** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

		, , ,	<u> </u>	•
ΑI	For the	2011 calendar year, or tax year beginning and ending]	
	Check if applicable	C Name of organization	D Employer identifi	cation number
	Addres change Name			676886
F	chang∈ □Initial			
	returnTerminated	Number and street (or P.0. box if mail is not delivered to street address) 124 S. WEST STREET Room/s		r 894–6800
	Ameno return	ed City or town, state or country, and ZIP + 4	G Gross receipts \$	1,816,786.
	Application	ALEXANDRIA, VA 22314	H(a) Is this a group re	
	pendin	F Name and address of principal officer:DAVID KEATING	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
T -	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	527 If "No," attach a	list. (see instructions)
J	Websit	e: WWW.CAMPAIGNFREEDOM.ORG	H(c) Group exemption	n number 🕨
K	orm of	organization: X Corporation Trust Association Other ▶ L	Year of formation: 2005	State of legal domicile: VA
Pá	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities: PRESERVA	ATION OF THE F	IRST
anc an	١.	AMENDMENT RIGHTS TO FREE POLITICAL SPEECH, A	ASSEMBLY AND P	ETITION.
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
es	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	19
Ĭŧ	6	Total number of volunteers (estimate if necessary)	6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)	1,512,963.	1,814,679.
enr	9	Program service revenue (Part VIII, line 2g)	20,000.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	716.	817.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,406.	1,290.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,535,085.	1,816,786.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	776,945.	828,778.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 386,094	0.	0.
Ϋ́	b		FFC (1F	740 546
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	556,615.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,333,560.	
		Revenue less expenses. Subtract line 18 from line 12	201,525.	239,462.
Net Assets or Fund Balances			Beginning of Current Year 1,058,906.	End of Year 1,369,684.
Sse Bala	20	Fotal assets (Part X, line 16)	85,513.	156,828.
net/	21	Total liabilities (Part X, line 26)	973,393.	1,212,856.
	art II	Net assets or fund balances. Subtract line 21 from line 20	373,333.	1,212,030.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and si	stements, and to the hest of m	v knowledge and helief it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		y kilowidago alla bolici, it is
tiuo	, 001100	than complete. Declaration of proparor (other than officer) is based on an information of which pro	parer has any knowledge.	
Sig	n	Signature of officer	Date	
Her		DAVID KEATING, PRESIDENT		
1101		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d l	JOAN M.RENNER JOAN M.RENNER	if self-employ	P00456765
	parer	Firm's name RENNER AND COMPANY, CPA, P.C	Firm's EIN	54-1498950
	Only	Firm's address 700 NORTH FAIRFAX ST, SUITE 400	0 Em	
		ALEXANDRIA, VA 22314	Phone no. 7	03-535-1200
— Mar	v the IF	IS discuss this return with the preparer shown above? (see instructions)	1	X Yes No
u	,			

132002 02-09-12

Part IV | Checklist of Required Schedules

 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effeduring the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permaner endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	2 3 4 5	X X X	X
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 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. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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. 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permaner endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 	7		I
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endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		X
	١		х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
as applicable.			
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		١	
Part VI	11a	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d 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	110		
Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Х	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
Schedule D, Parts XI, XII, and XIII	12a	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year?			
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16	L	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			7.7
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		<u> </u>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			X

Form 990 (2011) CENTER FOR COMPETI Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			,,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			3,7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		Х	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		21
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response to any question in this Part V									
b Enter the number of Forms W2G included in line 1s. Enter o'. Find applicable						Yes	No				
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payment to vendors and reportable gaming (gambling) winnings to prize winners? 2a 19 2b If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enguired federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did the organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did with organization have unrelated business gross income of \$1,000 or more outring the year? 3c Did with organization that the organization have an interest it, 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?) 4c Did with the companization and any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d With the companization and party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax w	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5							
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) 30 bif the organization have unrelated business gross income of \$1,000 or more during the year? 31 bif 1 "Yes," has 1 filed a Form 900-71 for this year If 1 "No," provide an explanation in Schedule O 32 bif 1 "Yes," and as 1 filed a Form 900-71 for this year If 1 "No," provide an explanation in Schedule O 33 bif 1 "Yes," and 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)? 34 a Yes, and the the name of the foreign country. ■ 35 See instructions for filing requirements for Form 15 09-221, Report of Foreign Bank and Financial Accounts. 36 bif 1 "Yes," in the same of the foreign country. ■ 37 See instructions for filing requirements for Form 15 09-221, Report of Foreign Bank and Financial Accounts. 38 bif 1 "Yes," and the organization approach to a prohibited tax shelter transaction at any time during the tax year? 39 bif 1 "Yes," and the organization have annual gross neceipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 40 bif 1 "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 41 bif 1 "Yes," indicate the number of Forms 88962 filed during the year than \$100,000, and and services provided? 42 bif 1 "Yes," indicate the number of Forms 8892? filed during the year than \$100,000, and and services provided to the payor? 43 bif 1 "Yes," indicate the number of Forms 8892? filed during the year than \$100,000 that year than			1b	0							
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							X				
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			000	(00:::				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, CT, IL, NJ, NY, AL, AZ, CO, GA	A,FL	, LA	, MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who person of the	ation: 🕨	<u> </u>	
	THE ORGANIZATION - 703-894-6800			
	124 S. WEST STREET, NO. 201, ALEXANDRIA, VA 22314			

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(do	not c	Pos heck	ition	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BRADLEY A. SMITH									_	_
CHAIRMAN	8.00	Х		X				60,000.	0.	0.
(2) STEPHEN M. HOERSTING										
VICE PRESIDENT	4.00	Х	4	Х				11,889.	0.	0.
(3) ALLISON R. HAYWARD		l		l				60.050		
SECRETARY	20.00	Х	V	Х				60,953.	0.	8,284.
(4) JOHN SNIDER	1 00								0	
DIRECTOR (5) TRUNCE WAS GRAND	1.00	X				<u> </u>		0.	0.	0.
(5) EDWARD H. CRANE	1.00	v						0.	0.	0.
DIRECTOR (6) ERIC O'KEEFE	1.00	Δ						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(7) TERRY MICHAEL	1.00								0.	0.
DIRECTOR	0.50	x						0.	0.	0.
(8) SEAN PARNELL		 						•		
PRESIDENT	30.00			х				123,128.	0.	4,480.
(9) ALLEN DICKERSON										-
INTERIM PRESIDENT	40.00			Х				94,217.	0.	2,748.

Form 990 (2011) CENTER FOR COMPETITIVE POLITICS 20-367											676	886	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru		mplo	oyee			ligh	est						
	(A) Name and title	(B) Average	D 111						(D) Reportable	(E) Reportable		Fs	(F) timate	ed
	riame and the	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation			ount	
		week (describe	┢	cer an	a a a	recto	or/trus	tee)	from the	from related			other	tion
		hours for	Individual trustee or director				- - - -		organization	organization (W-2/1099-MI			oensa om the	
		related	stee or	rustee			oensate		(W-2/1099-MISC)	,	,		anizat	
		organizations in Schedule	ual tru	Institutional trustee		Key employee	t com /ee	L					l relat nizati	
		O)	Individ	Institu	Officer	Key em	Highest compensated employee	Former				orga	ııızatı	0113
			_											
									/					
1b	Sub-total								350,187.		0.	1!	5,5	12.
	Total from continuation sheets to Part V								0.		0.	4 1		0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n						2) w/	30 r	350,187.	000 of roportab	0.	Т:	5,5	12.
2	compensation from the organization	iot iiiTiited to ti	1056	IISLE	eu ai	JOVE	e) WI	10 1	eceived more than \$100	,000 or reportab	IE			1
				_									Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			•	•	•				•				Х
4	For any individual listed on line 1a, is the su								her compensation from			3		
	and related organizations greater than \$15			-					•			4		Х
5	Did any person listed on line 1a receive or a	-				-			-		;			37
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	or st	uch _i	oers	son .					5		X
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for													
	(A) Name and business	address	NI	ONE	7				(B) Description of s	services	C	(C comper		n
	Name and Business		140)INI				\dashv	Boschption of c	00111000		ompor	100110	··-
								\dashv						
								_						
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >				()					Form 9	200 //	2011)

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 1e 1	,814,679.				
on the		Noncash contributions included in lines 1a-1f: \$		1 014 600			
<u>a</u> 0	h	Total. Add lines 1a-1f		1,814,679.			
Program Service Revenue	2 a b c d		Business Code				
-		All other program service revenue					
	3 4 5	Total. Add lines 2a-2f Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond Royalties	rest, andproceeds	817.			817.
	6 a b	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss)					
Other Revenue		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses t	a				
0		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	1				
		Less: direct expenses					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
ļ	С	Net income or (loss) from sales of inventory					
ļ		Miscellaneous Revenue	Business Code		1 200		
		MISCELLANEOUS	900099	1,290.	1,290.		
	b c						
		All other revenue					
		Total. Add lines 11a-11d		1,290.			
	12	Total revenue. See instructions.		1,816,786.		0.	817.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any guestion in thi	s Part IX		
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		'	Ŭ '	'
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	365,699.	263,779.	7,533.	94,387
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	386,006.	278,426.	7,952.	99,628
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	6,375.	4,598.	131.	1,646 5,641
9	Other employee benefits	21,856.	15,765.	450.	
10	Payroll taxes	48,842.	35,230.	1,006.	12,606
11	Fees for services (non-employees):				
а	Management				
b	Legal	128,438.	117,136.	102.	11,200
С	Accounting	12,500.	9,016.	258.	3,226
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	02.110	16 601	488	5 000
g	Other	23,140.	16,691.	477.	5,972
12	Advertising and promotion	45.054	11 000	24.4	
13	Office expenses	15,254.	11,003.	314.	3,937
14	Information technology	28,966.	20,893.	597.	7,476
15	Royalties	100 150	F2 60F	0 101	06 065
16	Occupancy	102,158.	73,687.	2,104.	26,367
17	Travel	45,641.	32,921.	940.	11,780
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 206	0 440	F.0	0.0.4
19	Conferences, conventions, and meetings	3,386.	2,442.	70.	874
20	Interest	1,866.		1,866.	
21	Payments to affiliates	26 200	10 007	F 4 4	C 000
22	Depreciation, depletion, and amortization	26,380. 3,717.	19,027.	544.	6,809
23	Insurance	3,/1/.		3,717.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	DIRECT MAIL AND POSTAGE	247,392.	178,445.	5,095.	63,852
a b	DUES AND SUBSCRIPTIONS	43,394.	31,300.	894.	11,200
C	LICENSE AND FEES	23,156.	150.	10,789.	12,217
d	MISCELLANEOUS	12,757.	9,202.	262.	3,293
	All other expenses	30,401.	17,499.	8,919.	3,983
25	Total functional expenses. Add lines 1 through 24e	1,577,324.	1,137,210.	54,020.	386,094
<u>26</u>	Joint costs. Complete this line only if the organization	, , , , = = - \	, , , , , , , , ,	- ,	,
	reported in column (B) joint costs from a combined				
	(- /)				
	educational campaign and fundraising solicitation.		I	l	

Dort V | Bolones C

Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Unrestricted net assets 77 Unrestricted net assets 85 , 513 ⋅ 26 156 , 82 85 , 513 ⋅ 26 156 , 82 87 and complete 10 and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31	Pa	rt X	Balance Sheet			
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(f)), persons described in section 4958(f)(f)), persons described in section 4958(f)(f)(g), and contributing employers and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 251, 457. b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Other assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Escrow or custodial account liability. Complete Part IV of Schedule D 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 11 through 25 26 Total liabilities. Add lines 17 through 25 27 T, 58 28 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Total liabilities. Add lines 17 through 25 20 Total liabilities. Add lines 17 through 25 20 Total liabilities. Add lines 17 through 25 27 T, 58 28 Total liabilities.						
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Frequency (and highest compensated employees. Complete Part II of Schedule L. 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) 7 Notes and loans receivable, net 7 8 Investments of sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis: Complete Part IV of Schedule D 10b 179,709 69,462 10c 71,74 11 Investments - publicly traded securities 111 122 12 Investments - publicly traded securities 111 122 13 Investments - program-related. See Part IV, line 11 122 14 Intrangible assets 14 1,1058,906 16 1,369,68 17 Accounts payable and accrued expenses 49,144 17 129,24 18 Grants payable 19 Deferred revenue 19 Deferred rev		3			3	
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16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete		1	Intangible assets	1 112		E 4 0
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21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete		1				
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26 Total liabilities. Add lines 17 through 25 85,513 • 26 156,82 Organizations that follow SFAS 117, check here ► X and complete			Oak adda D	36,369.	25	27,586.
Organizations that follow SFAS 117, check here ▶ X and complete		26				156,828.
			*			
Temporarily restricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 973,393. 27 1,190,65 28 22,20 29 30 30 31	S					
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here organizations that do not fo	20	27		973,393.	27	1,190,656.
29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31	sala	28			28	22,200.
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30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31	ō		complete lines 30 through 34.			
9 31 Paid-in or capital surplus, or land, building, or equipment fund 31	ets	30	Capital stock or trust principal, or current funds		30	
	ASS	31			31	
32 Retained earnings, endowment, accumulated income, or other funds	et /	32			32	
	Z	33	Total net assets or fund balances			1,212,856.
		34	Total liabilities and net assets/fund balances	1,058,906.	34	1,369,684.

Pa	rt XI Reconciliation of Net Assets			•			
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,81				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,57				
3	Revenue less expenses. Subtract line 2 from line 1	3			62.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	97	3,3	93.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,21	2,8	55.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	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 requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR COMPETITIVE POLITICS

Employer identification number 20-3676886

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.					
The orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1 🗀	A church, co	nvention of churche	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2	1		'0(b)(1)(A)(ii). (Attach Sc										
з 🗀	1			described in section 170(b)(1)(A)(iii).									
4			operated in conjunction				. , ,	(b)(1)(A)(ii	i). Enter t	he hospital's nan	ne.		
	city, and stat				•				•	·	,		
5	1 **		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describe	ed in			
	-	(b)(1)(A)(iv). (Comple	-	,	•	,	J						
6	1		ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).						
7 X	1		eives a substantial part					r from the	general	nublic described	in		
-	3	b)(1)(A)(vi). (Comple		o. no oupp		90.0			90				
8	1			(Complete	Part II)								
9 🗀	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 gr												
	-	•	nctions - subject to certa							-			
			axable income (less sect										
		509(a)(2). (Complete						, 9		, ·			
10 🗀	1		perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).					
11 🗀	1	-	perated exclusively for th					-	v out the	purposes of one	or		
	Ü		ations described in section				· · · · · · · · ·		,				
			organization and comple				-,						
	a Type		¬ ·	Тур			egrated		d 🗀	Type III - Other			
е 🗀	1		at the organization is not			•	-	r more disc	qualified i	* -	an		
			han one or more publicly										
f			ten determination from t						()()	(,,,,			
		rganization, check th											
g	Since Augus	t 17, 2006, has the c	organization accepted ar					owing pers	sons?		•		
			lirectly controls, either al	7 7						Yes	No		
	(ii) A family	member of a persor	n described in (i) above?										
			person described in (i) o										
h			about the supported org										
		· ·			. ,								
` '	e of supported ganization	(ii) EIN	(iii) Type of organization		organization sted in your			(vi) Is organizatio	on in col. I	(vii) Amount o support	of .		
OI,	gamzadon		(described on lines 1-9 above or IRC section	governing	document?			(i) organiz U.S.	.?	бирроге			
			(see instructions))	Yes	No	Yes	No	Yes	No				
Γotal													

132021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	724,857.	1425502.	1486909.	1512963.	1814679.	6964910.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	724,857.	1425502.	1486909.	1512963.	1814679.	6964910.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1986217.
	Public support. Subtract line 5 from line 4.						4978693.
	ction B. Total Support					·	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	724,857.	1425502.	1486909.	1512963.	1814679.	6964910.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	12 (20	2 006	0.07	716	017	20 056
	and income from similar sources	13,620.	3,906.	997.	716.	817.	20,056.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
Ю	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV.)						6984966.
	• •	ete (eee inetwesti	202			12	178,329.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to			170,323.
10	organization, check this box and stop	-			-		ightharpoonup
Sed	ction C. Computation of Publ						<u></u>
14	Public support percentage for 2011 (I	ine 6. column (f) di	ivided by line 11. o	column (f))		14	71.28 %
	Public support percentage from 2010					15	76.69 %
	33 1/3% support test - 2011. If the					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2010. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part IV how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
					0 - 1	-ll A /F 000	000 EZ\ 0044

Schedule A (Form 990 or 990-EZ) 2011

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

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

Calendar year (or fiscal year beginning in) P Gifts, grants, contributions, and memberaltip fees received. (Do not include any "unusual grants.") Gines precipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Giross receipits from activities that are not an unrelated trade or bus- iness under services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified paramos b Amounts more of Samor in the organization's benefit on ines 2 and 3 seekee 6 Total. Add lines 1 and 7 b 8 Public support (assessing type) 9 Amounts from ine 6 10a Gross income from interest, childrend, payments received on secretic payments for the support 10a Gross income from interest, childrend, payments received on secretic payments or the business and income form similar socurces by microsistic payments or ceived on secretic payments or the business and income form or will also curves 1 Total support (assessing the form 980 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 bere 8 Section B. Total business totals income precentage for 2011 (line 10, column (f)) income from unrelated organization 1 Total support decided mess, lice 1, 1 and 12.1 1 First five years, if the Form 980 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 bere. 1 First five years, if the Form 980 is for the organization of the organization or 1 and 12.1 2 First five years, if the Form 980 is for the organization or 1 and 13.1	Section A. Public Support	ow, picase com	piete i art ii.j				
1 Giffs, grants, contributions, and membership tees received. (Do not include any "unusual grants.") 2 Gress receipts from admissions, formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 5 The value of sarvices or facilities furnished by a governmental unit to the organization whould trange of the organization of the organization of the organization whould trange of the organization whould trange of the organization whould trange of the organization organization organization organization organization of the organization or		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
include any 'unusual grants.") Gross receipts from admissions, merchandrise soci or services performed, or facilities furnished in any activity that is related to the organization's trax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or bus iness under section 513 1 Tax revenues levied for the organization's traves in the part of or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's theoretical without charge 6 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons but exceed the general forms of the persons but exceed the general of the control of the persons but exceed the general of \$5,000 or the organization of the business of the	1 Gifts, grants, contributions, and			, ,	, ,	, ,	,,
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's travel of services or facilities furnished by a governmental unit to the organization without charge 5 Total Auditor 1 Gross and 1 Gross for the section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by a maintain solution on lines 1, 2, and 3 received from disqualified persons by a maintain solution of the 1 services of 50,000 or 16 of the services of the year of 50,000 or 16 of the services of the year of 50,000 or 16 of the services of the year of 50,000 or 16 of the services of the year of 50,000 or 16 of the services of the year of 50,000 or 16 of the services of the year of 50,000 or 16 of the services of 50,000 or 16	membership fees received. (Do not						
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
	20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u> </u>

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

CENTER FOR COMPETITIVE POLITICS 20-3676886 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

CENTER FOR COMPETITIVE POLITICS

20-3676886

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$526,480.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$95,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$85,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 125,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CENTER FOR COMPETITIVE POLITICS

20-3676886

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 211,250 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

CENTER FOR COMPETITIVE POLITICS

20-3676886

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	12	\$	990, 990-EZ, or 990-PF) (201

Name of organization Employer identification number CENTER FOR COMPETITIVE POLITICS 20-3676886 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

• 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.

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

Section 501(c)(3) organizations 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), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization	•		Empl	oyer identification number
		FOR COMPETITIVE			20-3676886
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		> \$	
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c))(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	O for this year?		Yes No
4a	a Was a correction made?				Yes No
_	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt un	der section 501(c	•	,,,,
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				Yes No
	Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (E ition listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 p aid from the filing organ o a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount 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

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

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Schedule C (Form 990 or 990-EZ) 2011						6/6886 Page 2
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec						
	9	•	0 , (n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha						
Limi	its on Lobb	ying Expe	nd "limited control" pro nditures ints paid or incurred.		(a) Filing organization's	(b) Affiliated group totals
(The term expen	artares in		into para or incurreu.	,	totals	
1a Total lobbying expenditures to infl	uence publ	ic opinion (grass roots lobbying)			
b Total lobbying expenditures to infl	uence a leg	islative boo	dy (direct lobbying)		15,624.	
c Total lobbying expenditures (add l	lines 1a and	l 1b)			15,624.	
d Other exempt purpose expenditur	es				1,546,075.	
e Total exempt purpose expenditure	es (add lines	s 1c and 1c	d)		1,561,699.	
f Lobbying nontaxable amount. Ent	er the amou	unt from the	e following table in bot	h columns.	228,085.	
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of	line 1f)			57,021.	
h Subtract line 1g from line 1a. If zer	ro or less, e	nter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, er	nter -0			0.	
j If there is an amount other than ze reporting section 4911 tax for this				ation file Form 4720	Г	Yes No
reporting section 4911 tax for this			eraging Period Under		L	res NO
(Some organia				n do not have to comp	olete all of the five	
				es 2a through 2f on pa		
	Lobb	ying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year	(a) 2	2009	(b) 2009	(c) 2010	(d) 2011	(e) Total
(or fiscal year beginning in)	(a) 2	.008	(b) 2009	(6) 2010	(d) 2011	(e) Total
On Labely in a posteriable area int				208,356.	228,085.	436,441.
2a Lobbying nontaxable amount				200,330.	220,005.	430,441.
b Lobbying ceiling amount (150% of line 2a, column(e))						654,662.
(150% of lifte 2a, columnite))						034,002.
c Total lobbying expenditures				61,467.	15,624.	77,091.
d Grassroots nontaxable amount				52,089.	57,021.	109,110.
Grassroots normaxable amount Grassroots ceiling amount				32,000.	37,021.	100,110.
(150% of line 2d, column (e))						163,665.
(10070 01 1110 20, 00101111 (0))						

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

(b)

(a)

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	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)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	የ (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	- ''				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A; and	Part II-B, lir	ne 1. Also, o	complete
nıs p	art for any additional information.				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

CENTER FOR COMPETITIVE POLITICS

 $\begin{array}{c} \textbf{Employer identification number} \\ 20-3676886 \end{array}$

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3	Aggre	egate grants from (during year)		
4	Aggre	egate value at end of year		
5		ne organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are th	ne organization's property, subject to the organization's	exclusive legal control?	Yes No
6		ne organization inform all grantees, donors, and donor ac		
		aritable purposes and not for the benefit of the donor or		
	imper	missible private benefit?		Yes No
Pai	rt II	Conservation Easements. Complete if the organization	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpo	ose(s) of conservation easements held by the organization	on (check all that apply).	
		Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hi	storically important land area
		Protection of natural habitat	Preservation of a cer	tified historic structure
		Preservation of open space		
2	Comp	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day o	f the tax year.		
				Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
С	Numb	per of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Numb	per of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed	in the National Register		2d
3		per of conservation easements modified, transferred, rele		ne organization during the tax
	year	·		
4	Numb	per of states where property subject to conservation eas	ement is located >	
5	Does	the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	<u></u>
	violat	ions, and enforcement of the conservation easements it	holds?	Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	during the year 🕨
7	Amou	ınt of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	g the year ▶ \$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes
9		rt XIV, describe how the organization reports conservation		
	includ	de, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
		ervation easements.		
Pai	rt III	Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
		Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the	organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	histor	ical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIV,
	the te	ext of the footnote to its financial statements that describ	oes these items.	
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treas	ures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of po	ublic service, provide the following amounts
	relatir	ng to these items:		
	(i) R	evenues included in Form 990, Part VIII, line 1		> \$
	(ii) A	ssets included in Form 990, Part X		> \$
2	If the	organization received or held works of art, historical trea	sures, or other similar assets for financi	al gain, provide
	the fo	ollowing amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Reve	nues included in Form 990, Part VIII, line 1		> \$
b	Asset	s included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2011

CENTPD	EOD.	COMPETITIVE	DOT.TTTCC
CENTER	ruk	COMPETITION	PULLITUS

	t III Organizations Maintaining C	Collections of A	rt, Historical Tı	reasures, or (Other S	Similar Ass	ets (contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	ls, check any of the	following that ar	e a signit	icant use of it	s collection	items
	(check all that apply):							
а	Public exhibition	d	I ☐ Loan or exc	change programs	;			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organization's	s exempt	purpose in P	art XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other s	imilar as	sets		
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's c	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	on answered "Ye	s" to For	m 990, Part I\	/, line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other asset	s not inc	uded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
	, ,	•	· ·		ſ		Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F					L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	orm 990, Part IV,	line 10.			
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)	Three years bac	k (e) Four y	ears back
	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:				
	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the percentages in lines 2a, 2b, and 2c should be contaginated as the contagination of the contaginati	•						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	and administered	for the c	rganization	_	
	by:							res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	-
	If "Yes" to 3a(ii), are the related organizations						3b	
Bar	t VI Land, Buildings, and Equipm							
Pai		<u> </u>					(1) D	
	Description of property	(a) Cost or o basis (investr	' '	t or other (other)	(c) Accui depred	I	(d) Book	value
	Land	<u> </u>	noni, basis	(Girler)	debiec	iation		
	Land							
	Buildings			30,709.	<u>ر</u>	7,765.	22	,944.
	Leasehold improvements			11,548.		3,995.		,553.
	Equipment Other			29,200.		7,949.		,251.
	Add lines 1a through 1e (Column (d) must e					. , , , , , ,		748.

Schedule D (Form 990) 2011

	COMPETITIVE		20-36	76886 _{Page}
Part VII Investments - Other Securities. S	ee Form 990, Part X, line	e 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation: st or end-of-year market va	ılue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, lir	ne 13.	(a) Mathead of valuations	
(a) Description of investment type	(b) Book value	Co	(c) Method of valuation: st or end-of-year market va	ılue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	e 15.			
) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin			>	
Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability	, line 25.	(h) Dook value		
		(b) Book value		
(1) Federal income taxes (2) CAPITAL LEASE OBLIGATION		10,366.		
		17,220.		
(5)		11,440.		
(4) (5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FIN 48 (ASC 740). 2. FIN 4 132053 01-23-12

(10)

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

Schedule D (Form 990) 2011

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public

Name of the organization

CENTER FOR COMPETITIVE POLITICS

Employer identification number 20-3676886

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 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, Х trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. X Written employment contract Compensation committee Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **a** Receive a severance payment or change-of-control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? X 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? X **b** Any related organization? 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: Х 6a a The organization? X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(i) _							
				4			
(i) <u> </u>							
(i)							
3 (ii)							
(0)							
4 (ii)							
(i) L (ii)							
(i) _							
6 (ii)							
(i) _							
_7 (ii)							
(i)							
_8 (ii)							
(i) L							
9 (ii)							
(i) <u></u>							
10 (ii)							
(i) <u> </u>							
(i) <u></u>							
12 (ii)							
(i)							
13 (ii)							
(i) _ 							
14 (ii) (i)							
15 (ii)							
(i) (i)							
16 (ii)							

Part III Supplemental Information
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A: SEAN PARNELL, PRESIDENT WAS PAID ONE MONTH SEVERANCE
PAYMENT AFTER LEAVING IN THE AMOUNT OF \$14,919.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	ENTER FO							0-36	7688	6	
Part I Excess Benef	it Transact	ions (section	on 501(c)(3) a	nd sectio	n 501(c)(4) organizatio	ons only)					
Complete if the or	ganization ans	wered "Yes	on Form 990), Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	Ob.		
1 (a) Name of o	disqualified per	eon			(b) Description	of transa	ection			(c) Cor	rected?
(a) Name of C	iisquaiiiieu pei	5011			(b) Description	UI II al 15a	totion			Yes	No
										<u> </u>	
										<u> </u>	
										<u></u>	
2 Enter the amount of tax in	posed on the	organization	n managers or	disqualifi	ed persons during the	e year ur	der				
3 Enter the amount of tax, if	any, on line 2,	above, reim	ibursed by the	e organiza	ation			. > \$			
Part II Loans to and/	or From In	taractad	Darsons								
					" oo F ooo!		, II O	_			
-					line 26, or Form 990-E			3a. T (f) Apr	proved	(-) \	/i44 a
(a) Name of interested person and purpose	the orga	to or from inization?	(c) Original amou		(d) Balance due) In ault?	by bo	ard or		/ritten ment?
	То	From	1			Yes	No	Yes	nittee? No	Yes	No
	10	110111		-6		165	NO	165	140	165	140
										1	
										1	
										†	<u> </u>
										†	<u> </u>
Total		!		> \$							
Part III Grants or Ass	istance Be	nefiting I	nterested		S.						
Complete if the or	ganization ans	wered "Yes'	" on Form 990). Part IV.	line 27.						
(a) Name of intereste					een interested person	and		(c) Am	nount an	d type o	f
	•			the or	ganization				assistan	ice .	
LHA For Paperwork Reduction	on Act Notice,	see the Ins	structions for	Form 99	0 or 990-EZ.		Schedu	e L (For	m 990 d	or 990-E	Z) 2011

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No STEPHEN M. HOERSTING VICE PRESIDENT 11,889.LEGAL SERVI X 60,000.CONSULTING BRADLEY SMITH X CHAIRMEN Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: STEPHEN M. HOERSTING DESCRIPTION OF TRANSACTION: LEGAL SERVICES (D)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

CENTER FOR COMPETITIVE POLITICS

Employer identification number 20-3676886

FORM 990, PART VI, SECTION A, LINE 8B: NO SUCH COMMITTEES EXISTED.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY

MANAGEMENT IN CONSULTATION WITH THE ORGANIZATION'S AUDITORS. THE

ORGANIZATION'S AUDIT COMMITTEE REVIEWED A DRAFT OF THE 990 AND PROVIDED

COMMENTS. A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S

GOVERNING BODY BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY YEAR BOTH THE BOARD OF DIRECTORS AND EVERY EMPLOYEE REVIEWS THE CONFLICT OF INTEREST POLICY AND MUST DISCLOSE ANY CONFLICTS. THE BOARD OF DIRECTORS REVIEWS THE POLICY AT OR AROUND ITS FINAL MEETING OF THE YEAR AND EACH MEMBER PROVIDES WRITTEN **ACKNOWLEDGMENT.** EVERY EMPLOYEE ALSO RECEIVES AN ELECTRONIC COPY OF THE POLICY. ANY CONFLICTS OR POTENTIAL CONFLICTS ARE RESOLVED BY THE PRESIDENT OR OTHERWISE REPORTED BY THE PRESIDENT AND REVIEWED AND RESOLVED BY THE IN REVIEWING ANY CONFLICT OR POTENTIAL CONFLICT, ANY BOARD OF DIRECTORS. MEMBER OF THE BOARD OF DIRECTORS WHO MAY HAVE A CONFLICT IS RECUSED FROM RESOLVING THE CONFLICT OR POTENTIAL CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT'S COMPENSATION IS

NEGOTIATED WITH THE CHAIRMAN, AND APPROVED BY THE BOARD. COMPENSATION FOR

EMPLOYEES IS SET BY THE PRESIDENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CA,CT,IL,NJ,NY,AL,AZ,CO,GA,FL,LA,MA,MD,MI,MN,NC,NV,OH,TN,TX,WA,WI

CENTER FOR COMPETITIVE POLITICS	20-3676886
FORM 990, PART VI, SECTION C, LINE 19: THE CENTER FOR COM	PETITIVE POLITICS
FORM 990 IS AVAILABLE ON ITS WEBSITE, THE GUIDESTAR WEBSI	TE AND IS
AVAILABLE TO THE PUBLIC UPON REQUEST. ITS AUDITED FINANC	IAL STATEMENT IS
AVAILABLE ON ITS WEBSITE.	
FORM 990, PART XII, LINE 2C	
PROCESS DID NOT CHANGE FROM PRIOR YEAR.	

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & EQUIPMENT														
8	LAPTOP, SOFTWARE, DOCKING STATION	01/20/06	SL	3.00		16	3,539.				3,539.	3,539.		0.	3,539.
9	LAPTOP, SOFTWARE, DOCKING STATION	06/08/06	SL	3.00		16	2,448.				2,448.	2,448.		0.	2,448.
11	BEST BUY LAPTOP	08/05/07	SL	3.00		16	1,639.				1,639.	1,639.		0.	1,639.
12	BEST BUY NOTEBOOK COMPUTER	09/05/07	SL	3.00		16	1,306.				1,306.	1,306.		0.	1,306.
14	LENOVO THINK PAD COMPUTER	10/24/07	SL	3.00		16	1,140.				1,140.	1,140.		0.	1,140.
15	LENOVO THINK PAD COMPUTER	11/01/07	SL	3.00		16	1,140.		11		1,140.	1,140.		0.	1,140.
16	LENOVO THINK PAD COMPUTER	11/27/07	SL	3.00		16	1,140.				1,140.	1,140.		0.	1,140.
18	PHONE SYSTEM-COMMUNICATION SYS	12/05/07	SL	3.00		16	8,066.				8,066.	8,066.		0.	8,066.
19	NETMENDER INC - COMPUTER PURCHASE	01/14/08	SL	3.00		16	8,373.				8,373.	8,373.		0.	8,373.
20	NETMENDER INC - COMPUTER PURCHASE	02/01/08	SL	3.00		16	6,387.				6,387.	6,210.		177.	6,387.
21	XEROX - COPIER	02/15/08	SL	3.00		16	22,219.				22,219.	21,601.		618.	22,219.
22	NETMENDER INC - COMPUTER PURCHASE	02/15/08	SL	3.00		16	3,833.				3,833.	3,727.		106.	3,833.
23	3/3 COMMUNICATIONS SYSO	03/28/08	SL	3.00		16	8,066.				8,066.	7,395.		671.	8,066.
24	NETMENDER INC - COMPUTER PURCHASE	04/29/08	SL	3.00		16	1,688.				1,688.	1,501.		187.	1,688.
25	COMPUTER - YEONJAI	02/27/09	SL	3.00		16	895.				895.	547.		298.	845.
26	NETMENDER INC - COMPUTER PURCHASE	05/12/09	SL	3.00		16	595.				595.	330.		198.	528.
34	NETMENDER INC - COMPUTER PURCHASE	12/20/10	SL	3.00		16	1,573.				1,573.			524.	524.

128111 05-01-11

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C on v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
35	NEW COMPUTER	11/16/11	SL	3.00	1	16	2,259.				2,259.			63.	63.
37	LATITUDE ES420	12/05/11	SL	3.00	1	16	3,094.				3,094.			86.	86.
38	IMAC FOR JOE TROTTER	12/05/11	SL	3.00	1	16	2,270.				2,270.			63.	63.
39	MACBOOK PRO FOR SARAH	12/05/11	SL	3.00	1	16	2,444.				2,444.			68.	68.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUIPMENT						84,114.				84,114.	70,102.		3,059.	73,161.
	CAPITAL LEASE														
1	CHESAPEAKE INDUSTRIAL LEASING (FURNITURE) * 990 PAGE 10 TOTAL -	01/12/08	SL	5.00	1	16	41,404.		11		41,404.	16,562.		8,281.	24,843.
	CAPITAL LEASE						41,404.				41,404.	16,562.		8,281.	24,843.
	LEASEHOLD IMPROVEMENTS				Н										
2	DDG VIRGINIA ENGINEERING-OFFICE DESIGN	10/24/07	SL	3.00	1	16	5,500.				5,500.	5,500.		0.	5,500.
3	IMPACT DESIGN-OFFICE IMPROVEMENTS	11/01/07	SL	3.00	1	16	4,169.				4,169.	4,169.		0.	4,169.
4	IMPACT DESIGN-OFFICE IMPROVEMENTS	12/07/07	SL	3.00	1	16	4,715.				4,715.	4,715.		0.	4,715.
5	DDG VIRGINIA ENGINEERING-OFFICE DESIGN	12/21/07	SL	3.00	1	16	250.				250.	250.		0.	250.
6	CALLOWAY CONTRACTING GROUP - BUILD OUT	01/16/08	SL	6.00	1	16	12,342.				12,342.	6,000.		2,057.	8,057.
	CALLOWAY CONTRACTING GROUP	02/01/08		6.00	П	16	53,732.				53,732.	26,119.		8,955.	35,074.
	* 990 PAGE 10 TOTAL - LEASEHOLD IMPROVEMENTS						80,708.				80,708.	46,753.		11,012.	57,765.
	SOFTWARE														
10	BLACKBAUD SOFTWARE (DEVELOPMENT)	03/13/07	SL	3.00	1	16	8,750.				8,750.	8,750.		0.	8,750.

2011 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
13	METASOFT SYSTEMS SOFTWARE	10/04/07	SL	3.00	1	L 6	3,997.				3,997.	3,997.		0.	3,997.
17	SAGE SOFTWARE	12/05/07	SL	3.00	1	L6	1,800.				1,800.	1,800.		0.	1,800.
27	ADOBE SOFTWARE	02/12/09	SL	3.00	1	L 6	1,484.				1,484.	948.		495.	1,443.
	* 990 PAGE 10 TOTAL - SOFTWARE						16,031.				16,031.	15,495.		495.	15,990.
	WEBSITE DEVELOPMENT COSTS														
28	WEBSITE DEVELOPMENT	10/13/09	SL	3.00	1	L 6	10,600.				10,600.	4,416.		3,533.	7,949.
36	WEBSITE DEVELOPMENT	12/31/11	SL	3.00	1	L 6	18,600.		12		18,600.			0.	
	* 990 PAGE 10 TOTAL - WEBSITE DEVELOPMENT COSTS						29,200.				29,200.	4,416.		3,533.	7,949.
	* GRAND TOTAL 990 PAGE 10 DEPR						251,457.				251,457.	153,328.		26,380.	179,708.
					П										

Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) ► See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No. 1545-0172

Identifying number

FORM 990 PAGE 10 20-3676886 CENTER FOR COMPETITIVE POLITICS Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 26,380. Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 17 MACRS deductions for assets placed in service in tax years beginning before 2011 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property е 20-year property 25-year property 25 yrs. S/I g 27.5 yrs MM S/L h Residential rental property MM S/L 27.5 yrs. S/L MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40 yrs. 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 26,380. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form 4562 (2011)

23

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or

	amusement.) Note: For any t	vohiolo for w	hich vou aro	usina tha	standar	d milaac	no rato o	r dodu	etina loss	o ovnone	oo oomr	oloto enl	. 242 2	1h colu	mno (٦)
	through (c) of S	Section A, all	of Section E	using the B, and Se	ction C i	d mileag f applica	ible.	i u c uu	curiy lease	e expens	se, comp	nete oni	y 24a, 2	4D, COIU	11115 (6	1)
	Section A -	Depreciati	on and Othe	r Inform	ation (Ca	aution:	See the	instruc	ctions for li	mits for	passeng	er autor	nobiles.)		
24a	Do you have evidence to s	support the bu	siness/investn	nent use c	laimed?	Y	es 🗆	No	24b If "Y	es," is tl	he evide	nce writ	ten?	Yes	N	0
	(a)	(b)	(c)	,	(d)		(e)		(f)		(g)		h)		(i)	
	Type of property	Date placed in	Business investmer	nt	Cost or	l (hu	sis for depr Isiness/inve		Recovery		thod/		eciation		cted on 179	
	(list vehicles first)	service	use percent		ther basis	; (~~	use only		period	Conv	vention	aeai	uction		ost	
25	Special depreciation allo	owance for c	ualified listed	d propert	y placed	in servi	ce durin	g the t	ax year ar	nd						
	used more than 50% in		-		•			-	-		. 25					
26	Property used more tha															_
		: :		%												
		1 1		%												_
		: :		%												_
27	Property used 50% or le	ess in a qual	ified busines											1		_
	. ,			%						S/L -						Ī
				%						S/L -				1		
		: :		%						S/L -						
28	Add amounts in column	(h) lines 25	through 27	, - 1	re and or	n line 21	page 1				28			1		
	Add amounts in column											ı	. 29			_
	7 da ambanto in column	(1), 11110 20. 1		Section									. 20	1		_
Cor	nplete this section for ve	hicles used								or relate	d nersor	1				
	ou provided vehicles to y												ing this	section 1	or	
-	se vehicles.	, ,	•	•								•	Ü			
_				1	(a)	1	(b)		(c)	1 (d)	1	e)	1 (f)	_
30	Total business/investment	miles driven d	uring the		hicle		hicle	Ι ,	/ehicle		hicle		nicle		icle	
-	year (do not include comr		•			<u> </u>				1.0		1		10.		_
21	Total commuting miles															-
	Total other personal (no															_
JZ.	· · · · · · · · · · · · · · · · · · ·	-														
22	driven Total miles driven during															_
33	Add lines 30 through 32															
24	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	_
J +	during off-duty hours?	•			NO	163	INO	163	NO	165	140	165	140	165	INC	<u>'</u>
25	Was the vehicle used p															_
33	than 5% owner or relate															
26						1			+							_
30	Is another vehicle availa															
_	use?					Mar Dar			<u> </u>		<u> </u>					_
۸			- Questions	-	-					-					- 50/	
	swer these questions to	determine if	you meet an	ехсерио	n to con	ipieting	Section	Biorv	enicies us	sea by e	mpioyee	s wno a	re not II	iore triai	1 5%	
_	ners or related persons.				-11		- f - ! - !		. I I'						1	_
31	Do you maintain a writte		-						-	_				Yes	No	<u>_</u>
20	employees?														+	_
38	Do you maintain a writte		-		-			-								
~~	employees? See the ins														+	_
	Do you treat all use of v														+	_
40	Do you provide more that		-					-								
	the use of the vehicles,														+	_
41	Do you meet the require													-		_
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Y	es," do n	ot comp	lete Sec	ction B to	or the o	covered ve	ehicles.						
P	art VI Amortization			(1-)	1	(-)			(al\		(-)			(£\		_
	(a) Description of	f costs	Da	(b) te amortization	,	(c) Amortizal	ble		(d) Code		(e) Amortiza		А	(f) mortization		
				begins		amoun	t		section		period or per		fo	or this year		_
<u>42</u>	Amortization of costs th	at begins du	iring your 20	11 tax ye	ar:					-		 				_
				<u> </u>	1			+								_
				<u> </u>	1											_
	Amortization of costs th											43				_
44	Total. Add amounts in o	column (f). Se	ee the instru	ctions for	where to	o report						44				

Form 4562 (2011)

Form **8868**

(Rev. January 2012)

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

	u are filing for an <mark>Automatic 3-Month Extension, comple</mark> u are filing for an Additional (Not Automatic) 3-Month E x					ightharpoons
	complete Part II unless you have already been granted					
Electro	onic filing _(e-file) . You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tim	ne to file (6 months for a co	
require	d to file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically fi	le Form 8	868 to request ar	extension
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for T	ransfers	Associated With (Certain
Person	al Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details of	n the ele	ctronic filing of thi	s form,
visit w	ww.irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no conice nos	dod)		
	oration required to file Form 990-T and requesting an auto	matic 6-me	onth extension - check this box and t	complete		. \Box
	only er corporations (including 1120-C filers), partnerships, REN ncome tax returns.					
Type o	Name of exempt organization or other filer, see instru	uctions.		Employe	r identification nu	mber (EIN) or
File by th	CENTER FOR COMPETITIVE POL	ITICS		X	20-36768	386
due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	ecurity number (S	SN)
instructio		oreign add	dress, see instructions.			
						01
Enter t	he Return code for the return that this application is for (file	e a separa	ite application for each return)			[0]1]
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 9	90-EZ	01	Form 4720			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATI	ON				
• The	books are in the care of ▶ 124 S. WEST ST	REET,	NO. 201 - ALEXAND	RIA,	VA 22314	
Tele	ephone No. ► 703-894-6800		FAX No. ▶			
	e organization does not have an office or place of busines	s in the Ur	nited States, check this box			ightharpoonup
	is is for a Group Return, enter the organization's four digit					, check this
box >						
1 1	request an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
- i:	s for the organization's return for:	Ü	C			
ı	X calendar year 2011 or					
)	tax year beginning	, an	d ending		<u> </u>	
2 1	f the tax year entered in line 1 is for less than 12 months, o	chack rocc	on: Initial return I	inal retur	'n	
2 1	Change in accounting period	JIICUN ICAS	on. — initiat return — i	illai letui	11	
	—— Onango m accoming ponce					
	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
-	nonrefundable credits. See instructions.			3a	\$	0.
	f this application is for Form 990-PF, 990-T, 4720, or 6069,					^
<u>e</u>	estimated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa			٥.		0.
	by using EFTPS (Electronic Federal Tax Payment System).			3c	CO for normant in	
LHA	n. If you are going to make an electronic fund withdrawal For Privacy Act and Paperwork Reduction Act Notice,			ліп об/9		(Rev. 1-2012)

123841 01-04-1