ► 202-543-411	.0		
Located at ► 501 CAPITOL COURT, NE SUITE 200 WASH DC	ZIP + 4 ► 20002			
#~ =	or other authority over a	T	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature financial account in a foreign country (such as a bank account, securities account, or other	financial account)?	91 b		Х
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				ĺ
Financial Accounts				
BAA		Form	990 ((2007)

Form 990 (2007) NATIONAL CENTER FO		POLICY		52-1226		Page 8
Part VI Other Information (continu	ed)				Y	es No
c At any time during the calendar year, di	d the organiza	tion maintain an office	outside of the Ur	nited States?	91 c	X
If 'Yes,' enter the name of the foreign coun	try -					
92 Section 4947(a)(1) nonexempt charitable	e trusts filing f	Form 990 in lieu of Foi	<i>rm 1041</i> – Check		N/A	- -
and enter the amount of tax-exempt into				▶ 92		N/A
Part VII Analysis of Income-Produc	cing Activit	ies (See the ınstru	ictio <u>ns.)</u>			
	Unrelated	business income	Excluded by sec	tion 512, 513, or 514	 \	
Note: Enter gross amounts unless otherwise indicated	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or function in	
93 Program service revenue a						
b						
С						
d						
e						
f Medicare/Medicaid payments						
g Fees & contracts from government agencies						
94 Membership dues and assessments				-		
95 Interest on savings & temporary cash invmnts						
96 Dividends & interest from securities			14	12,160.		
97 Net rental income or (loss) from real estate:						
a debt-financed property	531120	-12,129.				
b not debt-financed property						
98 Net rental income or (loss) from pers prop						
99 Other investment income.	-					
	-		 			
100 Gain or (loss) from sales of assets other than inventory						165.
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory	<u> </u>		<u> </u>			
						
103 Other revenue a						306.
b EXPENSE REIMB				· · · · · · · · · · · · · · · · · · ·		306.
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))		-12,129.		12,160.		<u>471.</u>
105 Total (add line 104, columns (B), (D),				-		502.
Note: Line 105 plus line 1e, Part I, should equ						
Part VIII Relationship of Activities t	o the Accor	mplishment of Exc	empt Purpose	s (See the instruct	tions.)	
Line No. Explain how each activity for which of the organization's exempt purp	ch income is re oses (other th	eported in column (E) of an by providing funds	of Part VII contrib for such purposes	outed importantly to the	accomplishr	nent
N/A						
		· <u> </u>				
Part IX Information Regarding Tax	able Subsi	diaries and Disreg	garded Entitie	s (See the instruct	ions.)	
(A)	(B)	(0	;)	(D)	(E)	
Name, address, and EIN of corporation.	Percentage	of Nature of	not with an	Total	End-of-	vear
partnership, or disregarded entity	ownership inf		activities	income	assel	
N/A		%				
		્ર				
		%				
	1	%	-			
Part X Information Regarding Tra	nsfers Ass	ociated with Perso	onal Benefit C	ontracts (See the	instruction	ns.)
a Did the organization, during the year, receive any f					Yes	X No
b Did the organization, during the year, pa	•		•		Yes	X No
Note: If 'Yes' to (b), file Form 8870 and Fi	•	•	. a porsonal belle	one contract:	□'''	٠٠.ت
THORE, IT TES TO (D), HIG TOTHI 00/0 AITO F	Jill 4720 (See	matructions)				

Par	rt XI Information Regarding Transfers To a organization is a controlling organizati	and From Controlled En	i tities. Complete only if the 512(b)(13).	9
				Yes No
106	Did the reporting organization make any transfers to 'Yes,' complete the schedule below for each controll	a controlled entity as defined ed entity	d in section 512(b)(13) of the Co	de? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а		-		
b		-		
с				
	Totals			
				Yes No
107	Did the reporting organization receive any transfers 'Yes,' complete the schedule below for each controll	from a controlled entity as de	efined in section 512(b)(13) of th	e Code? If X
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a		-		
b		-		
с		-		
	Totals			
108	Did the organization have a binding written contract annuities described in question 107 above?	in effect on August 17, 2006,	covering the interest, rents, roy	alties, and Yes No
Plea Sign Here	Signature of officer	eturn, including accompanying schedule officer) is based on all information of will be provided by the provide	es and statements, and to the best of my kr hich preparer has any knowledge // 10/14/0 Date	nowledge and belief, it is
Paid Pre-	Preparer's signature JOHN D. HOLLIS, CPAN		Check if self-employed	reparer's SSN or PTIN (See eneral Instruction X)
pare Use Only	lemproved). 1901 RESEARCH BLVD St		EIN ► 52-19 Phone no ► (30	936347 1) 738-1120
BAA	133111227 12 20000	-5.0-	Tribble no (50	Form 990 (2007)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2007

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

NATIONAL CENTER F	OR PUBLIC POLICY			Employer identification	number
RESEARCH Part I Compensation of the Five	Highest Paid Employees	Other:		52-1226614 Directors, and	1 Trustees
(See instructions. List each	h one. If there are none, e	nter 'N	one.')	, Directors, and	i musices
(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
SEE STATEMENT 9					
	<u> </u>		215,029.	0.	0.
			_		
	<u></u>				
Total number of other employees paid over \$50,000	>	0			
Part II – A Compensation of the Five (See instructions. List each	Highest Paid Independer hone (whether individuals	t Conti	ractors for Prais). If there ar	ofessional Sen e none, enter 'l	/ices None.')
(a) Name and address of each independent of			(b) Type o		(c) Compensation
RESPONSE DYNAMICS INC.	7 22102		INDDATCING	PERG	215 000
2070 CHAIN BRIDGE RD VIENNA, V	A 22182	FU	JNDRAISING	FEES	315,089.
					
Total number of others receiving over \$50,000 for professional services		0			
Part II - B Compensation of the Five	Highest Paid Independer	t Cont	ractors for Ot	her Services	
(List each contractor who provided in the contractor who provided in the contractor who have a contractor who provided in the contractor who provided in th	performed services other the hotel 'None.' See instruction	han pro	ofessional ser	vices, whether	individuals or
(a) Name and address of each independent of	contractor paid more than \$50,0	00	(b) Type o	of service	(c) Compensation
DIRECT RESPONSE DATA MANAGEMEN	<u>T</u>	_D	ATA MANGMNT	SVCS	577,016.
WASHINGTON INTELIGENCE BUREAU			1111 THINGING	0.00	377,010.
4128 PEPSI PLACE CHANTILLY, VA		CA	AGING SERVI	CES	182,053.
FULFILLMENT MANAGEMENT SERVICE	S 		AILING SERV	ICES	713,509.
MID AMERICA PRINTING			Triming Con-	WICEC	
101 JULIAD CT HARTWOOD, VA 224 BEST LIST INC	/1	PI	RINTING SER	VICES	1,416,659.
		_L	IST PROVIDE	RS	92,242.
Total number of other contractors receiving over \$50,000 for other services		0			

Sche	edule A (Form 990 or 990-EZ) 2007 NATIONAL CENTER FOR PUBLIC POLICY 52-1220	6614	F	Page 2
Par	Statements About Activities (See Instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ot 1	х	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with a taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principle beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)	ny pal		
a	a Sale, exchange, or leasing of property?	<u>2</u> a		X
t	Lending of money or other extension of credit?	2 b		X
c	Furnishing of goods, services, or facilities? SEE FORM 990, PART V	2c		X
c	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	<u></u>
e	e Transfer of any part of its income or assets?	2e		X
3 <i>a</i>	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
t	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3с		х
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		Х
4 a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.	4a	_	х
t	Did the organization make any taxable distributions under section 4966?	4b	N	/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N	/A
c	Enter the total number of donor advised funds owned at the end of the tax year			N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f	Enter the total number of separate funds or accounts owned at the end of the 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
ç	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.

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

Total

BAA

Schedule A (Form 990 or 990-EZ) 2007

0.

	: IV-A			· · · · · · · · · · · · · · · · · · ·		ounting.
Note	You may use the worksheet in th	e instructions for con	verting from the accr	rual to the cash metho	d of accounting	
begi	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	5,404,826.	7,395,844.	8,755,532.	4,996,340	26,552,542.
	Membership fees received	3,101,020,		07.0070021	1,330,010	0.
				-		
17	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.
18	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	8,985.	1,035.	119.		10,139.
19	Net income from unrelated business activities not included in line 18			2,921.		2,921.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	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.
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets SEE STMT 10			4,727.	185	
23	Total of lines 15 through 22	5,413,811.	7,396,879.	8,763,299.	4,996,525	
24	Line 23 minus line 17	5,413,811.	7,396,879.	8,763,299.	4,996,525	
25	Enter 1% of line 23	54,138.	73,969.	87,633.	49,965	
26	Organizations described on line		er 2% of amount in c		▶ 26a	
	Prepare a list for your records to show the supported organization) whose total gifts freturn Enter the total of all these excess	name of and amount contr or 2003 through 2006 excee	buted by each person (oth	ner than a governmental unit	or publicly	
С	Total support for section 509(a)(1) test Enter line 24,	column (e).		▶ 260	26,570,514.
d	Add Amounts from column (e) for	or lines 18	10,139.	19 2,9	21.	
		22	4,912.	26 b	260	17,972.
е	Public support (line 26c minus lin	ne 26d total)			► 26€	26,552,542.
f	Public support percentage (line	26e (numerator) divid	led by line 26c (deno	ominator))	► 26f	
27	Organizations described on line For amounts included in lines 15, name of, and total amounts recei such amounts for each year. (2006)	12: N/A , 16, and 17 that were ved in each year from	received from a 'dis n, each 'disqualified p	qualified person, prepoerson Do not file thi	is list with your retu	ırn. Enter the sum of
_						
	For any amount included in line 1 to show the name of, and amoun \$5,000 (Include in the list organi After computing the difference be differences (the excess amounts)	t received for each ye zations described in the etween the amount received.	ear, that was more the ines 5 through 11b, a ceived and the larger	an the larger of (1) these well as individuals) amount described in	e amount on line 25 Do not file this list (1) or (2), enter the	o for the year or (2) t with your return. sum of these
	(2006)	(2005)	(2004)_		_ ⁽²⁰⁰³⁾ 	
С	(2006) Add Amounts from column (e) for 17 Add Line 27a total Public support (line 27c total min	or lines 15		16		ı
	17	20		21	270	<u> </u>
d	Add Line 27a total	an	d line 27b total		270	1
е	Public support (line 27c total min	us line 27d total)		1 1	▶ 27€	<u> </u>
f	Total support for section 509(a)(2	2) test [.] Enter amount	from line 23, column	(e) ► 27 f		
g	Public support percentage (line	27e (numerator) divid	led by line 27f (deno	minator))	▶ 27	<u> </u>
<u>h</u>	Investment income percentage (line 18, column (e) (n	umerator) divided by	y line 27f (denominato	or)) ► 271	1
28	Unusual Grants: For an organiza	ition described in line	10, 11, or 12 that red	ceived any unusual gr	ants during 2003 th	rough 2006, prepare a

Pai	rt 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?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)			
			:	
	Does the organization maintain the following			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	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?	33a		
	a ordation of privileges	332		
	b Admissions policies?	33b		
1	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33d		
1	e Educational policies?	33e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	h Hos the ergonization's right to such and such that such as 12	ا		
	b Has the organization's right to such aid ever been revoked or suspended?	34b		ļ .
	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			
	nondiscrimination? It ino, attach an explanation	35	لــــلـــا	

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

		<u>` </u>				,		
Chec	k ► a	if the organization belongs	to an affiliated group	Check ► b	П	ıf you check	ed 'a' and 'limited cont	rol' provisions apply
			bbying Expenditur				(a) Affiliated group totals	(b) To be completed
		(The term 'expenditures	' means amounts paid o	or incurred)			totals	for all electing organizations
36	Total lo	bbying expenditures to influen	ce public opinion (grass	roots lobbying)		36		
37	Total lo	bbying expenditures to influen	ce a legislative body (di	rect lobbying)		37		
38	Total lo	bbying expenditures (add lines	s 36 and 37)			38	0.	0.
39	Other e	xempt purpose expenditures				39	·	700.
40	Total ex	empt purpose expenditures (a	add lines 38 and 39)			40	0.	700.
41	Lobbyin	g nontaxable amount Enter ti	ne amount from the follo	owing table -				
	If the ar	nount on line 40 is —	The lobbying nont	axable amount	is -	-		
	Not ove	r \$500,000	20% of the amount	t on line 40	_	\neg		
	Over \$500	,000 but not over \$1,000,000	\$100,000 plus 15% of the	he excess over \$500	,000			
	Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus 10% of the	he excess over \$1,00	00,00	0 - 41		140.
	Over \$1,50	00,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500	0,000			
	Over \$1	7,000,000	\$1,000,000		_	J [
42	Grassro	ots nontaxable amount (enter	25% of line 41)			42	0.	35.
43	Subtrac	t line 42 from line 36 Enter -()- if line 42 is more than	line 36		43	0.	0.
44	Subtrac	t line 41 from line 38 Enter -()- if line 41 is more than	line 38		44	0.	0.
	Caution	: If there is an amount on eith	ner line 43 or line 44, yo	u must file Forn	n 47	720		
			4 -Year Averaging F	Period Under	r Se	ection 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)

			Lobbying Expenditur	res During 4 -Year Ave	raging Period	
	Calendar year (or fiscal year beginning in) >	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	140.	200.	300.		640.
46	Lobbying ceiling amount (150% of line 45(e))					960.
47	Total lobbying expenditures					0.
48	Grassroots non- taxable amount	35.	50.	75.		160.
49	Grassroots ceiling amount (150% of line 48(e))					240.
50	Grassroots lobbying expenditures					0.

Part VI-B	Lobbying Activ	vity by	Nonelectin	g Public	Charities		
	(For reporting only	by orga	inizations that	did not coi	mplete Part VI-	A) (See	instructions)

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

ΤA	/	-

a Volunteer	S
-------------	---

- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement givi	ng a detailed description of the lobbying activities
--	--

Yes	No	Amount
<u> </u>	-	
	<u> </u>	
	<u> </u>	
	 	

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

	Exempt Organization	ons (See	instructions)				
51 Did th	e reporting organization of Code (other than section	directly or in 501(c)(3)	ndirectly engage in any of the following organizations) or in section 527, relative	ng with any other organization describe	ed in secti	on 50	l(c)
	· -	ganızatıon t	o a noncharitable exempt organizati	on of.		Yes	No
(i) C					51 a (i)		X
• • •	ther assets				a (ii)		<u>X</u>
	transactions	ote with a n	oncharitable exempt organization		b (i)		v
• • •	ares or exchanges or assi urchases of assets from a		· •		b (i) b (ii)		X
• •	ental of facilities, equipm				b (iii)		X
	eimbursement arrangeme	•	. 400010		b (iv)		X
` '	oans or loan guarantees				b (v)		X
(vi)P	erformance of services or	membersh	p or fundraising solicitations		b (vi)		Х
			sts, other assets, or paid employees		С		X
d If the the go	answer to any of the abo oods, other assets, or ser- ansaction or sharing arra	ve is 'Yes,' vices given ngement, sl	complete the following schedule Colby the reporting organization If the colony in column (d) the value of the go	lumn (b) should always show the fair morganization received less than fair ma bods, other assets, or services received	narket value rket value	ue of	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
N/A							
			<u> </u>		_		
		_					
		_					
ļ		• • •					
	organization directly or in ibed in section 501(c) of the s,' complete the following		iliated with, or related to, one or mor ther than section 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► ☐ Ye	s X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	iship		
N/A							
							
						_	
						_	——
							
		 			_		

2007

FEDERAL STATEMENTS

NATIONAL CENTER FOR PUBLIC POLICY RESEARCH

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STATEMENT 1 FORM 990, PART I, LINE 8 **NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 203,399. 203,234.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$

165. TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$

STATEMENT 2 FORM 990. PART I. LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INCREASE IN FMV OF INVESTMENTS PRIOR PERIOD ADJUSTMENT

779. 92<u>9.</u> TOTAL \$ 2,708.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ADVERTISING BANK SERVICE CHARGE BOOKS & SUBSCRIPTION	3,600. 21,393. 1,754.	1,754.	21,393.	3,600.
CLIP SERVICES CONFERENCE SPONSERSHIPS CONSULTING	11,799. 250. 21,231.	11,799. 13,506.	7,725.	250.
DIRECT MAILING DUES GOVERNMENT FILING FEE	4,845,059. 1,480. 3,751.	3,394,423. 1,480.	4 674	1,450,636. 3,751.
INSURANCE INTERNET MISCELLANEOUS	44,200. 20,882. 4,627.	36,755. 17,365. 3,848.	4,674. 2,208. 489.	2,771. 1,309. 290.
OFFICE EXPENSES PARKING PAYROLL SERVICES PHOTO EXPENSE	1,080. 4,257. 3,555.	898. 3,540. 2,956. 972.	114. 450. 376. 124.	68. 267. 223. 73.
PROPERTY MAINTENANCE FEES PUBLIC RELATIONS REPAIR & MAINTENANCE	1,169. 162. 150.	135.	17. 17.	10. 150. 94.
RESEARCH SECURITY	1,498. 4,147. 150.	1,246. 4,147. 125.	16.	9.
SEMINAR FEES STORAGE COSTS T&S	1,599. 3,394. 16,230.	1,330. 3,394.	169.	100. 16,230.
TAXES UTILITIES	19,093. 2,882. TOTAL \$ 5,039,392.	15,877. 2,396. \$ 3,517,946.	2,019. 305. \$ 40,237.	1,197. 181. \$ 1,481,209.

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STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	
PROMOTE DEBATE ON ENVIRONMENTAL POLICIES & REGULATORY REFORM THROUGH THE TEN-SECOND RESPONSE NEWSLETER, NATIONAL POLICY ANALYSIS PAPERS, SEMINARS, SPEECHES, MEDIA INTERVIEWS, A WEB SITE, AND OP/EDS (SYNDICATED) INCLUDES FOREIGN GRANTS: NO		318,647.
PROMOTE POLICY/PRACTICE IMPROVEMENTS IN MINORITY ISSUES SUCH AS EDUCATION, INTACT FAMILIES, CIVIL RIGHTS, HEALTH CARE, WELFARE, & SOCIAL SECURITY THROUGH NEW VISIONS EDITORIALS TO 375 AFRICAN-AMERICAN NEWSPAPERS, SEMINARS, AND MEDIA INTERVIEWS. INCLUDES FOREIGN GRANTS: NO		172,581.
WORK TO EDUCATE AMERICANS ABOUT GOVERNMENT ACCOUNTABILITY THROUGH SEMINARS, SPEECHES, MEDIA INTERVIEWS, & WEB SITE. INCLUDES FOREIGN GRANTS: NO		1,267.
EDUCATE THE PUBLIC ON ISSUES OF PUBLIC CONCERN, INCLUDING US DOMESTIC & FOREIGN POLICY, SOCIAL SECURITY/MEDICARE, GOVERNMENT ACCOUNTABILITY/REFORM, THE ENVIRONMENT, REGULATORY AFFAIRS, CAMPAIGN REFORM, HEALTH CARE, BUDGET & TAXES THROUGH OP/EDS, PRESS RELEASES, WEB SITE & E-MAILS, SPEECHES, SEMINARS, PETITIONS, CONFERENCES AND MEETINGS.		3,698,239.
INCLUDES FOREIGN GRANTS: NO	<u>\$ 0.</u>	\$4,190,734.

STATEMENT 5 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

CATEGORY		BASIS	ACCUM. DEPREC.	BOOK VALUE	
FURNITURE AND FIXTURES BUILDINGS LAND	\$	124,578. 978,426. 316,647.	\$ 74,499. 81,265.		
TOT	AL Ş	1,419,651.	\$ 155,764.	\$ 1,263,887.	

STATEMENT 6 FORM 990, PART IV, LINE 58 OTHER ASSETS

NET INTANGIBLE ASSETS

TOTAL \$ 17,340.

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STATEMENT 7 FORM 990, PART V-A, LINE 75B COMPENSATION PAID TO RELATED INDIVIDUALS

NAME AND RELATIONSHIP

AMY & DAVID RIDENOUR SPOUSES

STATEMENT 8 FORM 990 , PART VI, LINE 90A LIST OF STATES WHICH THIS RETURN IS FILED

AK AL AR AZ CA CO CT DC FL GA IL IN KY MA MD ME MI MN NC NH NJ NM NY OH OR PA RI SC UT VA WA WI WV

STATEMENT 9 SCHEDULE A, PART I COMPENSATION OF FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE & AVERAGE HOURS WORKED	COMPEN- SATION	CONTRIBUT. EBP & DC	EXPENSE ACCOUNT
DAVID ALMASI 501 CAPITOL CT. NE, # 200 WASHINGTON, DC 20002	EXEC DIR. 40.00	84,223.	0.	0.
JEFFREY KNIGHT 501 CAPITOL CT, NE #200 WASHINGTON, DC 20002	40.00	80,806.	0.	0.
DENEEN BORELLI 501 CAPITOL CT, NE #200 WASHINGTON, DC 20002	40.00	50,000.	0.	0.
	TOTAL 3	215,029.	<u>\$ 0.</u> <u>\$</u>	0.

STATEMENT 10 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

DESCRIPTION	_(A)	2006	(B)	2005	_(C)	2004	(D)	2003	_(E)	TOTAL
LIST RENTAL INCOME	\$	0. 0.	\$	0. 0.	\$	0. 0.	\$	185. 0.	\$	185. 0.
		0.		0.		500. 4,227.		0. 0.		500. 4,227.
TOTA	L \$	0.	\$	0.	\$	4,727.	\$	185.	\$	4,912.

12/31/07	2	.007 F	2007 FEDERAL	AL B	900	(DEP	RECIA	TION	SCHE	BOOK DEPRECIATION SCHEDULE				Δ.	PAGE 1
			N	TION/	AL CEI	NTER FC RESEA	NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	IC POLI	λ:					52	52-1226614
NO. DESCRIPTION	DATE	DATE	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALOW.	PRIOR 179/ BONUS/ SP. DEPR	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD	11	RATE	CURRENT
1 990/990-PF															
AMORTIZATION															
14 MAC SOFTWARE	6/04/99		405							405	405	S/L	_د		0
15 SOFTWARE	6/30/01		381							381	381	S/L	_د		0
22 SOFTWARE	5/31/02		2,224							2,224	1,827	S/L	က		0
23 SOFTWARE	12/04/03		299							299	299	S/L			0
31 SOFTWARE	4/27/04		066							066	880	S/L			110
32 SOFTWARE	11/27/04		773							773	537	S/L	ლ		236
35 LOAN FEES	10/14/04		17,775							17,775	1,334	S/L	œ		593
55 SOFTWARE	5/04/05		362							362	201	S/L			121
56 DREAMWEAVER 8 SOFTWARE	9/21/05		431							431	180	S/L			144
57 QUICKBOOKS SOFTWARE	10/20/05		185							185	72	S/L			62
58 FILEMAKER 7 SOFTWARE	12/09/05		317							317	115	S/L	m		106
59 QUICKBOOKS CREDIT CARD	1/26/06		316							316	97	S/L	m		105
64 QB & MICRO OFFICE SOFTWARI	7/17/06		295							295	78	S/L	m		187
66 DREAMWEAVER SOFTWARE	10/31/06		409							409	23	S/L	m		136
67 DREAMWEAVER SOFTWARE	12/12/06	'	218	ı		İ				218	9	S/L	m -	I	73
TOTAL AMORTIZATION			25,647		0	0	0	0	0	25,647	6,435				1,873
BUILDINGS															
34 BUILDING	10/14/04		961,475							961,475	55,469	S/L	33		24,653
38 LIGHTING & WIRING	2/15/05		2,465							2,465	121	S/L	£		63
39 SIGNAGE	2/18/05		3,660							3,660	172	S/L	. 39		85
40 GLASS IN LOBBY AREA	3/24/05		2,706							2,706	121	S/L	- 39		69
41 GLASS IN LOBBY AREA	8/09/05	'	8,119							8,119	295	S/L	. 33		208
					l										

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12/31/07	2	007 F	EDER,	AL E	300k	(DEP	RECIA	VTION	SCF	2007 FEDERAL BOOK DEPRECIATION SCHEDULE				PAGE 2
			Ň	TION	AL CE	NTER F RESEA	NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	IC POL	<u>C</u>					52-1226614
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCI.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR BASIS	PRIOR DEPR.	METHOD_ LIFE	LIFE, RATE	CURRENT DEPR.
TOTAL BUILDINGS			978,425		0	0		0	0 0	978,425	56,178			25,087
FURNITURE AND FIXTURES														
1 DESK	11/27/90		643							643	643	S/L	5	0
2 EXECUTIVE DESK	8/10/93		423							423	423	S/L	7	0
12 4 DRAWER FILE & STORAGE	7/30/99		1,743							1,743	1,743	S/L	7	0
13 ARTWORK FOR OFFICE WALLS	11/19/99		559							529	559	S/L	7	0
37 OFFICE FURNITURE	2/18/05		31,862							31,862	8,345	S/L	7	4,552
42 OFFICE FURNITURE	3/01/02		1,284							1,284	336	S/L	7	183
43 OFFICE FURNITURE	5/26/05		4,503							4,503	1,018	S/L	7	643
44 OFFICE FURNITURE	11/28/05		2,242							2,242	347	S/L	7	320
47 LARGE FRIDGE	1/18/05		768							768	211	S/L	7	110
48 WINDOW SHADES	2/24/05		751							751	196	S/L	7	101
49 BLINDS	5/05/05		894							894	213	S/L	7	128
52 DESK-PEYTON	9/15/05		868							668	171	S/L	7	128
90 BLINDS	2/22/06		3,275							3,275	330	S/L	7	468
61 DESK	90/00/9	•	899	'						868	75	S/L	7	128
TOTAL FURNITURE AND FIXTURE			50,745		0	0	U	0	0 0	50,745	14,670			6,767
LAND														
33 LAND	10/14/04		316,647							316,647				0
TOTAL LAND		ı	316,647	1		0		0	0 0	316,647	0			0
MACHINERY AND EQUIPMENT														

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12/31/07	2	007 F	2007 FEDERAL	_ =	OK DE CENTER RESE	PRECI/ FOR PUBI ARCH	RAL BOOK DEPRECIATION SCHEDULE NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	DULE			-7	PAGE 3 52-1226614
NO. DESCRIPTION.	DATE ACOUIRED	DATE SOLD	COST/ BASIS	CUR BUS 179 PCT_ BONUS	SPECIAL DEPR IS ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR SALVAG DEC BAL /BASIS DEPR. REDICT	DEPR BASIS	PRIOR DEPR.	METHOD	LIEE RATE	CURRENT
3 VCR	2/05/94		305					305	305	S/L	2	0
4 PRINTER-APPLE LASER WRIT	4/24/95		1,197					1,197	1,197	S/L	5	0
5 COMPUTER EQUIP MONITOR	4/24/95		924					924	924	S/L	2	0
6 COMP EQUIP -ONE POWER	5/30/62		1,851					1,851	1,851	S/L	2	0
7 2 MAGNAVOX TV/VCR COMBO	10/17/95		798					798	798	S/L	2	0
8 MONITOR	6/12/96		338					336	399	S/L	5	0
9 COMPUTER (DAVID RIDENOUR'	7/31/97		1,260					1,260	1,260	S/L	2	0
10 JAZZ DRIVE	10/03/97		403					403	403	S/L	5	0
11 COMP MAIL MACH (LEASE)	3/08/38		1,800					1,800	1,800	S/L	2	0
17 USED IMAC COMPUTER	5/24/01		789					789	721	200DB	2	0
18 POWER MAC G4 COMPUTER	3/10/01		2,529					2,529	2,284	200DB	2	0
19 PRINTER & ACCESSORIES	3/16/01		2,834					2,834	2,569	200DB	2	0
20 COMPUTER REIMB TO AMY	4/16/02		4,779					4,779	4,283	200DB	5	99
21 COMPUTER & HARDDRIVE DA	3/31/02		2,330					2,330	2,088	200DB	2	24
24 COMPUTER	5/11/04		1,096					1,096	584	S/L	2	219
25 DESKTOP COMPUTER	11/01/04		2,911					2,911	1,261	S/L	2	585
26 LASER FAX MACHINE	1/22/04		873					873	510	S/L	5	175
27 CANON COPIER #2	12/20/04		2,111					2,111	844	S/L	5	422
28 CANON COPIER #1	8/05/04		2,019					2,019	926	S/L	5	404
29 COMPUTER	12/18/04		1,401					1,401	260	S/L	2	280
30 LAPTOP COMPUTER	10/26/04		2,966					2,966	1,285	S/L	2	593
45 SECURITY SYSTEM	3/15/05		7,542					7,542	1,975	S/L	7	1,077
46 HP LASERJET 4250 PRINTER	1/12/05		2,300					2,300	920	S/L	5	460
50 INTERN COMPUTERS	5/11/05		1,300					1,300	433	S/L	2	260
51 APPLE POWERBOOK G4	8/30/02		2,740					2,740	731	S/L	υ.	548
53 NK DELL COMPUTER	10/19/05		1,399					1,399	327	S/L	5	280
SA HP I ASERIET ASAN PRINTE	12/09/05		1 275					1 275	276	1/8	Ľ	255

12/31/07	7	007 F	2007 FEDERAL BOOK DEPRECIATION SCHEDULE NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	L B(OOK CEN	DEPI TER FO RESEAR	RAL BOOK DEPRECIATION SON NATIONAL CENTER FOR PUBLIC POLICY RESEARCH	TION C POLI	SCHE	DULE				PAGE 4 52-1226614
NO. DESCRIPTION	DATE	DATE	COST/ B	C BUS 1 PCT B0	CUR S 179 BONIS P	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DFPR	PRIOR DEC BAL DEPR	SALVAG /BASIS REDIICT	DEPR BASIS	PRIOR DEPR	METHOD	HFF RATE	CURRENT
COMPUTER PRINTER BLACKBERR	6/07/06 6/30/06 8/12/06		424 324 336	i	<u> </u>					1,424	166	1/S 2/L 3/L	2 2 2	l
TOTAL MACHINERY AND EQUIPME MISCELLANEOUS		1	54,915	1	0	0	0	0	0	54,915	31,860			6,202
16 LEASED MAILING MACHINE 36 LEASED TELEPHONE SYSTEMS	11/20/98	ı	11,914							11,914	11,914	3/r 8/r	5 7	0 1,00,1
TOTAL MISCELLANEOUS			18,918		0	0	0	0	0	18,918	13,999			1,00,1
TOTAL DEPRECIATION		1 11	1,419,650			0	0	0	0	1,419,650	116,707			39,057
GRAND TOTAL AMORTIZATION			25,647		0	0	0	0	0	25,647	6,435			1,873
GRAND TOTAL DEPRECIATION		il	1,419,650				0	0	0	1,419,650	116,707			39,057
		II	200601161		` 	` 	,	,	,	200/0111	10/10			1

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Form 8868	(Rev 4-2007)	F	age 2
• If you a	are filing for an Additional (not automatic) 3-Month Extension, complete only	y Part II and check this box	► X
	complete Part II if you have already been granted an automatic 3-month ext		
	are filing for an Automatic 3-Month Extension, complete only Part I (on page		
Part'll	Additional (not automatic) 3-Month Extension of Time. You r	STATE OF THE STATE	
Type or print	Name of Exempt Organization	Employer identification number	
	NATIONAL CENTER FOR PUBLIC POLICY	F2 122CC14	
	RESEARCH Number, street, and room or suite number. If a P.O. box, see instructions	52-1226614 For IRS use only	
	Humber, Street, and four or Saile Humber in S. S. See Halfactions	The second second	
extended due date for filing the	501 CAPITOL COURT, N.E. #200		127
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions		NA ST
113((400013	WASHINGTON, DC 20002		(Mary
Check type	e of return to be filed (File a separate application for each return)	The man was and make the control of	Section and
X Form 9		Form 1041-A Form 6069	
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720 Form 8870	
Form 9	90-EZForm 990-T_(trust other than above)	Form 5227	
STOP! Do	not complete Part II if you were not already granted an automatic 3-month e	extension on a previously filed Form 8868.	
• The boo	ks are in care of ► AMY_RIDENOUR		
Telepho	one No ► 202-543-4110 FAX No ►		
If the o	ganization does not have an office or place of business in the United States,	, check this box	► 🗌
	s for a Group Return, enter the organization's four digit Group Exemption Nur		the
_	p, 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	
	ne extension is for		
-	est an additional 3-month extension of time until 11/15 , 20_0	· 	
5 For calendar year 2007, or other tax year beginning, 20, and ending, 20			
	tax year is for less than 12 months, check reason. Initial return	Final returnChange in accounting perio	ıd
		FILE A COMPLETE AND ACCURATE	- - -
_KE 1	URN_IS_NOT_AVAILABLE_AT_THIS_TIME.		
O a If thus	application to far Farm 000 Pt. 000 PE. 000 T. 4720 or 6060 and at the tent	tativa tau laas asu	
nonre	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent fundable credits. See instructions	8a \$	
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of	credits and estimated tax	
paym	ents made. Include any prior year overpayment allowed as a credit and any a form 8868.	amount paid previously 8b\$	
			
c Balar with f	ce Due. Subtract line 8b from line 8a Include your payment with this form, o TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	System) See instrs 8c\$	
	Signature and Verification		
Under penaltie	s of perjury, I declare that I have examined this form, including accompanying schedules and statement		
correct, and co	implete, and that I are anthorized to prepare this form	G u	~ P
Signature	fil the Title + CPA	Date > 8-11-0	- <i>5</i>
	Notice to Applicant. (To be Completed	d by the IRS)	
We h	ave approved this application. Please attach this form to the organization's re	eturn	
₩ef	ave not approved this application. However, we have granted a 10-day grace	period from the later of the date shown below or the	ne
aue o elect	ave not approved this application. However, we have granted a 10-day grace date of the organization's return (including any prior extensions). This grace pons otherwise required to be made on a timely filed return. Please attach this	period is considered to be a valid extension of time sometime to the organization's return.	tor
We h	ave not approved this application. After considering the reasons stated in iter	m 7, we cannot grant your request for an extension	ı of
	to file. We are not granting a 10-day grace period.		
_	annot consider this application because it was filed after the extended due d	•	sted
Othe			
Director	By	Date	
	The second secon		
address dif	lailing Address. Enter the address if you want the copy of this application for ferent than the one entered above	an additional 3-month extension returned to an	
	Name		
Type or print	POLAN WHITE & ASSOCIATES		
	Number and street (include suite, room, or apartment number) or a P O. box number		
	1901 RESEARCH BLVD SUITE 300		
	City or town, province or state, and country (including postal or ZIP code)		
	ROCKVILLE, MD 20850		
BAA	FIFZ0502L 05/01/07	Form 8868 (Rev 4-2	2007)

Form **8868** (Rev April 2007)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 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 1 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 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 and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or NATIONAL CENTER FOR PUBLIC POLICY print RESEARCH 52-1226614 File by the due date for filing your return See Number, street, and room or suite number. If a P.O. box, see instructions 501 CAPITOL COURT, N.E. #200 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20002 Check type of return to be filed (file a separate application for each return). X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ► AMY RIDENOUR Telephone No ► 202-543-4110 FAX No ▶ 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) 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 _ _ _ , 20 08 , to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 07 or tax year beginning ____, 20 ___, and ending 2 If this tax year is for less than 12 months, check reason Initial 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 3a |\$ 0. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments <u>з</u>ы\$ made. Include any prior year overpayment allowed as a credit 0. c Balance Due. 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 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. Form 8868 (Rev 4-2007

Sol Defelling CPA

4/30/08