** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) 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 private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	e 2019 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	C Name of organization	ı a	D Employer identific	cation number
Г	Addre chang	CITIZENS FOR RESPONSIBILITY AND EIGHT	:S		
F	Name Chang			03-04453	91
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	1101 K STREET, NW	201	(202)408	-5565
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,052,783.
	Amen	WASHINGTON, DC 20005		H(a) Is this a group re	
	Application pendi	F Name and address of principal officer: NOATI BOOKBINDER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) te: ► WWW.CITIZENSFORETHICS.ORG	or 527	1,	list. (see instructions)
		forganization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: DE
	art I	Summary	L Year	or formation. ZOOZ N	State of legal doffliche. DE
	\top	Briefly describe the organization's mission or most significant activities: SEE	PART T	TT. LINE 1.	
& Governance	'	briefly describe the organization's mission of most significant activities.		11, 1111 11	
na L	2	Check this box if the organization discontinued its operations or disposit	sed of more	than 25% of its net as	sets
ove.	3			3	11
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		······	11
es 8	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			47
ΝĖ	6	Total number of volunteers (estimate if necessary)		6	11
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	······	7b	0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		5,304,030. 97,878.	5,989,080.
Revenue	9	Program service revenue (Part VIII, line 2g)		23,918.	44,227.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,425,826.	6,033,707.
_		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.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,932,304.	3,828,237.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		588,406.	635,061.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 1,048,5	48.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,168,432.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,689,142.	6,085,062.
		Revenue less expenses. Subtract line 18 from line 12		736,684.	-51,355.
Net Assets or Fund Balances		T (T (1)	Ве	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		5,307,855. 926,761.	4,739,494.
Net /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		4,381,094.	4,329,739.
	art II	Signature Block		1,301,031	1,323,1331
		alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is
		ct, and complete_Declaration of preparer (other than officer) is based on all information of w			
		1/4/1/		10/	26/2020
Sig	ın	Signature of Officer		Date	
He	re	NOAH BOOKBINDER, EXECUTIVE DIRECTOR			
		Type or print name and title			11 5711
_		Print/Type preparer's name Preparer's/signature /		Date Check	PTIN
Pai		rizonnitz or zoonstro, orn product	eastro	self-employe	
	parer	Firm's name GELMAN, ROSENBERG & FREEDMAN	*	Firm's EIN	52-1392008
USE	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930		Dk / 3	01\ 051 0000
N 4 -	v +b = 1	BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CREW USES AGGRESSIVE LEGAL ACTION, IN-DEPTH RESEARCH, COLLABORATIVE
	POLICY DEVELOPMENT, AND BOLD COMMUNICATIONS TO HELP FOSTER A GOVERNMENT THAT IS ETHICAL AND ACCOUNTABLE AND TO REDUCE THE INFLUENCE
	OF MONEY IN POLITICS. (CONTINUED ON SCHEDULE O)
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,452,299. including grants of \$) (Revenue \$)
	EDUCATION: CREW HAS WORKED TO EDUCATE THE PUBLIC ABOUT UNETHICAL CONDUCT ON THE PART OF PUBLIC OFFICIALS AND THOSE WHO SEEK TO INFLUENCE
	THEM, THE THREAT THIS CONDUCT POSES TO OUR DEMOCRACY, AND THE
	CORRUPTING INFLUENCE OF MONEY IN POLITICS. IT HAS PUBLICIZED INSTANCES
	OF THESE KINDS OF ABUSES AND BROADER PATTERNS OF UNETHICAL CONDUCT AND
	IMPROPER OR EXCESSIVE INFLUENCE. THE ORGANIZATION'S ACTIVITIES HAVE
	BEEN HIGHLIGHTED IN PRINT, BROADCAST, AND ONLINE NEWS SOURCES
	THROUGHOUT THE COUNTRY AND THE WORLD. IT ALSO MAINTAINS WEBSITES AND
	SOCIAL MEDIA ACCOUNTS THAT PUBLICIZE ITS ACTIVITIES. CREW HAS ALSO
	PUBLISHED IN DEPTH REPORTS ON GOVERNMENT ETHICS AND CORRUPTION ISSUES
	AND ON THE INFLUENCE OF MONEY IN POLITICS BASED ON ITS OWN RESEARCH,
	(CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$ 2,472,774 including grants of \$) (Revenue \$ 400 ·)
	LEGAL: CREW HAS ENGAGED IN LARGE SCALE LITIGATION TO ENSURE COMPLIANCE WITH KEY ACCOUNTABILITY AND TRANSPARENCY LAWS INCLUDING THE
	CONSTITUTION'S EMOLUMENTS CLAUSES, THE FEDERAL RECORDS ACT, AND THE
	PRESIDENTIAL RECORDS ACT. CREW HAS FILED NUMEROUS ETHICS COMPLAINTS AND
	ADMINISTRATIVE AND LEGAL COMPLAINTS WITH THE OFFICE OF GOVERNMENT
	ETHICS, THE DEPARTMENT OF JUSTICE, THE OFFICE OF SPECIAL COUNSEL, AND
	OTHER AGENCIES AGAINST EXECUTIVE BRANCH OFFICIALS AND MEMBERS OF
	CONGRESS; CREW HAS ALSO FILED COMPLAINTS WITH THE FEDERAL ELECTION
	COMMISSION, THE INTERNAL REVENUE SERVICE, AND OTHER AGENCIES CONCERNING
	VIOLATIONS OF CAMPAIGN FINANCE AND TAX LAWS BY GOVERNMENT OFFICIALS AND
	THOSE WHO SEEK TO INFLUENCE THEM, AS WELL AS BY CANDIDATES FOR OFFICE AND POLITICAL OR NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O)
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,925,073.
	Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 25
8		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
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		Х
С	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		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			3.7
	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 other assistance to or for any			l 🕶
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		\vdash
10	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,"	10		 -
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			
	Ochsellel Boll	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		$ _{\mathbf{x}}$
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.7	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
93200	4 01-20-20			(2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					T
0-	Fatantha murahay of annilayasa yanastad an Fayra W.O. Tunnanittal of Warra and Tay Otahamanta			Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	47			
h	filed for the calendar year ending with or within the year covered by this return 2a		2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		20		
32	5.11		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	*	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a					
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or \mathfrak{g}	jifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				L
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.	red			۱,,
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		7g 7h		\vdash
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	a FOIIII 1096-0?	711		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	N/A	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders N/A 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		Щ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A [12b]				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	37 / 3			
а	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans The who are a way or head.				
	Enter the amount of reserves on hand Did the exemplation receive any normants for indeed temping convices during the tay year?		44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Vos." has it filed a Form 720 to report those payments? If "No." provide an explanation on Schedule O.		14a		 ^
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		14b		<u> </u>
15	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		10		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	e?	16		Х
	If "Yes," complete Form 4720, Schedule O.				

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
		1 1	1 1 I		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11					
	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 on Schedule O.		11					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					37		
	officer, director, trustee, or key employee?		🗀	2		X		
3	Did the organization delegate control over management duties customarily performed by or under the					3,7		
	of officers, directors, 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			4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X		
6	Did the organization have members or stockholders?		·····	6				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					7.7		
	more members of the governing body?		1-7	7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	·	_	_		Х		
_	persons other than the governing body?		_7	7b				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				v			
a	The governing body?			Ba	X			
b	Each committee with authority to act on behalf of the governing body?		ع	3b	Λ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable to the provide the grant of all transports and a difference on Section A.			_		Х		
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code.)			Yes	No		
100	Did the organization have local chapters, branches, or affiliates?		T-1	0a	162	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such or		····· '	0a				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	0b				
11a				1a	Х			
b	 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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		1:	2a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2b	Х			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")							
_	in Schedule O how this was done		1:	2c	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	Х			
15	Did the process for determining compensation of the following persons include a review and approv							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		1:	5a	Х			
	Other officers or key employees of the organization			5b	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 arrange	ment with a						
	taxable entity during the year?		1	6a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	nization's						
	exempt status with respect to such arrangements?		10	6b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	I(c)(3)s	only)	avail	able		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest polic	y, and f	finan	cial			
•	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records						
	NOAH BOOKBINDER - (202)408-5565 1101 K STREET, NW. NO. 201, WASHINGTON, DC 20005							

IN WASHINGTON, INC.

03-0445391

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WAYNE JORDAN	1.00								_	
CHAIRMAN (START 9/19)	1 00	Х		Х				0.	0.	0.
(2) BETH NOLAN	1.00	١								0
VICE CHAIR (START 6/19)	1 00	Х		Х				0.	0.	0.
(3) AL DWOSKIN	1.00	١								•
TREASURER	1 00	Х		Х				0.	0.	0.
(4) NORM EISEN	1.00	١								•
CHAIRMAN (UNTIL 2/19)	1 00	Х		Х				0.	0.	0.
(5) JOHN LUONGO	1.00	١,,								0
DIRECTOR	1 00	Х						0.	0.	0.
(6) CRAIG KAPLAN	1.00	١,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) ZEPHYR TEACHOUT	1.00	١,,								0
DIRECTOR	1 00	Х						0.	0.	0.
(8) CLAUDINE SCHNEIDER	1.00	Į.,						0.	0.	0
DIRECTOR	1 00	Х						0.	0.	0.
(9) AMY POPE	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(10) MICKEY EDWARDS	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(11) EVAN MCMULLIN	1.00	x						0.	0.	0.
DIRECTOR (START 6/19) (12) CLAIRE MCCASKILL	1.00	^						0.	0.	<u> </u>
DIRECTOR (START 6/19)	1.00	X						0.	0.	0.
(13) HANNIBAL KEMERER	1.00	<u> </u>						0.	0.	<u></u>
DIRECTOR (UNTIL 1/19)	1.00	X						0.	0.	0.
(14) RICHARD PAINTER	1.00	12						0.	•	•
DIRECTOR (UNTIL 4/19)	1.00	X						0.	0.	0.
(15) NOAH BOOKBINDER	40.00	122							0.	•
EXECUTIVE DIRECTOR		1		х				280,000.	0.	9,237.
(16) ARIELLE LINSKY	40.00	\vdash	\vdash		\vdash			200,000	.	5,2576
CHIEF OPERATING OFFICER	10.00	1		х				119,000.	0.	9,628.
(17) PILAR MARTINEZ	15.00	\vdash	\vdash	<u> </u>	\vdash	\vdash	\vdash	113,000	.	7,020
CHIEF FINANCIAL OFFICER		1		х				76,013.	0.	6,911.
02007 01 00 00	<u> </u>							,		Form 990 (2010)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)	(B) (C)				(D)	(E)		(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Est	timate	ed			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	am	ount	of			
	week	_	cer an	a a a	recto	or/trus	tee)	from	from related		other	
	(list any hours for	recto						the	organizations		oensa 	
	related	or di	æ			ated		organization	(W-2/1099-MISC)		om th	
	organizations	ustee	trust		e e	nbens		(W-2/1099-MISC)		_	anizat I relat	
	below	ual tr	tional		ploye	st con	L				nizati	
	line)	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			orgu	inzaci	5110
(18) ADAM RAPPAPORT	40.00	_	_			1 0	_					
CHIEF COUNSEL						Х		189,167.	0.	24	4,6	97.
(19) ANNE WEISMANN	40.00											
CHIEF FOIA COUNSEL						Х		184,167.	0.	29	9,8	42.
(20) STUART MCPHAIL	40.00											
SR. LITIGATION COUNSEL						Х		153,333.	0.	1:	3, <u>4</u>	63.
(21) WALTER SHAUB	40.00							154 500	0	4	4 1	00
SR. ADVISOR	40.00					Х		174,583.	0.	14	4, L	20.
(22) DONALD SHERMAN	40.00					3,7		106 250	0	1	c 0	0.0
DEPUTY DIRECTOR						Х		186,250.	0.	Т.	b , 9	06.
1b Subtotal		l						1,362,513.	0.	124	4,8	04.
c Total from continuation sheets to Part VI								0.	0.		-	0.
d Total (add lines 1b and 1c)								1,362,513.	0.	124	4,8	04.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportable			
compensation from the organization												14
											Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	emp	loye	e, o	hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	•								-			
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	•				,			•				37
rendered to the organization? If "Yes," complete Schedule J for such person												
Section B. Independent Contractors	mpoposts d !	40:-	. m. el -	nt -	ort:	, o c t	- · ·	that reasinged many the	\$100,000 of	otice f	×0.05	
1 Complete this table for your five highest co	-	-							· · · · · ·	ation fi	rom	
the organization. Report compensation for	ine calendar y	ear (enal	ng v	VILI	OI W	ıtılli	i the organization's tax	year.			

the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services	(C) Compensation							
BONNER GROUP, INC., 800 MAINE AVE, SW, 4TH	PROFESSIONAL	·							
FLOOR, WASHINGTON, DC 20024	FUNDRAISING	635,061.							
2 Total number of independent contractors (including but not limited to those liste	I dabove) who received more than								

Form **990** (2019)

\$100,000 of compensation from the organization

IN WASHINGTON, INC. Part VIII Statement of Revenue

			Check if Schedule O contains a re	esponse	or note to any lir	ne in this Part VIII			
				•	,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
σωl				. 1					000110110 012 011
ᆲ			' J	1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
A,		С	Fundraising events	1c					
후	(d	Related organizations	1d					
i,s		е	Government grants (contributions)	1e					
is	1	f	All other contributions, gifts, grants, and						
돌림				1f 5,	989,080.				
<u></u>			-	1g \$	41,429.				
S i		•	Total. Add lines 1a-1f			5,989,080.			
- 1		<u>''</u>	Total. Add lines 12 11		Business Code				
	_	_	COURT AWARDS		900099	400.	400.		
<u>ğ</u>			COURT AWARDS		700077	±00•	±00•		
ne Z		b							
n S	(С							
]e		d							
Program Service Revenue	(е							
ਕੁ∣	1	f	All other program service revenue						
	,	g	Total. Add lines 2a-2f			400.			
	3		Investment income (including dividen						
		other similar amounts)				43,947.			43,947.
	4		Income from investment of tax-exemp			,			· · · · · · · · · · · · · · · · · · ·
	5		Royalties	-					_
	3		noyaities	Real	(ii) Personal				
	_			ricai	(ii) i cisoriai				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	•	d							
	7	а		curities	(ii) Other				
			assets other than inventory $ 7a $ 19	356.					
		b	Less: cost or other basis						
e			and sales expenses 7b 19	076.					
le l	,		Gain or (loss) 7c	280.					
ther Revenue			Net gain or (loss)			280.			280.
e e			Gross income from fundraising events (no						
뒴				_					
				of					
			contributions reported on line 1c). Se						
			Part IV, line 18						
			Less: direct expenses	·····					
			Net income or (loss) from fundraising						
	9		Gross income from gaming activities.						
			Part IV, line 19	9a					
	- 1	b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming acti	vities					
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
			Net income or (loss) from sales of inve						
\neg		Ť	The time of the control of the contr	511co1y	Business Code				
sno	44	_			Business Code				
nec	11 :								
Miscellaneous Revenue		b							
Re		C							
Ξ̈́			All other revenue						
			Total. Add lines 11a-11d			6 000 = 0			44 00=
	12		Total revenue. See instructions			6,033,707.	400.	0.	44,227.

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).

Do	Check if Schedule O contains a respon 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	500,789.	125,199.	375,590.	
•	trustees, and key employees	300,703.	123,199.	373,390.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	2,778,126.	2,467,954.	310,172.	
7	Other salaries and wages	2,110,120.	<u> </u>	310,114.	
8	section 401(k) and 403(b) employer contributions)	79,292.	71,793.	7,499.	
O		217,700.	195,548.	22,152.	
9 10	Other employee benefits	252,330.	199,526.	52,804.	
11	Payroll taxes Fees for services (nonemployees):	252,550•	100,0200	32,004.	
a		114,243.	102,587.	4,816.	6,840
b	3	18,483.	14,774.	3,709.	0,010
q	• • • • • • • • • • • • • • • • • • • •	10,103.	11,7710	3,703.	
u e	Lobbying	635,061.			635,061
f	Investment management fees	535.		535.	033,001
g	//٢/ 44	3331			
9	column (A) amount, list line 11g expenses on Sch 0.)	241,889.	86,666.	155,223.	
12	Advertising and promotion		00,000		
13	Office expenses	120,376.	89,766.	23,876.	6,734
14	Information technology	81,721.	66,461.	15,260.	
15	Royalties	<i>,</i>	,		
16	Occupancy	339,087.	261,921.	77,166.	
17	Travel	82,538.	22,222.	3,625.	56,691
18	Payments of travel or entertainment expenses		,	7,020	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	373,076.	30,766.	7,038.	335,272
20	Interest	.,	,	,	, – . –
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,276.	71,005.	20,271.	
23	Insurance	55,649.	43,686.	11,963.	
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	65,455.	51,885.	12,543.	1,027
b	LIC., FEES & PERMITS	25,160.	18,157.	80.	6,923
С	PAYROLL EXPENSE	4,959.	4,026.	933.	
d	MOVING EXPENSES	4,135.	771.	3,364.	
е	All other expenses	3,182.	360.	2,822.	
25	Total functional expenses. Add lines 1 through 24e	6,085,062.	3,925,073.	1,111,441.	1,048,548
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,316,160.	1	912,017.		
	2	Savings and temporary cash investments			1,586,754.	2	2,253,036.
	3	Pledges and grants receivable, net	660,000.	3	681,250.		
	4	Accounts receivable, net		435,393.	4	605,226.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	sons (as defined				
		under section 4958(f)(1)), and persons describe	ed in sect	ion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			115,263.	9	73,855.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	378,524.			
	b	Less: accumulated depreciation	10b	254,936.	78,231.	10c	123,588.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	116,054.	15	90,522.		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 33	3)	5,307,855.	16	4,739,494.
	17	Accounts payable and accrued expenses		252,102.	17	258,853.	
	18	Grants payable		18			
	19	Deferred revenue			500,000.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	f Schedule D		21	
es	22	Loans and other payables to any current or for	mer office	er, director,			
≣		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese perso	ns		22	
_	23	Secured mortgages and notes payable to unre	lated third	d parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24).	Complete Part X	184 650		150 000
		of Schedule D			174,659.		150,902.
	26	Total liabilities. Add lines 17 through 25			926,761.	26	409,755.
S		Organizations that follow FASB ASC 958, ch	eck here				
nce		and complete lines 27, 28, 32, and 33.			2 645 754		4 150 010
ala	27	Net assets without donor restrictions			3,645,754. 735,340.	27	4,152,812. 176,927.
Б	28	Net assets with donor restrictions			733,340.	28	1/0,94/.
ᆵ		Organizations that do not follow FASB ASC	958, che	ck here 🕨 📖			
ō		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fund				29	
SS	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			4,381,094.	31	4,329,739.
ž	32	Total net assets or fund balances				32	
	33	Total liabilities and net assets/fund balances			5,307,855.	33	4,739,494.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		5,03		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,08		
3	Revenue less expenses. Subtract line 2 from line 1	3			55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,38	1,0	94.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,32	9,7	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За		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 on Schedule O and describe any steps taken to undergo such audits		3b		
	<u> </u>		Form	990	(2019)

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SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. CITIZENS FOR RESPONSIBILITY AND ETHICS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization IN WASHINGTON, INC. 03-0445391 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,150,980.	1,853,672.	7,773,524.	5,304,030.	5,989,080.	23,071,286.
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	2,150,980.	1,853,672.	7,773,524.	5,304,030.	5,989,080.	23,071,286.
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)						4,811,098.
6	Public support. Subtract line 5 from line 4.						18,260,188.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,150,980.	1,853,672.	7,773,524.	5,304,030.	5,989,080.	23,071,286.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	182.	662.	3,098.	24,717.	43,947.	72,606.
9	Net income from unrelated business			.,	,		,
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							23,143,892.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	381,753.
13	First five years. If the Form 990 is for			fourth or fifth tax			
.0	organization, check this box and stor	hava			•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (line 6. column (f) di	vided by line 11, co	olumn (f))		14	78.90 %
15	Public support percentage from 2018					15	82.27 %
16a	33 1/3% support test - 2019. If the o					nore, check this bo	x and
	stop here. The organization qualifies	•		•		•	\triangleright X
b	33 1/3% support test - 2018. If the						is box
	and stop here. The organization qual						ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		
12	Private foundation. If the organization						
-10	i iivato iodiidationi ii tile organizatio	in ala not oncon a l	JOA OIT III IC TO, TOA	, 100, 110, 01 110	, or look tills box a	and see mondered in	,

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 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.)

	qualify under the tests listed b	elow, please com	plete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010	(2) 2010	(6) 2511	(4) 2010	(6) 2515	(i) rotar
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the organization	o first seemed the	d fourth of fifth t	1 20 VOOT 22 C 225 th	n 501(a)(a)	zotion.
14	First five years. If the Form 990 is for						
Sor	check this box and stop herection C. Computation of Publ	ic Support Pa	rcentage				,
				oolumn (f\)		45	0/
	Public support percentage for 2019 (I					15	<u>%</u>
	Public support percentage from 2018 ction D. Computation of Investigation					16	%
	· · · · · · · · · · · · · · · · · · ·					147	0/
17	Investment income percentage for 20		B			17	<u>%</u>
18	Investment income percentage from 2			10 		18	<u>%</u>
19a	33 1/3% support tests - 2019. If the						ı / ıs not
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his hox and see in	structions	▶

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		100	110
	1		
	2		
	0-		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	F1-		
	5b 5c		
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	8		
	9a		
	9b		
	9c		
	33		
	10a		
	iva		
	10b		
~ O	90 or 90	00_E7	2010

	date / () of the cool of cool car /	03-044533	± P2	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
300	uon B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
2	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see inst	ructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	v (ooo inatrustion	-1	
င	The organization supported a governmental entity. Describe in Part VI how you supported a government entity. Activities Test. Answer (a) and (b) below.	y (see instructions	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zd		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2h		
2	•	2b		
3 a	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Charle have if the current year is the arganization's first as a non-functional	ly into avot	ad Tuna III aumnartina ara	iti (

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Secti	on D - Distributions		(Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
c	From 2016						
d	From 2017						
e	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i_	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from Section D,						
	line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

CITIZENS FOR RESPONSIBILITY AND ETHICS

Schedule A	(Form 990 or 990-EZ) 2019 $$ $$ $$ $$ $$ $$ $$ $$ $$	WASHINGTON,	INC.	03-0445391 Page 8
Part VI	Supplemental Informat Part IV, Section A, lines 1, 2, 3l line 1; Part IV, Section D, lines	ion. Provide the explana o, 3c, 4b, 4c, 5a, 6, 9a, 9b 2 and 3; Part IV, Section I	tions required by Part II, line 10; Part II, line 10, 9c, 11a, 11b, and 11c; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 2, 5, and 6. Also complete this part for an	ne 17a or 17b; Part III, line 12; B, lines 1 and 2; Part IV, Section C, .1; Part V, Section B, line 1e; Part V,

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- 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," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organization				
Name of organization CITIZEI	NS FOR RESPONSIBI	LITY AND ET	HICS Emp	loyer identification number
_	HINGTON, INC.			03-0445391
Part I-A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	
 Provide a description of the organ Political campaign activity expend Volunteer hours for political campa 	itures		 ▶\$	
Part I-B Complete if the or	ganization is exempt und	der section 501(c)	(3).	
1 Enter the amount of any excise tax				
2 Enter the amount of any excise tax	x incurred by organization manac	ers under section 495	5 > \$	}
3 If the organization incurred a secti	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a Was a correction made?				
b If "Yes," describe in Part IV.				
Part I-C Complete if the or	ganization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter the amount directly expende	ed by the filing organization for se	ection 527 exempt fund	ction activities > \$	3
2 Enter the amount of the filing orga	nization's funds contributed to o	ther organizations for s	ection 527	
exempt function activities			> \$	<u> </u>
3 Total exempt function expenditure			,	
line 17b				
4 Did the filing organization file Forn				
5 Enter the names, addresses and e				
made payments. For each organiz				
contributions received that were p political action committee (PAC). I			•	ate segregated fund or a
1 ,	1 /1		1	1
(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) 2019

LHA

932041 11-26-19

Sche	dule C (Form 990 or 990-EZ) 2019	IN WASHINGT	ON, INC.		03-0	445391 Page 2
	t II-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
		tion bolonge to an off	iliated group (and list ir	Dort IV and affiliated	l araun mambaria nam	a address FIN
A C			* · ·	i Part IV each ainliated	r group member's nam	e, address, EIIV,
B C		re of excess lobbying	expenditures). nd "limited control" pro	visiona annly		
B C	leck il the illing organiza	illon checked box A a	na iimitea controi pro	ovisions apply.	(a) Filing	(I=) A (()) = 1 = -1 =
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(b) Affiliated group totals
1a	Total lobbying expenditures to infl	uence public opinion ((grassroots lobbying)		4,356.	
	Total lobbying expenditures to infl				14,984.	
	Total lobbying expenditures (add I	~			19,340.	
	Other exempt purpose expenditur				6,065,722.	
	Total exempt purpose expenditure				6,085,062.	
	Lobbying nontaxable amount. Ent				454,253.	
	If the amount on line 1e, column (a)		bying nontaxable am			
	Not over \$500,000		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		00 plus 10% of the exc			
	Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
	Over \$17,000,000	\$1,000,	000.			
	, ,	,				
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			113,563.	
h	Subtract line 1g from line 1a. If zer				0.	
i	Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
	If there is an amount other than ze					
-	reporting section 4911 tax for this				[Yes No
		4-Year Ave	eraging Period Under	Section 501(h)		
	(Some organizations t				of the five columns b	elow.
		See the separ	ate instructions for li	nes 2a through 2f.)		
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
2a Lobbying nontaxable amount	249,784.	384,459.	384,457.	454,253.	1,472,953.			
b Lobbying ceiling amount (150% of line 2a, column(e))					2,209,430.			
c Total lobbying expenditures		2,755.	11,620.	19,340.	33,715.			
d Grassroots nontaxable amount	62,446.	96,115.	96,114.	113,563.	368,238.			
e Grassroots ceiling amount (150% of line 2d, column (e))					552,357.			
f Grassroots lobbying expenditures			360.	4,356.	4,716.			

Schedule C (Form 990 or 990-EZ) 2019

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)	(k	(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1 a	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: Volunteers?					
b	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?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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 501(c)(6).	on 501(c)(5), or se			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
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 campaign activity expenditures from the			-4:		
ı aı	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 answered "Yes."				e 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal				
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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process of the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process of the control of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process of the exceeds the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and process of the exceeds the					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information.	ist); Part II-	A, lines 1 a	and 2 (see		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Employer identification number 03-0445391

Schedule D (Form 990) 2019

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	(4) 11: 1 : 17	
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		' '
h	Assets included in Form 990, Part X		▶ \$

932051 10-02-19

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		INGTON, IN						03-04			ge 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	reasures, o	or Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	it make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	'	Loan or exc	change progra	am					
b	Scholarly research	e	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's control of the organization of the organiz							se in Par	t XIII.		
5	During the year, did the organization solicit of								7		
_	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	organizatio	on answered '	"Yes" on	Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	included		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f		,		
	Did the organization include an amount on F						ty?	L	Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete				1						
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years b	ack
	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		//: 4		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
2	Provide the estimated percentage of the cur	rent year end baland	,	g, column (a)) neid as:						
	Board designated or quasi-endowment	0/	_%								
	Permanent endowment	%									
С		%									
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4:4								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	and administe	erea for tr	ie organiz	ation	Г	V	NI-
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations	ations listed as requi	rod on S	obodulo P2	· · · · · · · · · · · · · · · · · · ·				3a(ii)		
4	Describe in Part XIII the intended uses of the								3b		
Par			willelit	iurius.							
	Complete if the organization answere		0 Part I\	/ line 11a 9	See Form 990) Part X	line 10				
	Description of property	(a) Cost or o			t or other		cumulate	а	(d) Book	value	
	bescription of property	basis (investr			(other)		reciation		(u) Door	value	
12	Land	` `	,	24010	(339					
	Buildings										
	Leasehold improvements			18	39,168.		73,4	50.	115	5,71	8 -
	Equipment				2,718.		94,8			7,87	
	Other				6,638.		86,6			, , ,	0.
	. Add lines 1a through 1e. (Column (d) must e		X. colun				, , ,	•	123	3,58	8.

Schedule D (Form 990) 2019

Part VIII Investments - Other Securities. Compilete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.			LITY AND ETHICS	02 0445201
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of sociality or category (verbuling name of security) (b) Book value (c) Method of valuation: Cost or end of year market value (d) Cost of the equal type of the equal form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (d) Cost of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (e) Cost of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (f) Cost of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		ron, INC.		03-0445391 Page
(a) Bescription of security or category including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) Financial derivatives (g) Closely held equity interests (g) Other (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(2) Closely held equity interests (3) Other (A) (B) (C) (C) (D) (C) ((b) Book value	(c) Method of Valuation: Cost of	or end-of-year market value
(3) Other				
(B) (C) (D) (E) (F) (G) (G) (H) Total, (Col. (b) must equal form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c, See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(2) Closely held equity interests			
(B) (C) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(3) Other			
(C) (D) (E) (F) (G) (H) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) DEFERRED LOSS (4) (767. (3) SECURITY DEPOSIT (4) DEFERRED RENT ABATEMENT (5) 7, 7.255.	(A)			
(C) (E) (F) (G) (G) (D) must equal Form 990, Part X, col. (B) line 12.) ► (Part VIII) Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(B)			
Col. (b) must equal Form 990, Part X, cot. (B) line 12.) Part Viii Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(C)			
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	(D)			
(G) (H) Total. (Col., (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(E)			
(G) (H) Total. (Col., (b) must equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(F)			
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (1) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			_	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.		" on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				or end-of-year market value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	(1)			
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)▶ Part IX Other Assets.				
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LOSS (46, 767, 225) (3) SECURITY DEPOSIT 16, 815.				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LOSS (3) SECURITY DEPOSIT (4) DEFERRED RENT ABATEMENT (57, 225.				
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Part IX	. ,			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED LOSS 46, 767. (3) SECURITY DEPOSIT 16, 815. (4) DEFERRED RENT ABATEMENT 57, 225.				
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LOSS 46,767 (3) SECURITY DEPOSIT 16,815 (4) DEFERRED RENT ABATEMENT 57,225		Description		(b) Book value
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LOSS 46,767. (3) SECURITY DEPOSIT 16,815. (4) DEFERRED RENT ABATEMENT 57,225.	(7)			
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Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LOSS 46,767. (3) SECURITY DEPOSIT 16,815. (4) DEFERRED RENT ABATEMENT 57,225.	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) DEFERRED LOSS 46,767. (3) SECURITY DEPOSIT 16,815. (4) DEFERRED RENT ABATEMENT 57,225.	Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		▶
1. (a) Description of liability (b) Book value (1) Federal income taxes 46,767 (2) DEFERRED LOSS 46,767 (3) SECURITY DEPOSIT 16,815 (4) DEFERRED RENT ABATEMENT 57,225	Part X Other Liabilities.			
(1) Federal income taxes (2) DEFERRED LOSS 46,767 (3) SECURITY DEPOSIT 16,815 (4) DEFERRED RENT ABATEMENT 57,225	Complete if the organization answered "Yes	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, li	ne 25.
(2) DEFERRED LOSS 46,767 (3) SECURITY DEPOSIT 16,815 (4) DEFERRED RENT ABATEMENT 57,225	1. (a) Description of liability			(b) Book value
(2) DEFERRED LOSS 46,767 (3) SECURITY DEPOSIT 16,815 (4) DEFERRED RENT ABATEMENT 57,225				
(3) SECURITY DEPOSIT 16,815 (4) DEFERRED RENT ABATEMENT 57,225	DEFENDED LOGG			46,767
(4) DEFERRED RENT ABATEMENT 57,225	COLUMN THE DEPOSIT			
	DEFENDED DELIC ADAMENTAL			
	(')	ENT		,

150,902. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

30,095.

(6) (7) (8)

ALLOWANCE

Par	τ ΧΙ	Reconciliation of Revenue per Audited Financial State	ements with R	evenue per H	eturr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line				6 000 150
1	Total	revenue, gains, and other support per audited financial statements			1	6,033,172.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments				
b		ted services and use of facilities				
С		veries of prior year grants				
d		(Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			•
е	Add li	ines 2a through 2d			2e	0.
3	Subtr	act line 2e from line 1			3	6,033,172.
4		ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	535.		
b	Other	(Describe in Part XIII.)	4b			
С		nes 4a and 4b			4c	535.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,033,707.
Pai	rt XII	Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per	Retu	rn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total	expenses and losses per audited financial statements			1	6,084,527.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Dona	ted services and use of facilities	2a			
b	Prior	year adjustments	2b			
С	Other	losses	2c			
d		(Describe in Part XIII.)				
е	Add li	nes 2a through 2d			2e	0.
3		act line 2e from line 1			3	6,084,527.
4		ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Inves	tment expenses not included on Form 990, Part VIII, line 7b	4a	535.		
		(Describe in Part XIII.)				
С	Add li	nes 4a and 4b			4c	535.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,085,062.
Pai	rt XIII	Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; d 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
PAF	RT X	I, LINE 2:				
FOF	R TH	E YEAR ENDED DECEMBER 31, 2019, THE	ORGANIZAT	ON HAS D	OCUI	MENTED ITS
COI	ISIE	ERATION OF FASB ASC 740-10, INCOME T	AXES, THAT	r PROVIDE	S GI	UIDANCE FOR
REI	PORT	ING UNCERTAINTY IN INCOME TAXES AND	HAS DETERN	INED THA	T NO	O MATERIAL
UNC	CERT	AIN TAX POSITIONS QUALIFY FOR EITHER	RECOGNIT	ON OR DI	SCL	OSURE IN
THE	S FI	NANCIAL STATEMENTS.				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Open to Public

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Employer identification number 03-0445391

Part I Fundraising Activities required to complete this part	Complete if the organization answert.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
 Indicate whether the organization rail Mail solicitations X Internet and email solicitations X Phone solicitations X In-person solicitations a Did the organization have a written key employees listed in Form 990, F If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of tion of tion of tindra	non-g gover ising o ding o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BONNER GROUP, INC 800		Yes	No			
MAINE AVE, SW, 4TH FLOOR,	PROFESSIONAL FUNDRAISING		Х	5,085,487.	635,061.	4,450,426.
				F 00F 407	635 061	4 450 406
3 List all states in which the organization or licensing. AK, AL, AR, CA, CO, CT, DC, NV, NY, OH, OK, OR, PA, RI,	FL,GA,HI,IL,KS,KY,	MA,			·	

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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

SEE PART IV FOR CONTINUATIONS

Pa	ırt		-			
		of fundraising event contributions and gr	oss income on Form 990 (a) Event #1	J-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10					
Ps	11 rt					
1 0		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	11 990, Fait IV, IIIIe 19, 01	reported more than	
-		,	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo	(c) Other gaining	col. (a) through col. (c))
Rev						
	1	Gross revenue				
SS	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	Ĭ					
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		•	Yes No
i.		Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2019

CITIZENS FOR RESPONSIBILITY AND ETHICS

Schedule G (Form 990 or 990-EZ) 2019 IN WASHINGTON, INC.	03-0445391 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity f	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	
Name	
Address ▶	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount
of gaming revenue retained by the third party >\$	
c If "Yes," enter name and address of the third party:	
•	
Name ▶	
Address ▶	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	or spent in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	i) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FU	JNDRAISERS:
(I) NAME OF FUNDRAISER: BONNER GROUP, INC.	
(1) NAME OF FUNDATION. BONNER GROOT, INC.	
(I) ADDRESS OF FUNDRAISER:	
800 MAINE AVE, SW, 4TH FLOOR, WASHINGTON, DC 20024	

CITIZENS FOR RESPONSIBILITY AND ETHICS

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	IN WASHINGTON,	INC.	03-0445391	Page 4
Part IV	Supplemental Infor	mation (continued)			
_					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Employer identification number 03-0445391

Pa	art 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 on 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 (such as 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant [X] Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6-		Х
a	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2019

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 on 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 aren't 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 other deferred	(D) Nontaxable benefits	1 1		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(5)(1)-(0)	in column (B) reported as deferred on prior Form 990
(1) NOAH BOOKBINDER	(i)	280,000.	0.	0.	8,400.	837.	289,237.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ADAM RAPPAPORT	(i)	189,167.	0.	0.	5,675.	19,022.	213,864.	0.
CHIEF COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNE WEISMANN	(i)	184,167.	0.	0.	5,525.	24,317.	214,009.	0.
CHIEF FOIA COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STUART MCPHAIL	(i)	153,333.	0.	0.	4,600.	8,863.	166,796.	0.
SR. LITIGATION COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WALTER SHAUB	(i)	174,583.	0.	0.	5,238.	8,882.	188,703.	0.
SR. ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD SHERMAN	(i)	186,250.	0.	0.	5,588.	11,318.	203,156.	0.
DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
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	(ii)							

Part III Supplemental Information
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.

Schedule J (Form 990) 2019

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Employer identification number 03-0445391

Part	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	:s
1 .	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications						
	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	5	41,429.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
	Qualified conservation contribution -						
	Historic structures						
	Qualified conservation contribution - Other						
	Real estate - Residential						
	Real estate - Commercial						
	Real estate - Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
	Archeological artifacts Other ► ()						
	`						
	Other () Other ()						
	Other ()						
	Number of Forms 8283 received by the organi	zation durin	n the tax vear for o	contributions			
	for which the organization completed Form 82			l l			
	,	, ,				Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rej	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	-			-		
	exempt purposes for the entire holding period					30a	Х
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	ıtions?	31	Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2019

CITIZENS FOR RESPONSIBILITY AND ETHICS

IN WASHINGTON, INC. 03-0445391 Schedule M (Form 990) 2019 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2019

932142 09-27-19

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.
 Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Employer identification number 03-0445391

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE HIGHLIGHT ABUSES, CHANGE BEHAVIOR, RAISE AWARENESS, AND LAY THE

GROUNDWORK FOR NEW POLICIES AND APPROACHES THAT ENCOURAGE PUBLIC

OFFICIALS TO WORK FOR THE BENEFIT OF THE PEOPLE, NOT FOR THEIR OWN

ENRICHMENT OR THE BENEFIT OF POWERFUL INTERESTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OBTAINED DOCUMENTS, AND LEGAL ANALYSIS. CREW'S EXECUTIVE DIRECTOR,

BOARD MEMBERS, AND OTHER EMPLOYEES REGULARLY APPEAR IN PRINT AND

BROADCAST MEDIA DISCUSSING GOVERNMENT ETHICS AND MONEY IN POLITICS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION HAS LITIGATED AGAINST GOVERNMENT AGENCIES TO ENSURE

THAT THEY ADEQUATELY ENFORCE CAMPAIGN FINANCE LAWS AND RELATED LAWS.

CREW HAS INITIATED FREEDOM OF INFORMATION ACT REQUESTS AND OTHER OPEN

RECORDS REQUESTS SEEKING INFORMATION REGARDING POTENTIAL ETHICS

VIOLATIONS AND CONFLICTS OF INTEREST BY GOVERNMENT OFFICIALS, THE

INFLUENCE OF MONEYED INTERESTS ON POLICY-MAKING, AND SECRET

DECISION-MAKING. THE ORGANIZATION HAS FILED NUMEROUS LAWSUITS IN

FEDERAL COURT OVER THE GOVERNMENT'S FAILURE TO RESPOND TO SOME OF THOSE

REQUESTS. CREW HAS WORKED TO DEVELOP LEGISLATIVE AND ADMINISTRATIVE

REFORMS TO IMPROVE ETHICS, TRANSPARENCY, AND ACCOUNTABILITY IN

GOVERNMENT AND IN CAMPAIGNS, AND HAS WORKED TO INFORM LEGISLATORS AND

OTHERS OF THESE DESIRED REFORMS. CREW HAS ALSO WORKED TO ENCOURAGE

APPROPIATE CONGRESSIONAL OVERSIGHT OF GOVERNMENT.

Employer identification number 03-0445391

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CFO, LEGAL COUNSEL, AND APPROVED BY THE EXECUTIVE DIRECTOR OF THE ORGANIZATION. THE RETURN IS FORWARDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS ON AN ANNUAL BASIS. INDIVIDUALS WITH KNOWLEDGE OF POSSIBLE CONFLICTS OF INTEREST MUST DISCLOSE THE CONFLICT TO THE OTHER DIRECTORS, OTHER MEMBERS OF A COMMITTEE OF THE BOARD OF DIRECTORS, OR AN OFFICER OF THE ORGANIZATION. UPON DISCLOSURE, THE REMAINING DIRECTORS, OR IN THE EVENT OF AN EMPLOYEE, THE OFFICERS OF THE ORGANIZATION, WILL GATHER INFORMATION AND DETERMINE WHETHER A CONFLICT EXISTS. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST, THEN THE INTERESTED PERSON WILL BE RECUSED FROM ANY DECISION MAKING POSITION WITH REGARD TO THE TRANSACTION. A TRANSACTION, ARRANGEMENT, OR SOME ALTERNATIVE, MAY BE APPROVED IF IT IS IN THE ORGANIZATION'S BEST INTEREST AND FOR ITS OWN BENEFIT, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND IS THE MOST ADVANTAGEOUS TRANSACTION OR ARRANGEMENT THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES. IF AN EMPLOYEE, OFFICER, DIRECTOR, OR MEMBER OF A COMMITIEE, WITH BOARD-DELEGATED POWERS, VIOLATES THIS POLICY, DISCIPLINARY ACTION MAY BE TAKEN INCLUDING TERMINATION OF THE TRANSACTION OR ARRANGEMENT GENERATING THE CONFLICT, FORMAL REPRIMAND, SUSPENSION OR TERMINATION OF EMPLOYMENT AND/OR REMOVAL FROM THE BOARD AS APPROPRIATE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT OFFICIALS WAS BASED ON COMPENSATION STUDIES USING COMPARATIVE DATA FROM OTHER