|                                |                      |                                | ** PUBLIC DISCLOSURE C  | COPY **        |                              |                               |
|--------------------------------|----------------------|--------------------------------|---|----------------|------------------------------|-------------------------------|
|                                | 0                    | 00                             | Return of Organization Exempt   | From I         | ncome Tax                    | OMB No. 1545-0047             |
| Forr                           | n 93                 | 90                             | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu   | ue Code (exc   | cept private foundatio       | ns) <b>2021</b>               |
|                                |                      |                                | Do not enter social security numbers on this form   | n as it may l  | pe made public.              | Open to Public                |
| Depa<br>Intern                 | rtment c<br>nal Reve | of the Treasury<br>nue Service | Go to www.irs.gov/Form990 for instructions ar   | nd the latest  | information.                 | Inspection                    |
| A F                            | or the               | e 2021 calend                  |   | d ending       |                              |                               |
| Bc                             | heck if              | C Name o                       | forganization   |                | D Employer identified        | cation number                 |
|                                | pplicabl             | CITI                           | ZENS FOR RESPONSIBILITY AND ETHIC   | CS             |                              |                               |
| X                              | Addre                | ss IN W                        | ASHINGTON, INC.   |                |                              |                               |
|                                | Name<br>Chang        | e Doing b                      | usiness as  |                | 03-04453                     | 91                            |
|                                | Initial<br>return    | Number                         | and street (or P.O. box if mail is not delivered to street address)   | Room/suite     | E Telephone number           | r                             |
|                                | Final<br>return/     | / 1331                         | F STREET, N.W.  | 900            | (202)408                     | -5565                         |
|                                | termin<br>ated       | - City or t                    | own, state or province, country, and ZIP or foreign postal code   |                | <b>G</b> Gross receipts \$   | 7,812,685.                    |
|                                | Ameno                | ded WASH                       | INGTON, DC 20004  |                | H(a) Is this a group re      | eturn                         |
|                                | Applic tion          | <sup>a-</sup> <b>F</b> Name a  | nd address of principal officer:NOAH BOOKBINDER   |                | for subordinates             | ? 🗌 Yes I No                  |
|                                | pendir               |                                | AS C ABOVE  |                | H(b) Are all subordinates in | ncluded? Yes No               |
|                                |                      |                                | X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)   | ) or 📃 527     | If "No," attach a            | list. See instructions        |
|                                |                      |                                | CITIZENSFORETHICS.ORG   |                | H(c) Group exemption         |                               |
| κF                             | orm of               | organization:                  | X Corporation Trust Association Other ►   | L Year         | of formation: 2002 N         | State of legal domicile: DE   |
| Pa                             | art I                | Summary                        |   |                |                              |                               |
| Ð                              | 1                    | Briefly describ                | be the organization's mission or most significant activities: SEE   | PART I         | II, LINE 1.                  |                               |
| Governance                     |                      |                                |   |                |                              |                               |
| ern                            | 2                    | Check this bo                  | x $\blacktriangleright$ if the organization discontinued its operations or dispersion   | osed of more   | than 25% of its net as       | _                             |
| Ň                              | 3                    | Number of vo                   | ting members of the governing body (Part VI, line 1a)   |                |                              | 8                             |
|                                | 4                    | Number of inc                  | lependent voting members of the governing body (Part VI, line 1b)   |                |                              | 8                             |
| Activities &                   |                      |                                | of individuals employed in calendar year 2021 (Part V, line 2a) $\ldots$  |                |                              | 51                            |
| ivit                           |                      |                                | of volunteers (estimate if necessary)   |                |                              | 9                             |
| Act                            |                      |                                | d business revenue from Part VIII, column (C), line 12  |                |                              | 0.                            |
|                                | b                    | Net unrelated                  | business taxable income from Form 990-T, Part I, line 11  | ·····          |                              | 0.                            |
|                                |                      |                                |   |                | Prior Year                   | Current Year                  |
| ne                             |                      |                                | and grants (Part VIII, line 1h)   |                | 9,014,035.                   | 7,536,356.                    |
| Revenue                        |                      | •                              | ce revenue (Part VIII, line 2g)   |                | 34,700.                      | 76,000.                       |
| Rev                            |                      |                                | come (Part VIII, column (A), lines 3, 4, and 7d)  |                | 10,559.                      | -45.                          |
|                                |                      |                                | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                | 5,500.                       | 0.                            |
|                                |                      |                                | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                | 9,064,794.                   | 7,612,311.                    |
|                                |                      |                                | milar amounts paid (Part IX, column (A), lines 1-3)   |                | 0.                           | 0.                            |
|                                |                      |                                | to or for members (Part IX, column (A), line 4)   |                | 3,919,071.                   | 3,598,331.                    |
| Expenses                       | 15                   | Salaries, othe                 | r compensation, employee benefits (Part IX, column (A), lines 5-10)<br>undraising fees (Part IX, column (A), line 11e)<br>ing expenses (Part IX, column (D), line 25) <b></b> | )              | 884,618.                     | 770,589.                      |
| en                             | 16a                  | Protessional f                 |   |                | 004,010.                     | 110,309.                      |
| Ă                              |                      |                                |   |                | 1,125,047.                   | 846,128.                      |
|                                |                      | -                              | es (Part IX, column (A), lines 11a-11d, 11f-24e)  |                | 5,928,736.                   | 5,215,048.                    |
|                                |                      | -                              | s. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                | 3,136,058.                   | 2,397,263.                    |
| Sé                             | 19                   | neveriue iess                  | expenses. Subtract line 18 from line 12   |                | ginning of Current Year      | End of Year                   |
| Net Assets or<br>Fund Balances | 20                   | Total assots (                 | Part X, line 16)  |                | 8,350,032.                   | 10,777,037.                   |
| Asse<br>Bal                    | 20                   |                                |   |                | 884,204.                     | 913,977.                      |
| Net,<br>und                    | 22                   |                                | (Part X, line 26)<br>fund balances. Subtract line 21 from line 20   |                | 7,465,828.                   | 9,863,060.                    |
|                                | art II               | Signature                      |   |                | ,,100,0100                   | 2700070001                    |
|                                |                      | -                              | I declare that I have examined this return, including accompanying schedul  | les and statem | ents, and to the best of m   | v knowledge and belief, it is |
|                                |                      |                                | . Declaration of preparer (other than officer) is based on all information of v   |                |                              | ,                             |
| ,                              |                      |                                | Mant N  |                | 8/26                         | 122                           |
| Sig                            | n                    | Signature                      | e of officer  |                | Date                         |                               |
| Her                            |                      | NOAH                           | BOOKBINDER, PRESIDENT & CEO   |                |                              |                               |
|                                | -                    |                                | print name and title  |                |                              |                               |
|                                |                      | Print/Type pre                 | parer's name Preparer's signature   |                | Date Check                   | PTIN                          |
| Paid                           | I                    |                                |   | bearting (     | )8/25/2022 self-employe      | P00288314                     |
| Prep                           | arer                 | Firm's name                    | ▶ GELMAN, ROSENBERG & FREEDMAN  |                |                              | 52-1392008                    |
|                                | Only                 |                                | 4550 MONTGOMERY AVE SUITE 800N  |                | F                            |                               |
|                                | -                    |                                | BETHESDA, MD 20814-2930   |                | Phone no. (3                 | 01) 951-9090                  |
| May                            | the If               | RS discuss thi                 | s return with the preparer shown above? See instructions  |                | ·····                        | X Yes No                      |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

| orm   | CITIZENS FOR RESPONSIBILITY AND ETHICS<br>1990 (2021) IN WASHINGTON, INC. 03-0445391 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, REDUCE THE INFLUENCE OF  |
|       | MONEY IN POLITICS, AND PRESERVE AMERICA'S (CONTINUED ON SCHEDULE O)  |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|       | prior Form 990 or 990-EZ?  |
|       | 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 \$ 1,436,915. including grants of \$) (Revenue \$)   |
|       | EDUCATION: CREW HAS WORKED TO EDUCATE THE PUBLIC ABOUT UNETHICAL AND   |
|       | ILLEGAL CONDUCT ON THE PART OF PUBLIC OFFICIALS AND THOSE WHO SEEK TO  |
|       | INFLUENCE THEM, THE THREAT THIS CONDUCT POSES TO OUR DEMOCRACY, AND T  |
|       | CORRUPTING INFLUENCE OF MONEY IN POLITICS. IT HAS PUBLICIZED INSTANCE  |
|       | OF THESE KINDS OF ABUSES AND BROADER PATTERNS OF UNETHICAL CONDUCT AN  |
|       | 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 \$ 2,201,355. including grants of \$) (Revenue \$ 76,00  |
|       | 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 A  |
|       | 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 CONCERNI  |
|       | VIOLATIONS OF CAMPAIGN FINANCE AND TAX LAWS BY GOVERNMENT OFFICIALS A  |
|       | THOSE WHO SEEK TO INFLUENCE THEM, AS WELL AS BY CANDIDATES FOR OFFICE  |
|       | AND POLITICAL OR NON-PROFIT ORGANIZATIONS. (CONTINUED ON SCHEDULE O)   |
| 4c    | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
|       |  |
| 4d    | Other program services (Describe on Schedule O.)   |
|       | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e    | Total program service expenses ► 3,638,270.  |
|       | – 000 /  |
|       | Form <b>990</b> (  |
| 32002 | 2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)  |

IN WASHINGTON, INC.

Form 990 (2021) Part IV Checklist of Required Schedules 03-0445391 Page 3

|        | · · ·   |      | Yes  | No       |
|--------|---|------|------|----------|
|        | Let be experientian described in section $E(d/s)(0)$ or $40.47(s)(1)$ (at or then a private foundation) 0                         |      | res  |          |
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                               |      | х    |          |
| -      | If "Yes," complete Schedule A   | 1    | X    |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                   | 2    | Λ    |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |      |      |          |
|        | public office? If "Yes," complete Schedule C, Part I  | 3    |      | 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III   | 5    |      | X        |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to         |      |      |          |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I      | 6    |      | Х        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,                         |      |      |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                              | 7    |      | х        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete      |      |      |          |
|        | Schedule D, Part III  | 8    |      | x        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for     |      |      |          |
| -      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?         |      |      |          |
|        | If "Yes," complete Schedule D, Part IV  | 9    |      | x        |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                      | - 3  |      | <u> </u> |
| 10     |   | 10   |      | x        |
|        | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10   |      |          |
| 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,       |      | v    |          |
|        | 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      |      |      | 37       |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b  |      | X        |
| 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  |      | X        |
| d      | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in     |      |      |          |
|        | 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  |      | Х        |
| f      | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses           |      |      |          |
|        | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X            | 11f  | 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?                         |      |      |          |
|        | 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        |      |      |          |
|        | 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         |      | ļ    | · ·      |
|        | 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          |      |      | <u> </u> |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16   |      | x        |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,           |      |      | <u> </u> |
| .,     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  | 17   | х    |          |
| 10     |   | 17   | - 13 |          |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines      | 40   |      | x        |
| 40     | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18   |      |          |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"            |      |      | v        |
| ~~     | complete Schedule G, Part III   | 19   |      | X        |
| 20a    | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>                         | 20a  |      | X        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                      | 20b  |      |          |
| 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   | 000  | X        |
| 132003 | 3 12-09-21  | Form | 990  | (2021)   |
|        | 3   |      |      |          |

#### CTTTZENG FOR RESPONSTRUITTY AND FTHTCS

|      | CITIZENS FOR RESPONSIBILITY AND ETHICS  |     |     |              |
|------|---|-----|-----|--------------|
|      | 990 (2021) IN WASHINGTON, INC. 03-0445  | 391 | P   | age <b>4</b> |
| Pa   | t 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  |     | X            |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current |     |     |              |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete              | ľ   |     |              |
|      | 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          | ľ   |     |              |
|      | Schedule K. If "No," go to line 25a   | 24a |     | X            |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                           | 24b |     |              |
| 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 |     |              |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                     | 24d |     |              |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                | ľ   |     |              |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                               | 25a |     | X            |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  |     |     |              |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete       |     |     |              |
|      | Schedule L, Part I  | 25b |     | X            |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current             | ľ   |     |              |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                     | ľ   |     |              |
|      | 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, | ľ   |     |              |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | ľ   |     |              |
|      | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III    | 27  |     | X            |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,      | l   |     |              |
|      | 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            |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             | 28b |     | Х            |

| b  | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                             |
|----|---|
| с  | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If                     |
|    | "Yes," complete Schedule L, Part IV   |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                    |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation |
|    | contributions? If "Yes," complete Schedule M  |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I          |

|      | 5   |     |   |
|------|---|-----|---|
|      | contributions? If "Yes," complete Schedule M  | 30  | Х |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  | Х |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II   | 32  | х |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                              | 33  | x |
| 34   | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  | x |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a | Х |
| b    | 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 on Schedule O for Part VI, lines 11b and 19?             |    |   |   |  |  |  |
|  | Note: All Form 990 filers are required to complete Schedule O  | 38 | Х |   |  |  |  |
| Part V Statements Regarding Other IRS Filings and Tax Compliance |  |    |   |   |  |  |  |

| I UI   | otatements negarang other mornings and rax compliance   |               |      |                |        |
|--------|---|---------------|------|----------------|--------|
|        | Check if Schedule O contains a response or note to any line in this Part V                            |               |      |                |        |
|        |   |               |      | Yes            | No     |
| 1a     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable                          | a 1           | .1   |                |        |
| b      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1                     | b             | 0    |                |        |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and repo | rtable gaming |      |                |        |
|        | (gambling) winnings to prize winners?   |               | . 1c | X              |        |
| 132004 | 4 12-09-21  |               | Forr | n <b>990</b> ( | (2021) |

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2021.04012 CITIZENS FOR RESPONSIBILITY 06605\_1

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| Form     | 990 (2021) IN WASHINGTON, INC. 03-0445   | 391      | Pa  | age <b>5</b> |  |  |  |  |  |  |  |
|----------|--|----------|-----|--------------|--|--|--|--|--|--|--|
| Par      | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          |     |              |  |  |  |  |  |  |  |
|          |  |          | Yes | No           |  |  |  |  |  |  |  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |          |     |              |  |  |  |  |  |  |  |
|          | filed for the calendar year ending with or within the year covered by this return 2a 51  |          |     |              |  |  |  |  |  |  |  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | X   |              |  |  |  |  |  |  |  |
|          | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.  |          |     |              |  |  |  |  |  |  |  |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 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       |     |              |  |  |  |  |  |  |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |          |     | х            |  |  |  |  |  |  |  |
| <b>b</b> | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |     |              |  |  |  |  |  |  |  |
| D        | If "Yes," enter the name of the foreign country  |          |     |              |  |  |  |  |  |  |  |
| 50       | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).<br>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a       |     | х            |  |  |  |  |  |  |  |
|          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5a<br>5b |     | X            |  |  |  |  |  |  |  |
| b<br>C   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 50<br>5c |     |              |  |  |  |  |  |  |  |
|          | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  | 30       |     |              |  |  |  |  |  |  |  |
| Ua       | any contributions that were not tax deductible as charitable contributions?  | 6a       |     | х            |  |  |  |  |  |  |  |
| h        | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |     |              |  |  |  |  |  |  |  |
|          | were not tax deductible?   | 6b       |     |              |  |  |  |  |  |  |  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |          |     |              |  |  |  |  |  |  |  |
| a        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       |     | Х            |  |  |  |  |  |  |  |
|          | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       |     |              |  |  |  |  |  |  |  |
|          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |     |              |  |  |  |  |  |  |  |
|          | to file Form 8282?   | 7c       |     | Х            |  |  |  |  |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d   |          |     |              |  |  |  |  |  |  |  |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |     | Х            |  |  |  |  |  |  |  |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     | Х            |  |  |  |  |  |  |  |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     |              |  |  |  |  |  |  |  |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |     |              |  |  |  |  |  |  |  |
| 8        | 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?   | 9a       |     |              |  |  |  |  |  |  |  |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A  | 9b       |     |              |  |  |  |  |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter:  |          |     |              |  |  |  |  |  |  |  |
|          | Initiation fees and capital contributions included on Part VIII, line 12 10a   |          |     |              |  |  |  |  |  |  |  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |          |     |              |  |  |  |  |  |  |  |
| 11       | Section 501(c)(12) organizations. Enter:   |          |     |              |  |  |  |  |  |  |  |
| а        | Gross income from members or shareholders 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      |     |              |  |  |  |  |  |  |  |
|          | If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b   |          |     |              |  |  |  |  |  |  |  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.<br>Is the organization licensed to issue qualified health plans in more than one state? N/A   | 10-      |     |              |  |  |  |  |  |  |  |
| а        | · · · · · · · · · · · · · · · · · · ·  | 13a      |     |              |  |  |  |  |  |  |  |
| h        | <b>Note:</b> 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  |          |     |              |  |  |  |  |  |  |  |
| ~        |  |          |     |              |  |  |  |  |  |  |  |
| 14a      |  | 14a      | -   | Х            |  |  |  |  |  |  |  |
|          |  | 14b      |     |              |  |  |  |  |  |  |  |
| 15       | It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O<br>Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |          |     |              |  |  |  |  |  |  |  |
|          | excess parachute payment(s) during the year?   | 15       |     | х            |  |  |  |  |  |  |  |
|          | If "Yes," see the instructions and file Form 4720, Schedule N.   |          |     |              |  |  |  |  |  |  |  |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       |     | Х            |  |  |  |  |  |  |  |
|          | If "Yes," complete Form 4720, Schedule O.  |          |     |              |  |  |  |  |  |  |  |
| 17       | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any   |          |     |              |  |  |  |  |  |  |  |
|          | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? $N/A$  | 17       |     |              |  |  |  |  |  |  |  |
|          | If "Yes," complete Form 6069.  |          |     |              |  |  |  |  |  |  |  |
| 132005   | 12-09-21 5   |          |     | (2021)       |  |  |  |  |  |  |  |
| 130      | 825 745960 06605 2021.04012 CITIZENS FOR RESPONSIBILITY  | 066      | 05  | 1            |  |  |  |  |  |  |  |

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

Form 990 (2021)

## IN WASHINGTON, INC. 03-0445391 Page 6

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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.

|            |  | . —         | Yes          | ľ   |
|------------|--|-------------|--------------|-----|
| 1a         | Enter the number of voting members of the governing body at the end of the tax year 1a   | 3           |              |     |
|            | 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.  |             |              |     |
|            | Enter the number of voting members included on line 1a, above, who are independent 1b  | 3           |              |     |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |             |              |     |
|            | officer, director, trustee, or key employee?   | 2           |              |     |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |             |              |     |
|            | of officers, directors, trustees, or key employees to a management company or other person?  | 3           |              |     |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4           |              | L   |
|            | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5           |              |     |
| 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 appoint one or more members of the governing body?   | 7a          |              |     |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |             |              | T   |
|            | persons other than the governing body?   | 7b          |              |     |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |             |              | t   |
|            | The governing body?  | 8a          | x            | I   |
|            | Each committee with authority to act on behalf of the governing body?  | 8b          | X            | t   |
|            | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |             |              | t   |
| -          | organization's mailing address? If "Yes," provide the names and addresses on Schedule O  | 9           |              |     |
| ect        | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   | . ~         |              | 1   |
|            | , , , , , , , , , , , , , , , , , , ,  |             | Yes          | T   |
| 0a         | Did the organization have local chapters, branches, or affiliates?   | 10a         |              | t   |
|            | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |             |              | t   |
|            | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b         |              |     |
| 1a         | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         | x            | t   |
|            | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |             |              | t   |
|            | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>   | 12a         | x            | I   |
|            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         | x            | t   |
|            | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 12.5<br>12c | x            | t   |
| 3          | on Schedule O how this was done  | 120         | X            | ╀   |
|            |  | 13          | X            | ╉   |
|            | Did the organization have a written document retention and destruction policy?   | 14          |              | +   |
| 5          | Did the process for determining compensation of the following persons include a review and approval by independent   |             |              | 1   |
| -          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 45-         | x            | I   |
|            | The organization's CEO, Executive Director, or top management official   | 15a         |              | ╀   |
| a          | Other officers or key employees of the organization  | 15b         |              | +   |
| <b>C</b> - | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |             |              | I   |
|            | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  | 40          |              | 1   |
|            | taxable entity during the year?  | 16a         |              | ╀   |
| b          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |             |              | I   |
|            | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   | 401         |              | l   |
| 0.01       | exempt status with respect to such arrangements?   | 16b         |              | 1   |
|            |  |             |              |     |
|            | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ SEE SCHEDULE O  |             | N            | 1.5 |
| 8          | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public imposting indicate boundary mode these qualitable. Check all that apply  | os only     | ) avail      | a   |
|            | for public inspection. Indicate how you made these available. Check all that apply.           Own website         Another's website         X         Upon request         X         Other (explain on Schedule O) |             |              |     |
| 9          | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | nd fina     | ncial        |     |
|            | statements available to the public during the tax year.  |             |              |     |
|            | State the name, address, and telephone number of the person who possesses the organization's books and records 🕨   |             |              |     |
| 0          | NOAH BOOKBINDER - (202)408-5565  |             |              |     |
| 20         |  |             |              | _   |
|            | NOAH BOOKBINDER - (202)408-5565  | Form        | 1 <b>990</b> | (   |

| Form 990 (2 | 2021)         | IN   | WASHINGTON,          | INC.     |                  | 03-0                |
|-------------|---------------|------|----------------------|----------|------------------|---------------------|
| Part VII    | Compensation  | of C | Officers, Directors, | Trustees | , Key Employees, | Highest Compensated |
|             | Employees, an | d In | dependent Contra     | ctors    |                  |                     |

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

IN WASHINGTON, INC.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

| (A)                                  | (B)                  |                                | 411120                |                         | C)           | nper                            | iout   | (D)                             | (E)                          | (F)                      |
|--------------------------------------|----------------------|--------------------------------|-----------------------|-------------------------|--------------|---------------------------------|--------|---------------------------------|------------------------------|--------------------------|
| Name and title                       | Average              | Desition                       |                       |                         |              |                                 | 200    | Reportable                      | Reportable                   | Estimated                |
|                                      | hours per            | box                            | , unle                | and a director/trustee) |              |                                 |        | compensation                    | compensation                 | amount of                |
|                                      | week                 |                                | cer an                | a a a                   | recto        | r/trus                          | tee)   | from                            | from related                 | other                    |
|                                      | (list any            | Individual trustee or director |                       |                         |              |                                 |        | the                             | organizations                | compensation             |
|                                      | hours for<br>related | e or d                         | tee                   |                         |              | Highest compensated<br>employee |        | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>organization |
|                                      | organizations        | truste                         | al trus               |                         | yee          | mpen                            |        | 1099-NEC)                       | 1000 1120)                   | and related              |
|                                      | below                | id ual 1                       | Institutional trustee | 5                       | Key employee | est co<br>o yee                 | er     |                                 |                              | organizations            |
|                                      | line)                | Indivi                         | Instit                | Officer                 | Key e        | Highe<br>empl                   | Former |                                 |                              | -                        |
| (1) NOAH BOOKBINDER                  | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| PRESIDENT & CEO                      |                      |                                |                       | Х                       |              |                                 |        | 286,039.                        | 0.                           | 15,767.                  |
| (2) ADAM RAPPAPORT                   | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| CHIEF COUNSEL AND ASSISTANT DIRECTOR |                      |                                |                       |                         |              | Х                               |        | 196,401.                        | 0.                           | 28,307.                  |
| (3) JENNIFER AHEARN                  | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| POLICY COUNSEL                       |                      |                                |                       |                         |              | Х                               |        | 158,571.                        | 0.                           | 16,657.                  |
| (4) NIKHEL SUS                       | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| STAFF COUNSEL                        |                      |                                |                       |                         |              | Х                               |        | 157,805.                        | 0.                           | 5,507.                   |
| (5) STUART MCPHAIL                   | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| LITIGATION COUNSEL                   |                      |                                |                       |                         |              | Х                               |        | 147,106.                        | 0.                           | 12,670.                  |
| (6) JORDAN LIBOWITZ                  | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| COMMUNICATIONS DIRECTOR              |                      |                                |                       |                         |              | Х                               |        | 145,770.                        | 0.                           | 11,291.                  |
| (7) ARIELLE STOGNER                  | 40.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| CHIEF OPERATING OFFICER              |                      |                                |                       | Х                       |              |                                 |        | 132,027.                        | 0.                           | 17,208.                  |
| (8) PILAR MARTINEZ                   | 20.00                |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| CHIEF FINANCIAL OFFICER              |                      |                                |                       | Х                       |              |                                 |        | 110,012.                        | 0.                           | 9,251.                   |
| (9) BETH NOLAN                       | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              | _                        |
| CHAIR                                |                      | Х                              |                       | Х                       |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (10) WAYNE JORDAN                    | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              | _                        |
| VICE CHAIR                           |                      | Х                              |                       | Х                       |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (11) AL DWOSKIN                      | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              | _                        |
| TREASURER                            |                      | Х                              |                       | Х                       |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (12) JOHN LUONGO                     | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| DIRECTOR                             |                      | Х                              |                       |                         |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (13) CRAIG KAPLAN                    | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| DIRECTOR                             |                      | Х                              |                       |                         |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (14) ZEPHYR TEACHOUT                 | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| DIRECTOR (THROUGH 11/21)             |                      | Х                              |                       |                         |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (15) CLAUDINE SCHNEIDER              | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| DIRECTOR                             |                      | X                              |                       |                         |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (16) AMY POPE                        | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              |                          |
| DIRECTOR (THROUGH 03/21)             |                      | X                              |                       |                         |              |                                 |        | 0.                              | 0.                           | 0.                       |
| (17) EVAN MCMULLIN                   | 1.00                 |                                |                       |                         |              |                                 |        |                                 |                              | ~                        |
| DIRECTOR (THROUGH 10/21)             |                      | Х                              |                       |                         |              |                                 |        | 0.                              | 0.                           | 0.                       |
| 132007 12-09-21                      |                      |                                |                       |                         |              | _                               |        |                                 |                              | Form <b>990</b> (2021)   |

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#### CITIZENS FOR RESPONSIBILITY AND ETHICS TN WASHINGTON INC

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|------------|--------|
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| Form 990 (2021) IN WASHI   | NGTON, ]   | ENC                            | 2.                    |                            |                                    |                                 |             |   | 03-04  | 45    | 391                | Page <b>8</b>   |
|--|--|--------------------------------|-----------------------|----------------------------|------------------------------------|---------------------------------|-------------|---|--|-------|--------------------|---|
| Part VII Section A. Officers, Directors, Trus  | tees, Key Em   | ploy                           | ees,                  | , and                      | d Hi                               | ighe                            | st C        | Compensated Employe                                 | es (continued)   |       |                    |   |
| (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week                           | (do<br>box<br>offic            |                       | (C<br>Pos<br>heck<br>ss pe | <b>c)</b><br>ition<br>more<br>rson | )<br>than<br>is bot             | one<br>h an | <b>(D)</b><br>Reportable<br>compensation<br>from    | <b>(E)</b><br>Reportable<br>compensatior<br>from related |       | Esti<br>amo<br>o   | <b>(F)</b><br>imated<br>ount of<br>other              |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer                    | Key employee                       | Highest compensated<br>employee | Former      | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MIS<br>1099-NEC)              |       | fro<br>orga<br>and | ensation<br>m the<br>nization<br>related<br>nizations |
| (18) CLAIRE MCCASKILL  | 1.00   |                                |                       |                            |                                    |                                 |             |   |  |       |                    | 0   |
| DIRECTOR   | 1.00   | Х                              |                       |                            |                                    |                                 |             | 0.  |  | 0.    |                    | 0.  |
| (19) CIARA TORRES-SPELLISCY<br>DIRECTOR (BEG. 10/21)   | 1.00   | x                              |                       |                            |                                    |                                 |             | 0.  |  | 0.    |                    | 0.  |
|  |  |                                |                       |                            |                                    |                                 |             |   |  |       |                    |   |
|  |  |                                |                       |                            |                                    |                                 |             |   |  |       |                    |   |
|  |  |                                |                       |                            |                                    |                                 |             |   |  |       |                    |   |
|  |  |                                |                       |                            |                                    |                                 |             |   |  |       |                    |   |
| 1b Subtotal  | •<br>••••••  |                                |                       |                            |                                    |                                 |             | 1,333,731.  |  | 0.    | 116                | 5,658.  |
| c Total from continuation sheets to Part V<br>d Total (add lines 1b and 1c)  |  |                                |                       |                            |                                    |                                 |             | 0.<br>1,333,731.                                    |  | 0.    | 116                | 0.<br>5,658.  |
| 2 Total number of individuals (including but r compensation from the organization ▶  | ot limited to th   | iose                           | liste                 | ed al                      | bove                               | e) wł                           | ס r         | received more than \$100                            | ),000 of reportable                                      | e     |                    | 12  |
|  |  |                                |                       |                            |                                    |                                 |             |   |  |       |                    | Yes No  |
| 3 Did the organization list any <b>former</b> officer,<br>line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>       |  |                                |                       | •                          | -                                  |                                 |             |   |  |       | 3                  | X   |
| 4 For any individual listed on line 1a, is the su<br>and related organizations greater than \$15                           |  |                                |                       |                            |                                    |                                 |             |   | the organization   |       | 4                  | x   |
| <ul> <li>5 Did any person listed on line 1a receive or a<br/>rendered to the organization? <i>If "Yes," con</i></li> </ul> | accrue comper  | nsat                           | ion f                 | rom                        | any                                | / unr                           |             |   | idual for services                                       |       | 5                  | x   |
| Section B. Independent Contractors   | ipiele Schedul   | - 5 1                          | 01 50                 |                            | pers                               | <u>son</u> .                    |             |   |  |       | 5                  | 21  |
| 1 Complete this table for your five highest co<br>the organization. Report compensation for                                | •  | •                              |                       |                            |                                    |                                 |             |   |  | pensa | ation fro          | om  |
| (A)<br>Name and business   |  |                                |                       | <u>.</u>                   |                                    | 01 11                           |             | (B)<br>Description of s                             |  | C     | (C)<br>mpen        |   |
| BONNER GROUP, INC., 800 I<br>FLOOR, WASHINGTON, DC 20  | MAINE AV   | /E ,                           | , S                   | 5W ,                       | , 4                                | 4TI                             |             | PROFESSIONAL<br>FUNDRAISING                         |  |       |                    | ,589.   |
| ANNE WEISMANN<br>6117 DURBIN RD, BETHESDA  | , MD 208   | 317                            | 7                     |                            |                                    |                                 |             | LEGAL SERVIC  |  |       | 122                | 2,443.  |
| LUCA STRATEGY GROUP, LLC<br>3007 19TH STREET S, ARLI   | NGTON, V   | /A                             | 22                    | 220                        | )4                                 |                                 |             | MGMT SUPPORT<br>SERVICES                            |  |       | 120                | ,000.   |
|  |  |                                |                       |                            |                                    |                                 |             |   |  |       |                    |   |
|  | , <u>, , , , , , , , , , , , , , , , , , </u>                        |                                |                       |                            |                                    |                                 |             |   |  |       |                    |   |
| 2 Total number of independent contractors (<br>\$100,000 of compensation from the organi                                   | U U  | ot lii                         | mite                  | d to                       |                                    | se li:<br>3                     | steo        | a above) who received m                             | nore than  |       |                    |   |

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Form 990 (2021)

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CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

| Form   |        |      |  | HINGTON           | , INC.             |                      |                   | 03-0445                       | 391 Page <b>9</b>   |
|--|--------|------|--|-------------------|--------------------|----------------------|-------------------|-------------------------------|---|
| Pa   | rt \   | /111 |  |                   |                    |                      |                   |                               |   |
|  |        |      | Check if Schedule O contai   | ns a response     | or note to any lir | ne in this Part VIII | (B)               |                               |   |
|  |        |      |  |                   |                    | (A)<br>Total revenue | Related or exempt | Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| nts<br>its   | 1      | а    | Federated campaigns  | 1a                |                    |                      |                   |                               |   |
| Contributions, Gifts, Grants and Other Similar Amounts |        |      | Membership dues  |                   |                    | ]                    |                   |                               |   |
| Am 0, 0  |        |      | Fundraising events   |                   |                    | ]                    |                   |                               |   |
| lar<br>Iar   |        | d    | Related organizations  | 1d                |                    |                      |                   |                               |   |
| ini,   |        | е    | Government grants (contributio                                     | ns) <b>1e</b>     | 432,300.           |                      |                   |                               |   |
| rior<br>S  |        | f    | All other contributions, gifts, grants,                            |                   |                    |                      |                   |                               |   |
| ibu  |        |      | similar amounts not included above                                 | 1f 7,             | 104,056.           |                      |                   |                               |   |
| ndr<br>o dr  |        | g    | Noncash contributions included in lines 1a                         | a-1f <b>1g</b> \$ | 162,350.           |                      |                   |                               |   |
| ãĞ   |        | h    | Total. Add lines 1a-1f   |                   | 🕨                  | 7,536,356.           |                   |                               |   |
|  |        |      |  |                   | Business Code      |                      |                   |                               |   |
| ce   | 2      | а    | COURT AWARDS   |                   | 900099             | 76,000.              | 76,000.           |                               |   |
| Program Service<br>Revenue                             |        | b    |  |                   |                    |                      |                   |                               |   |
| n S<br>ent   |        | С    |  |                   |                    |                      |                   |                               |   |
| Rev  |        | d    |  |                   |                    |                      |                   |                               |   |
| roc  |        | е    |  |                   |                    |                      |                   |                               |   |
| -  |        |      | All other program service reven                                    |                   |                    | 76,000.              |                   |                               |   |
|  |        | g    | Total. Add lines 2a-2f   |                   |                    | 70,000.              |                   |                               |   |
|  | 3      |      | Investment income (including d                                     |                   |                    | 524.                 |                   |                               | 524.  |
|  |        |      | other similar amounts)<br>Income from investment of tax-e          |                   |                    | 524.                 |                   |                               | 524.  |
|  | 4<br>5 |      | Royalties  |                   |                    |                      |                   |                               |   |
|  | 5      |      |  | (i) Real          | (ii) Personal      |                      |                   |                               |   |
|  | 6      | а    | Gross rents 6a   | ()                | (                  |                      |                   |                               |   |
|  | Ŭ      |      | Less: rental expenses 6b   |                   |                    |                      |                   |                               |   |
|  |        |      | Rental income or (loss) 6c   |                   |                    |                      |                   |                               |   |
|  |        |      |  |                   | ►                  |                      |                   |                               |   |
|  | 7      |      | Gross amount from sales of   | (i) Securities    | (ii) Other         |                      |                   |                               |   |
|  |        |      | assets other than inventory <b>7a</b>                              | .99,805.          |                    |                      |                   |                               |   |
|  |        | b    | Less: cost or other basis  |                   |                    |                      |                   |                               |   |
| anu  |        |      | and sales expenses 7b 2  | 00,374.           |                    |                      |                   |                               |   |
| evenue   |        | с    | Gain or (loss)   | -569.             |                    |                      |                   |                               |   |
| <u> </u>   |        |      | Net gain or (loss)   |                   | <b>&gt;</b>        | -569.                |                   |                               | -569.   |
| Other  | 8      | а    | Gross income from fundraising even                                 | its (not          |                    |                      |                   |                               |   |
| Ò  |        |      | including \$   |                   |                    |                      |                   |                               |   |
|  |        |      | contributions reported on line 1                                   |                   |                    |                      |                   |                               |   |
|  |        |      | Part IV, line 18   |                   |                    | -                    |                   |                               |   |
|  |        |      | Less: direct expenses  |                   | L                  |                      |                   |                               |   |
|  | ~      |      | Net income or (loss) from fundra<br>Gross income from gaming activ | -                 | <b>&gt;</b>        |                      |                   |                               |   |
|  | Э      | а    |  |                   |                    |                      |                   |                               |   |
|  |        | h    | Part IV, line 19<br>Less: direct expenses                          |                   |                    | 1                    |                   |                               |   |
|  |        |      | Net income or (loss) from gamin                                    |                   |                    |                      |                   |                               |   |
|  | 10     |      | Gross sales of inventory, less re                                  | -                 |                    |                      |                   |                               |   |
|  |        |      | and allowances   |                   |                    |                      |                   |                               |   |
|  |        | b    | Less: cost of goods sold   |                   |                    |                      |                   |                               |   |
|  |        |      | Net income or (loss) from sales                                    |                   | <b>&gt;</b>        |                      |                   |                               |   |
| s  |        |      |  |                   | Business Code      |                      |                   |                               |   |
| Miscellaneous<br>Revenue                               | 11     | а    |  |                   |                    |                      |                   |                               |   |
| enu  |        | b    |  |                   |                    |                      |                   |                               |   |
| Sev le   |        | с    |  |                   |                    |                      |                   |                               |   |
| Mis  |        |      | All other revenue  |                   |                    |                      |                   |                               |   |
|  |        |      | Total. Add lines 11a-11d   |                   |                    |                      |                   |                               |   |
|  | 12     |      | Total revenue. See instructions                                    |                   | ►                  | 7,612,311.           | 76,000.           | 0.                            | -45.  |
| 13200  | 9 12   | -09  | -21  |                   |                    | 9                    |                   |                               | Form <b>990</b> (2021)  |

2021.04012 CITIZENS FOR RESPONSIBILITY 06605\_\_1

#### CITIZENS FOR RESPONSIBILITY AND ETHICS WACHTNOTON TNC

|      | 990 (2021) IN WASHINGT   |                                |                             | 03-04                              | 45391 Page 10                  |
|------|--|--------------------------------|-----------------------------|------------------------------------|--------------------------------|
|      | rt IX Statement of Functional Expens   |                                |                             |                                    |                                |
| Sect | ion 501(c)(3) and 501(c)(4) organizations must com   |                                | -                           |                                    |                                |
|      | Check if Schedule O contains a respon  | nse or note to any line in (A) | this Part IX<br>(B)         | (C)                                | (D)                            |
|      | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                         | Total expenses                 | Program service<br>expenses | Management and<br>general expenses | رط)<br>Fundraising<br>expenses |
| 1    | Grants and other assistance to domestic organizations  |                                |                             | <u>g</u>                           |                                |
|      | 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,   |                                |                             |                                    |                                |
|      | trustees, and key employees  | 570,304.                       | 105,267.                    | 465,037.                           |                                |
| 6    | Compensation not included above to disqualified  |                                |                             |                                    |                                |
|      | persons (as defined under section 4958(f)(1)) and  |                                |                             |                                    |                                |
|      | persons described in section 4958(c)(3)(B)   |                                |                             |                                    |                                |
| 7    | Other salaries and wages   | 2,580,072.                     | 2,432,993.                  | 147,079.                           |                                |
| 8    | Pension plan accruals and contributions (include   |                                |                             |                                    |                                |
|      | section 401(k) and 403(b) employer contributions)  | 72,393.                        | 71,151.                     | 1,242.                             |                                |
| 9    | Other employee benefits  | 131,709.                       | 129,486.                    | 2,223.                             |                                |
| 10   | Payroll taxes  | 243,853.                       | 204,813.                    | 39,040.                            |                                |
| 11   | Fees for services (nonemployees):  |                                |                             |                                    |                                |
| а    | Management   |                                |                             |                                    |                                |
| b    | Legal  | 216,178.                       | 194,290.                    | 15,048.                            | 6,840.                         |
| с    | Accounting   | 20,329.                        | 15,904.                     | 4,425.                             |                                |
| d    | Lobbying   | -                              | -                           | -                                  |                                |
| е    | Professional fundraising services. See Part IV, line 17  | 770,589.                       |                             |                                    | 770,589.                       |
| f    | Investment management fees   | 25.                            |                             | 25.                                |                                |
| g    | Other. (If line 11g amount exceeds 10% of line 25,   |                                |                             |                                    |                                |
|      | column (A), amount, list line 11g expenses on Sch 0.)  | 174,390.                       | 147,420.                    | 26,970.                            |                                |
| 12   | Advertising and promotion  | 879.                           |                             | 879.                               |                                |
| 13   | Office expenses  | 63,966.                        | 44,286.                     | 19,557.                            | 123.                           |
| 14   | Information technology   | 58,821.                        | 48,846.                     | 9,975.                             |                                |
| 15   | Royalties  |                                |                             |                                    |                                |
| 16   | Occupancy  | 54,830.                        | 47,500.                     | 7,330.                             |                                |
| 17   | Travel   | 3,200.                         | 959.                        | 2,089.                             | 152.                           |
| 18   | Payments of travel or entertainment expenses   |                                |                             |                                    |                                |
|      | for any federal, state, or local public officials  |                                |                             |                                    |                                |
| 19   | Conferences, conventions, and meetings   | 25,907.                        | 16,222.                     | 1,185.                             | 8,500.                         |
| 20   | Interest   |                                |                             |                                    | -                              |
| 21   | Payments to affiliates   |                                |                             |                                    |                                |
| 22   | Depreciation, depletion, and amortization  | 55,716.                        | 47,331.                     | 8,385.                             |                                |
| 23   | Insurance  | 48,392.                        | 39,874.                     | 8,518.                             |                                |
| 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   | 90,587.                        | 69,582.                     | 18,434.                            | 2,571.                         |
| b    | LIC., FEES & PERMITS   | 15,188.                        | 10,608.                     | 1,055.                             | 3,525.                         |
| c    | MOVING EXPENSES  | 9,621.                         | 7,983.                      | 1,638.                             | · ·                            |
| d    | PAYROLL EXPENSE  | 7,882.                         | 3,576.                      | 4,306.                             |                                |
|      | All other expenses   | 217.                           | 179.                        | 38.                                |                                |
| 25   | Total functional expenses. Add lines 1 through 24e   | 5,215,048.                     | 3,638,270.                  | 784,478.                           | 792,300.                       |
| 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)   |                                |                             |                                    |                                |
|      |  |                                |                             |                                    | <b>– – – – – – – – – –</b>     |

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Form **990** (2021)

Form 990 (2021)

# CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

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| Pa                          | rt X     | Balance Sheet   |            |                       |                                 |          |                           |
|-----------------------------|----------|---|------------|-----------------------|---------------------------------|----------|---------------------------|
|                             |          | Check if Schedule O contains a response or no                                       | ote to ar  | y line in this Part X |                                 |          | X                         |
|                             |          |   |            |                       | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|                             | 1        | Cash - non-interest-bearing   |            |                       | 2,637,488.                      | 1        | 4,008,902.                |
|                             | 2        | Savings and temporary cash investments  |            |                       | 4,494,971.                      | 2        | 5,632,472.                |
|                             | 3        | Pledges and grants receivable, net  |            |                       | 715,000.                        | 3        | 540,000.                  |
|                             | 4        | Accounts receivable, net  |            |                       | 246,937.                        | 4        | 345,017.                  |
|                             | 5        | Loans and other receivables from any current  |            |                       |                                 |          |                           |
|                             |          | trustee, key employee, creator or founder, sub                                      | stantial   | contributor, or 35%   |                                 |          |                           |
|                             |          | controlled entity or family member of any of the                                    | ese pers   | ons                   |                                 | 5        |                           |
|                             | 6        | Loans and other receivables from other disqua                                       |            |                       |                                 |          |                           |
|                             |          | under section 4958(f)(1)), and persons describ                                      |            | F                     |                                 | 6        |                           |
| ets                         | 7        | Notes and loans receivable, net   |            |                       |                                 | 7        |                           |
| Assets                      | 8        | Inventories for sale or use   |            |                       | <u> </u>                        | 8        | 111 001                   |
| -                           | 9        | Prepaid expenses and deferred charges   |            |                       | 66,366.                         | 9        | 111,281.                  |
|                             | 10a      | Land, buildings, and equipment: cost or other                                       |            | 120 521               |                                 |          |                           |
|                             | .        | basis. Complete Part VI of Schedule D   |            |                       | 90,716.                         |          | 35,000.                   |
|                             |          | Less: accumulated depreciation  | 8,032.     | 10c                   | 35,000.                         |          |                           |
|                             | 11       | Investments - publicly traded securities  |            | F                     | 0,032.                          | 11       |                           |
|                             | 12       | Investments - other securities. See Part IV, line                                   |            | F                     |                                 | 12       |                           |
|                             | 13       | Investments - program-related. See Part IV, line                                    |            | 13                    |                                 |          |                           |
|                             | 14<br>15 | Intangible assets   | 90,522.    | 14<br>15              | 104,365.                        |          |                           |
|                             | 15       | Other assets. See Part IV, line 11<br>Total assets. Add lines 1 through 15 (must eq | 8,350,032. | 16                    | 10,777,037.                     |          |                           |
|                             | 17       | Accounts payable and accrued expenses   |            |                       | 368,562.                        | 17       | 194,788.                  |
|                             | 18       | Grants payable  |            | F                     | ,                               | 18       |                           |
|                             | 19       | Deferred revenue  |            | 19                    | 141,582.                        |          |                           |
|                             | 20       | Tax-exempt bond liabilities   |            | 20                    |                                 |          |                           |
|                             | 21       | Escrow or custodial account liability. Complete                                     |            |                       |                                 | 21       |                           |
| ŝ                           | 22       | Loans and other payables to any current or for                                      |            |                       |                                 |          |                           |
| Liabilities                 |          | trustee, key employee, creator or founder, sub                                      |            |                       |                                 |          |                           |
| iabi                        |          | controlled entity or family member of any of the                                    | ese pers   | ons                   |                                 | 22       |                           |
|                             | 23       | Secured mortgages and notes payable to unre   | lated th   | ird parties           |                                 | 23       |                           |
|                             | 24       | Unsecured notes and loans payable to unrelat  | ed third   | parties               | 432,300.                        | 24       | 577,607.                  |
|                             | 25       | Other liabilities (including federal income tax, p                                  | ayables    | to related third      |                                 |          |                           |
|                             |          | parties, and other liabilities not included on line                                 | es 17-24   | ). Complete Part X    |                                 |          |                           |
|                             |          | of Schedule D   |            | F                     | 83,342.                         | 25       | 0.                        |
|                             | 26       | Total liabilities. Add lines 17 through 25  |            |                       | 884,204.                        | 26       | 913,977.                  |
| S                           |          | Organizations that follow FASB ASC 958, ch  | eck he     | re 🕨 🔟                |                                 |          |                           |
| nce                         |          | and complete lines 27, 28, 32, and 33.  |            |                       | 6 200 427                       |          | 0 060 660                 |
| ala                         | 27       | Net assets without donor restrictions   |            | F                     | 6,288,437.                      | 27       | 8,860,669.                |
| В                           | 28       | Net assets with donor restrictions  |            |                       | 1,177,391.                      | 28       | 1,002,391.                |
| цП                          |          | Organizations that do not follow FASB ASC   | 958, ch    | eck here 🕨 📖          |                                 |          |                           |
| P                           |          | and complete lines 29 through 33.   | _          |                       |                                 |          |                           |
| ets                         | 29       | Capital stock or trust principal, or current fund                                   |            | F                     |                                 | 29       |                           |
| Ass                         | 30       | Paid-in or capital surplus, or land, building, or e                                 |            |                       |                                 | 30       |                           |
| Net Assets or Fund Balances | 31       | Retained earnings, endowment, accumulated i   |            | F                     | 7,465,828.                      | 31<br>32 | 9,863,060.                |
| z                           | 32<br>33 | Total net assets or fund balances<br>Total liabilities and net assets/fund balances |            | F                     | 8,350,032.                      | 32       | 10,777,037.               |
|                             | 00       | rotar habilities and het assets/lunu balances                                       |            |                       | 0,000,0020                      | 55       | Form <b>990</b> (2021)    |

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| CIJ | <b>FIZENS</b> | FOR   | RESPONSIBILITY | AND ( | ETHICS |
|-----|---------------|-------|----------------|-------|--------|
| тΝ  | WASHTN        | JGTON | I INC          |       |        |

|    | 1990 (2021) IN WASHINGTON, INC.  | 03-04      | <u>45391</u> | Pag  | ge <b>12</b> |
|----|--|------------|--------------|------|--------------|
| Pa | rt XI Reconciliation of Net Assets   |            |              |      |              |
|    | Check if Schedule O contains a response or note to any line in this Part XI  |            |              |      |              |
|    |  |            |              | _    |              |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1          | 7,612        | 2,31 | 11.          |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 5,215        | 5,04 | 48.          |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3          | 2,397        |      |              |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4          | 7,465        |      |              |
| 5  | Net unrealized gains (losses) on investments   | 5          |              |      | 31.          |
| 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         | 9,863        | 8,00 | 50.          |
| Pa | rt XII Financial Statements and Reporting  |            |              |      |              |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |            |              |      |              |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other   |            |              | Yes  | No           |
| •  | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule     | ÷Ο.        |              |      |              |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | 2a           |      | Х            |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed    |            |              |      |              |
|    | 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           | х    |              |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat    |            |              |      |              |
|    | 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?                     |            | 2c           | x    |              |
|    | If the organization changed either its oversight process or selection process during the tax year, explain on Sch  | nedule O.  |              |      |              |
| 3a | 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?  |            | 3a           |      | Х            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  | ired audit |              |      |              |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |            | 3b           |      |              |
|    |  |            |              |      |              |

Form **990** (2021)

132012 12-09-21

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| SC   | SCHEDULE A |                     |                      |                                  |   |                        |                     | _                |                | OMB No. 1545-0047          |
|------|------------|---------------------|----------------------|----------------------------------|---|------------------------|---------------------|------------------|----------------|----------------------------|
|      | rm 99      |                     |                      |                                  | rity Status an                                    |                        |                     |                  |                | 2021                       |
| (    |            | ,,                  | Co                   |                                  | nization is a section 501                         |                        |                     | or a section     |                | <b>ZUZ I</b>               |
| Dena | tment (    | of the Treasury     |                      |                                  | 47(a)(1) nonexempt cha<br>Attach to Form 990 or F |                        |                     |                  |                | Open to Public             |
|      |            | nue Service         |                      |                                  | /Form990 for instruction                          |                        |                     | nformation.      |                | Inspection                 |
| Nan  | e of       | the organizati      |                      | -                                | ESPONSIBILIT                                      |                        |                     |                  | Employer       | identification number      |
|      |            | -                   |                      | ASHINGTON,                       |   | -                      |                     |                  |                | 3-0445391                  |
| Pa   | rt I       | Reason              |                      |                                  | (All organizations must c                         | omplete ti             | his part.) S        | See instruction  |                |                            |
| The  | orgar      |                     |                      |                                  | For lines 1 through 12, c                         |                        |                     |                  |                |                            |
| 1    |            |                     | •                    |                                  | on of churches described                          |                        | ,                   |                  |                |                            |
| 2    |            |                     |                      |                                  | Attach Schedule E (Forn                           |                        |                     | - <i>//</i> -//- |                |                            |
| 3    |            |                     |                      |                                  | anization described in <b>se</b>                  |                        | )(b)(1)(A)(i        | ii).             |                |                            |
| 4    |            | •                   | •                    |                                  | njunction with a hospital                         |                        |                     | •                | )(iiii). Enter | the hospital's name.       |
|      |            | city, and state     | -                    |                                  | , ,   |                        |                     |                  | ~ /            | , , ,                      |
| 5    |            |                     |                      | or the benefit of a co           | llege or university owned                         | d or opera             | ted by a q          | overnmental      | unit descrik   | bed in                     |
|      |            | -                   | -                    | Complete Part II.)               | 0 ,   |                        | , ,                 |                  |                |                            |
| 6    |            |                     |                      |                                  | nental unit described in s                        | section 17             | 70(b)(1)(A)         | (v).             |                |                            |
| 7    | Χ          |                     |                      |                                  | Intial part of its support f                      |                        |                     |                  | the general    | public described in        |
|      |            | -                   |                      | omplete Part II.)                |   | U U                    |                     |                  | Ū              |                            |
| 8    |            | A community         | trust describe       | ed in section 170(b)             | (1)(A)(vi). (Complete Parl                        | t II.)                 |                     |                  |                |                            |
| 9    |            | An agricultura      | al research org      | ganization described             | in section 170(b)(1)(A)(                          | ix) operate            | ed in conju         | unction with a   | land-grant     | college                    |
|      |            | or university of    | or a non-land-       | rant college of agric            | ulture (see instructions).                        | Enter the              | name, cit           | y, and state o   | f the colleg   | e or                       |
|      |            | university:         |                      |                                  |   |                        |                     |                  |                |                            |
| 10   |            | An organizati       | on that norma        | Illy receives (1) more           | than 33 1/3% of its sup                           | port from              | contributio         | ons, members     | hip fees, a    | nd gross receipts from     |
|      |            | activities relation | ted to its exen      | npt functions, subjec            | ct to certain exceptions;                         | and (2) no             | more that           | n 33 1/3% of     | its support    | from gross investment      |
|      |            | income and u        | inrelated busii      | ness taxable income              | (less section 511 tax) fro                        | om busine              | esses acqu          | ired by the o    | rganization    | after June 30, 1975.       |
|      |            | See section         | 509(a)(2). (Co       | mplete Part III.)                |   |                        |                     |                  |                |                            |
| 11   |            | An organizati       | on organized a       | and operated exclus              | ively to test for public sa                       | fety. See              | section 50          | 09(a)(4).        |                |                            |
| 12   |            | An organizati       | on organized a       | and operated exclus              | ively for the benefit of, to                      | perform                | the functio         | ons of, or to c  | arry out the   | e purposes of one or       |
|      |            | more publicly       | supported or         | ganizations describe             | ed in <b>section 509(a)(1)</b> o                  | r section              | 509(a)(2).          | See section      | 509(a)(3). 🤇   | Check the box on           |
|      |            | lines 12a thro      | ough 12d that        | describes the type o             | of supporting organizatio                         | n and con              | nplete line:        | s 12e, 12f, an   | d 12g.         |                            |
| а    |            | <b>Type I.</b> A su | upporting orga       | anization operated, s            | upervised, or controlled                          | by its sup             | ported or           | ganization(s),   | typically by   | ' giving                   |
|      |            | the suppor          | ted organizatio      | on(s) the power to re            | gularly appoint or elect a                        | a majority             | of the dire         | ctors or trust   | ees of the s   | supporting                 |
|      |            | organizatio         | n. <b>You must c</b> | complete Part IV, Se             | ections A and B.                                  |                        |                     |                  |                |                            |
| b    |            | <b>Type II.</b> A s | upporting org        | anization supervised             | l or controlled in connec                         | tion with it           | ts support          | ed organizatio   | on(s), by ha   | iving                      |
|      |            | control or n        | nanagement c         | of the supporting orga           | anization vested in the s                         | ame perso              | ons that co         | ontrol or mana   | age the sup    | ported                     |
|      | _          | organizatio         | n(s). <b>You mus</b> | t complete Part IV,              | Sections A and C.                                 |                        |                     |                  |                |                            |
| С    |            | Type III fur        | nctionally inte      | grated. A supporting             | g organization operated                           | in connec              | tion with,          | and functiona    | Illy integrate | ed with,                   |
|      | _          |                     | 0                    |                                  | s). You must complete I                           |                        |                     | -                |                |                            |
| d    |            |                     |                      |                                  | oorting organization oper                         |                        |                     |                  | · ·            |                            |
|      |            |                     | •                    | 0                                | zation generally must sat                         | •                      |                     | •                | d an attent    | iveness                    |
|      |            |                     |                      |                                  | nplete Part IV, Sections                          |                        |                     |                  |                |                            |
| е    |            |                     | •                    |                                  | written determination fro                         |                        |                     | а Туре I, Туре   | e II, Type III |                            |
| -    |            |                     | -                    | • •                              | nally integrated support                          | ing organi             | zation.             |                  |                |                            |
| f    |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
| g    |            | (i) Name of supp    | <u> </u>             | n about the supporte<br>(ii) EIN | (iii) Type of organization                        | (iv) Is the orga       | inization listed    | (v) Amount o     | fmonetary      | (vi) Amount of other       |
|      |            | organization        |                      | (1) 2.14                         | (described on lines 1-10                          | in your governi<br>Yes | ing document?<br>No | support (see ii  | -              | support (see instructions) |
|      |            | -                   |                      |                                  | above (see instructions))                         | 103                    |                     | · · ·            |                | · · · · · ·                |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
|      |            |                     |                      |                                  |   |                        |                     |                  |                |                            |
| Tota | ıl         |                     |                      |                                  |   |                        |                     |                  |                |                            |

03-0445391 Page 2

| Schedule A | A (Form 990 | ) 2021 I       | IN WASHING                | TON, I    | INC.           |                  |        |
|------------|-------------|----------------|---------------------------|-----------|----------------|------------------|--------|
| Part II    | Suppor      | t Schedule for | <sup>•</sup> Organization | s Describ | ed in Sections | 170(b)(1)(A)(iv) | and 17 |

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.)

| See         | ction A. Public Support                      |                              |                      |                           |                    |                     |                |
|-------------|--|------------------------------|----------------------|---------------------------|--------------------|---------------------|----------------|
| Cale        | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2017              | <b>(b)</b> 2018      | <b>(c)</b> 2019           | <b>(d)</b> 2020    | (e) 2021            | (f) Total      |
| 1           | Gifts, grants, contributions, and            |                              |                      |                           |                    |                     |                |
|             | membership fees received. (Do not            |                              |                      |                           |                    |                     |                |
|             | include any "unusual grants.")               | 7,773,524.                   | 5,304,030.           | 5,989,080.                | 9,014,035.         | 7,536,356.          | 35,617,025.    |
| 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                 | 7,773,524.                   | 5,304,030.           | 5,989,080.                | 9,014,035.         | 7,536,356.          | 35,617,025.    |
| 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)                                   |                              |                      |                           |                    |                     | 8,602,992.     |
|             | Public support. Subtract line 5 from line 4. |                              |                      |                           |                    |                     | 27,014,033.    |
| See         | ction B. Total Support                       |                              |                      |                           |                    |                     |                |
| Cale        | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2017              | <b>(b)</b> 2018      | (c) 2019                  | ( <b>d)</b> 2020   | (e) 2021            | (f) Total      |
| 7           | Amounts from line 4                          | 7,773,524.                   | 5,304,030.           | 5,989,080.                | 9,014,035.         | 7,536,356.          | 35,617,025.    |
| 8           | Gross income from interest,                  |                              |                      |                           |                    |                     |                |
|             | dividends, payments received on              |                              |                      |                           |                    |                     |                |
|             | securities loans, rents, royalties,          |                              |                      |                           |                    |                     |                |
|             | and income from similar sources $\dots$      | 3,098.                       | 24,717.              | 43,947.                   | 12,373.            | 524.                | 84,659.        |
| 9           | Net income from unrelated business           |                              |                      |                           |                    |                     |                |
|             | 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.)                 |                              |                      |                           | 5,500.             |                     | 5,500.         |
| 11          | Total support. Add lines 7 through 10        |                              |                      |                           |                    |                     | 35,707,184.    |
| 12          | Gross receipts from related activities,      | etc. (see instructio         | ns)                  |                           |                    | 12                  | 209,778.       |
| 13          | First 5 years. If the Form 990 is for th     | e organization's fir         | st, second, third, f | ourth, or fifth tax y     | ear as a section t | 501(c)(3)           |                |
|             | organization, check this box and stop        |                              |                      |                           |                    |                     | ▶∟             |
|             | ction C. Computation of Publi                |                              | -                    |                           |                    |                     |                |
|             | Public support percentage for 2021 (li       |                              |                      |                           |                    | 14                  | 75.65 %        |
|             | Public support percentage from 2020          |                              |                      |                           |                    | 15                  | 73.31 %        |
| <b>16</b> a | <b>33 1/3% support test - 2021.</b> If the o |                              |                      |                           |                    |                     |                |
|             | stop here. The organization qualifies        |                              |                      |                           |                    |                     |                |
| b           | <b>33 1/3% support test - 2020.</b> If the o |                              |                      |                           |                    |                     |                |
|             | and stop here. The organization quali        |                              |                      |                           |                    |                     |                |
| <b>1</b> 7a | 10% -facts-and-circumstances test            | <b>t - 2021.</b> If the orga | anization did not cl | neck a box on line        | 13, 16a, or 16b, a | and line 14 is 10%  | or more,       |
|             | and if the organization meets the facts      |                              |                      |                           | -                  | VI how the organiz  | ation          |
|             | meets the facts-and-circumstances te         | est. The organizatio         | n qualifies as a pu  | blicly supported o        | rganization        |                     | ▶∟             |
| b           | 10% -facts-and-circumstances test            | <b>t - 2020.</b> If the orga | anization did not cl | neck a box on line        | 13, 16a, 16b, or   | 17a, and line 15 is | 10% or         |
|             | more, and if the organization meets th       | ne facts-and-circum          | istances test, cheo  | k this box and <b>sto</b> | op here. Explain i | n Part VI how the   |                |
|             | organization meets the facts-and-circu       |                              |                      |                           |                    |                     | ▶∐             |
| 18          | Private foundation. If the organization      | n did not check a b          | box on line 13, 16a  | , 16b, 17a, or 17b        | , check this box a |                     |                |
|             |  |                              |                      |                           |                    | Schedule A          | Form 990) 2021 |

| Schedule A | (Form 990) | ) 2021 |
|------------|------------|--------|
|            |            |        |

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

IN WASHINGTON, INC.

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(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.)

| See   | ction A. Public Support   |                            |                      |                      |                   |                     |                   |
|-------|---|----------------------------|----------------------|----------------------|-------------------|---------------------|-------------------|
| Cale  | endar year (or fiscal year beginning in) 🕨  | (a) 2017                   | (b) 2018             | (c) 2019             | (d) 2020          | (e) 2021            | (f) Total         |
| 1     | Gifts, grants, contributions, and   |                            |                      |                      |                   |                     |                   |
|       | membership fees received. (Do not   |                            |                      |                      |                   |                     |                   |
|       | include any "unusual grants.")  |                            |                      |                      |                   |                     |                   |
| 2     |   |                            |                      |                      |                   |                     |                   |
| 3     | Gross receipts from activities that   |                            |                      |                      |                   |                     |                   |
|       | are not an unrelated trade or bus-<br>iness under section 513   |                            |                      |                      |                   |                     |                   |
| 4     |   |                            |                      |                      |                   |                     |                   |
|       | 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   |                            |                      |                      |                   |                     |                   |
| 6     | Total. Add lines 1 through 5  |                            |                      |                      |                   |                     |                   |
| 7a    | Amounts included on lines 1, 2, and   |                            |                      |                      |                   |                     |                   |
|       | 3 received from disqualified persons  |                            |                      |                      |                   |                     |                   |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year |                            |                      |                      |                   |                     |                   |
| c     | Add lines 7a and 7b   |                            |                      |                      |                   |                     |                   |
| 8     | Public support. (Subtract line 7c from line 6.)   |                            |                      |                      |                   |                     |                   |
| See   | ction B. Total Support  |                            |                      |                      |                   |                     |                   |
| Cale  | endar year (or fiscal year beginning in) 🕨  | (a) 2017                   | (b) 2018             | (c) 2019             | (d) 2020          | (e) 2021            | (f) Total         |
| 9     | Amounts from line 6   |                            |                      |                      |                   |                     |                   |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                |                            |                      |                      |                   |                     |                   |
| b     | <ul> <li>Unrelated business taxable income</li> </ul>   |                            |                      |                      |                   |                     |                   |
|       | (less section 511 taxes) from businesses  |                            |                      |                      |                   |                     |                   |
|       | acquired after June 30, 1975  |                            |                      |                      |                   |                     |                   |
|       | Add lines 10a and 10b<br>Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on           |                            |                      |                      |                   |                     |                   |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                            |                      |                      |                   |                     |                   |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)  |                            |                      |                      |                   |                     |                   |
| 14    | First 5 years. If the Form 990 is for the   | ne organization's f        | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizat | tion,             |
|       | check this box and stop here  |                            |                      |                      |                   |                     | ▶□]               |
| See   | ction C. Computation of Publ  | ic Support Pe              | ercentage            |                      |                   |                     |                   |
| 15    | Public support percentage for 2021 (  | line 8, column (f),        | divided by line 13,  | column (f))          |                   | 15                  | %                 |
| 16    | Public support percentage from 2020   | ) Schedule A, Par          | t III, line 15       |                      |                   | 16                  | %                 |
|       | ction D. Computation of Inve  |                            |                      | )                    |                   |                     |                   |
| 17    | Investment income percentage for 20   | <b>)21</b> (line 10c, colu | mn (f), divided by   | ine 13, column (f))  |                   | 17                  | %                 |
| 18    | Investment income percentage from   |                            |                      |                      |                   | 18                  | %                 |
|       | a 33 1/3% support tests - 2021. If the  |                            |                      |                      |                   |                     | -                 |
|       | more than 33 1/3%, check this box a   | -                          |                      |                      |                   |                     |                   |
| h     | <b>33 1/3% support tests - 2020.</b> If the   |                            |                      |                      |                   |                     | and               |
| ~     | line 18 is not more than 33 1/3% , che  |                            |                      |                      |                   |                     |                   |
| 20    | Private foundation. If the organization   |                            |                      |                      |                   |                     |                   |
|       | 23 01-04-22   |                            |                      | , or 100, 0100K t    |                   |                     | A (Form 990) 2021 |
| .520. |   |                            |                      | 15                   |                   | Concourer           |                   |
| 130   | 0825 745960 06605   | 20                         | 21.04012             |                      | FOR RESPO         | NSIBILITY           | 066051            |

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#### CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Schedule A (Form 990) 2021

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b. Part I. complete Sections A and C. If you checked box 12c. Part I. complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

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10b Schedule A (Form 990) 2021

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

03-0445391 Page 5 IN WASHINGTON, INC. Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) No Yes 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 Section 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 Section D. All Type III Supporting Organizations No Yes 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 on line 2, above, 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 supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С 2 Activities Test. Answer lines 2a and 2b below. No Yes a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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#### CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

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|      | dule A (Form 990) 2021 IN WASHINGTON, INC.                                   |                | C                           | 03-0445391 Page 6              |
|------|--|----------------|-----------------------------|--------------------------------|
| Pai  | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                 | ng Orgar       | nizations                   |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualify | ng trust on    | Nov. 20, 1970 (explain in I | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations mu   | st complete    | Sections A through E.       |                                |
| Sect | ion A - Adjusted Net Income  |                | (A) Prior Year              | (B) Current Year<br>(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<br>(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 <b>Part VI</b> ):                                      |                |                             |                                |
| 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 0.015 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 0.035.  | 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 0.85 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    | Check here if the current year is the organization's first as a non-function | ally integrate | ed Type III supporting org  | anization (see                 |

instructions).

Schedule A (Form 990) 2021

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#### CITIZENS FOR RESPONSIBILITY AND ETHICS TN WASHINGTON INC

| Sche  | dule A (Form 990) 2021 IN WASHINGTON                            |                               |                                       | 0   | 3-0445391 Page 7                          |
|-------|---|-------------------------------|---------------------------------------|-----|---|
| Par   | t V Type III Non-Functionally Integrated 509                    | (a)(3) Supporting Orga        | anizations <sub>(continu</sub>        | ed) |   |
| Secti | on D - Distributions  |                               |                                       |     | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe       | mpt purposes                  |                                       | 1   |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |                                       |     |   |
|       | organizations, in excess of income from activity                |                               |                                       | 2   |   |
| 3     | Administrative expenses paid to accomplish exempt purpose       | es of supported organization  | S                                     | 3   |   |
| 4     | Amounts paid to acquire exempt-use assets                       |                               |                                       | 4   |   |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro  | ovide details in Part VI)     |                                       | 5   |   |
| 6     | Other distributions (describe in Part VI). See instructions.    |                               |                                       | 6   |   |
| 7     | Total annual distributions. Add lines 1 through 6.              |                               |                                       | 7   |   |
| 8     | Distributions to attentive supported organizations to which the | he organization is responsive | 9                                     |     |   |
|       | (provide details in Part VI). See instructions.                 |                               |                                       | 8   |   |
| 9     | Distributable amount for 2021 from Section C, line 6            |                               |                                       | 9   |   |
| 10    | Line 8 amount divided by line 9 amount                          |                               |                                       | 10  |   |
| Secti | on E - Distribution Allocations (see instructions)              | (i)<br>Excess Distributions   | (ii)<br>Underdistribution<br>Pre-2021 | S   | (iii)<br>Distributable<br>Amount for 2021 |
| 1     | Distributable amount for 2021 from Section C, line 6            |                               |                                       |     |   |
| 2     | Underdistributions, if any, for years prior to 2021 (reason-    |                               |                                       |     |   |
|       | able cause required - explain in Part VI). See instructions.    |                               |                                       |     |   |
| 3     | Excess distributions carryover, if any, to 2021                 |                               |                                       |     |   |
| а     | From 2016   |                               |                                       |     |   |
| b     | From 2017   |                               |                                       |     |   |
| с     | From 2018   |                               |                                       |     |   |
| d     | From 2019   |                               |                                       |     |   |
| е     | From 2020   |                               |                                       |     |   |
| f     | Total of lines 3a through 3e                                    |                               |                                       |     |   |
| g     | Applied to underdistributions of prior years                    |                               |                                       |     |   |
| h     | Applied to 2021 distributable amount                            |                               |                                       |     |   |
| i     | Carryover from 2016 not applied (see instructions)              |                               |                                       |     |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.          |                               |                                       |     |   |
| 4     | Distributions for 2021 from Section D,                          |                               |                                       |     |   |
|       | line 7: \$  |                               |                                       |     |   |
| а     | Applied to underdistributions of prior years                    |                               |                                       |     |   |
| b     | Applied to 2021 distributable amount                            |                               |                                       |     |   |
| с     | Remainder. Subtract lines 4a and 4b from line 4.                |                               |                                       |     |   |
| 5     | Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h        |                               |                                       |     |   |
|       | and 4b from line 1. For result greater than zero, explain in    |                               |                                       |     |   |
|       | Part VI. See instructions.                                      |                               |                                       |     |   |
| 7     | Excess distributions carryover to 2022. Add lines 3j            |                               |                                       |     |   |
|       | and 4c.   |                               |                                       |     |   |
| 8     | Breakdown of line 7:  |                               |                                       |     |   |
| а     | Excess from 2017  |                               |                                       |     |   |
| b     | Excess from 2018  |                               |                                       |     |   |
| с     | Excess from 2019  |                               |                                       |     |   |
| d     | Excess from 2020  |                               |                                       |     |   |
| e     | Excess from 2021  |                               |                                       |     |   |

Schedule A (Form 990) 2021

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| Schedule A (   | Form 990) 2021                                    |   | IZENS<br>WASHII                                |   |  |  | LITY                   | AND                      | ETHICS                           | 03-0445391 Page  |
|----------------|---|---|--|---|--|--|------------------------|--------------------------|----------------------------------|--|
| Part VI        | Supplemental Infor<br>Part IV, Section A, lines 1 | <b>matio</b><br>, 2, 3b, 3<br>lines 2 a | <b>1.</b> Provide<br>3c, 4b, 4c,<br>nd 3; Part | the explar<br>5a, 6, 9a, 9<br>IV, Sectior | nations re<br>9b, 9c, 1 <sup>-</sup><br>1 E, lines | equired by l<br>1a, 11b, an<br>1c, 2a, 2b, | d 11c; Pa<br>3a, and 3 | art IV, Se<br>3b; Part \ | ction B, lines<br>/, line 1; Par | or 17b; Part III, line 12;<br>a 1 and 2; Part IV, Section C,<br>t V, Section B, line 1e; Part V, |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
|                |   |   |  |   |  |  |                        |                          |                                  |  |
| 132028 01-04-2 | <sup>2</sup><br>745960 06605                      |   | ~  | 0.01 0                                    | 4010   | 20   |                        |                          |                                  | Schedule A (Form 990) 202<br>SIBILITY 066051   |

| SCHEDULE C Political Campaign and Lobbying Activities   |                                       |  |  |   | OMB No. 1545-0047 |  |
|---|---------------------------------------|--|--|---|-------------------|--|
| (Form 990)<br>For Organizations Exempt From Income Tax Under section 501(c) and section 527                                   |                                       |  |  |   |                   | 2021   |
| Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.   |                                       |  |  |   |                   | Open to Public   |
| Department of the Treasury<br>Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. |                                       |  |  |   |                   | Inspection   |
| <ul> <li>Section 501(c)(3) or</li> </ul>  | wered "Yes," on<br>ganizations: Com   | Form 990, Part IV, line 3, or Fo<br>plete Parts I-A and B. Do not co<br>01(c)(3)) organizations: Complete  | orm 990-EZ, Part V, li<br>mplete Part I-C.           | ine 46 (Political Camp  | -                 | vities), then  |
| <ul> <li>Section 527 organiz</li> </ul>   | ations: Complete                      | e Part I-A only.   |  |   |                   |  |
| If the organization ans   | wered "Yes," on                       | Form 990, Part IV, line 4, or Fo   | orm 990-EZ, Part VI,                                 | line 47 (Lobbying Acti  | ivities), th      | en   |
| <ul> <li>Section 501(c)(3) or</li> </ul>  | ganizations that I                    | nave filed Form 5768 (election ur  | nder section 501(h)): C                              | Complete Part II-A. Do i  | not compl         | ete Part II-B.   |
| <ul> <li>Section 501(c)(3) or</li> </ul>  | ganizations that I                    | nave NOT filed Form 5768 (electi   | on under section 501                                 | (h)): Complete Part II-B  | . Do not c        | complete Part II-A.  |
| Tax) (See separate inst   | tructions), then                      | Form 990, Part IV, line 5 (Prox  | y Tax) (See separate                                 | instructions) or Form   | 1 990-EZ,         | Part V, line 35c (Proxy  |
| Name of organization  |                                       | ions: Complete Part III. S FOR RESPONSIBI  | ד.דייע אאר דיי                                       | HICS  | Employer          | r identification number  |
| Name of organization  |                                       | INGTON, INC.   |  | IIIC5   |                   | 3-0445391  |
| Part I-A Compl  | ete if the org                        | anization is exempt und  | er section 501(c)                                    | or is a section 5   |                   |  |
| 2 Political campaign  | activity expendit                     | ation's direct and indirect politic<br>ures<br>gn activities   |  |   | ►\$               |  |
| Part I-B Compl  | ete if the org                        | anization is exempt und  | er section 501(c)                                    | (3).  |                   |  |
| 1 Enter the amount of   | of any excise tax                     | incurred by the organization und   | ler section 4955                                     |   | ▶\$               |  |
| 2 Enter the amount of   | of any excise tax                     | incurred by organization manage  | ers under section 495                                | 5   | ►\$               |  |
| 3 If the organization i   | ncurred a sectio                      | n 4955 tax, did it file Form 4720  | for this year?                                       |   |                   | Yes No   |
| 4a Was a correction m   | nade?                                 |  |  |   |                   | Yes No   |
| b If "Yes," describe in   |                                       |  |  |   |                   |  |
| -   |                                       | anization is exempt und  | .,   |   |                   | 5).  |
|   |                                       | by the filing organization for sec   |  |   | ►\$               |  |
|   |                                       | ization's funds contributed to oth   | -  |   |                   |  |
|   |                                       |  |  |   | ►\$               |  |
| line 17b  |                                       | . Add lines 1 and 2. Enter here a  |  | · · · · · · · · · · · · · · · · · · ·                             | ►\$               |  |
|   |                                       | 1120-POL for this year?  |  |   |                   | Yes No   |
| made payments. For<br>contributions receive   | or each organiza<br>ved that were pro | nployer identification number (EII<br>tion listed, enter the amount pair<br>omptly and directly delivered to a<br>additional space is needed, prov | d from the filing organi<br>a separate political org | ization's funds. Also er<br>ganization, such as a s               | nter the ar       | nount of political   |
| (a) Name  | 9                                     | (b) Address  | (c) EIN  | (d) Amount paid fu<br>filing organization<br>funds. If none, ente | n's cor<br>er-0 c | e) Amount of political<br>htributions received and<br>promptly and directly<br>lelivered to a separate<br>political organization.<br>If none, enter -0 |
|   |                                       |  |  |   |                   |  |
| For Paperwork Reduct  | ion Act Notice,                       | see the Instructions for Form 9  | 990 or 990-EZ.                                       |   | Sche              | dule C (Form 990) 2021   |

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| Schedule C (Form 990) 2021   | IN WASHINGT                                 | ON, INC.  | ILITY AND E                             | 03-0  | 445391 Page 2                      |
|--|---|---|---|---|------------------------------------|
| Part II-A Complete if the org section 501(h)).   | anization is exer                           | npt under sectio                                  | n 501(c)(3) and fil                     | ed Form 5768 (el                              | ection under                       |
| A Check      if the filing organization  | tion belongs to an affil                    | iated group (and list in                          | Part IV each affiliated                 | group member's nam                            | e, address, EIN,                   |
| expenses, and shar   | e of excess lobbying e                      | expenditures).                                    |   |   |                                    |
| B Check 🕨 🛄 if the filing organiza   | tion checked box A an                       | nd "limited control" pro                          | visions apply.                          |   |                                    |
|  | ts on Lobbying Exper<br>litures" means amou | nditures<br>nts paid or incurred.)                |   | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| 1a Total lobbying expenditures to influ  | uence public opinion (g                     | grassroots lobbying)                              |   | 8,903.  |                                    |
| <b>b</b> Total lobbying expenditures to influ  | uence a legislative bod                     | ly (direct lobbying)                              |   | 13,666.                                       |                                    |
| c Total lobbying expenditures (add li  | nes 1a and 1b)                              |   |   | 22,569.                                       |                                    |
| d Other exempt purpose expenditure   |   |   | r i i i i i i i i i i i i i i i i i i i | 5,192,479.                                    |                                    |
| e Total exempt purpose expenditure   |   |   | 1                                       | 5,215,048.                                    |                                    |
| f Lobbying nontaxable amount. Ente   |   |   |   | 410,752.                                      |                                    |
| If the amount on line 1e, column (a) o   |   | bying nontaxable amo                              | ount is:                                |   |                                    |
| Not over \$500,000   |   | the amount on line 1e.                            |   |   |                                    |
| Over \$500,000 but not over \$1,000  |   | 0 plus 15% of the exc                             |   |   |                                    |
| Over \$1,000,000 but not over \$1,5  |   | 0 plus 10% of the exc                             |   |   |                                    |
| Over \$1,500,000 but not over \$17,  |   | 0 plus 5% of the exce                             | ss over \$1,500,000.                    |   |                                    |
| Over \$17,000,000  | \$1,000,0                                   | 000.  |   |   |                                    |
| g Grassroots nontaxable amount (en   | tor 250/ of line 11                         |   |   | 102,688.                                      |                                    |
| h Subtract line 1g from line 1a. If zero   | ,   |   |   | 0.  |                                    |
| i Subtract line 1f from line 1c. If zero   |   |   |   | 0.  |                                    |
| j If there is an amount other than ze  |   | line 1 i did the organiza                         |   |   |                                    |
| reporting section 4911 tax for this  |   |   |   |   | Yes No                             |
|  |   | raging Period Under                               |   |   |                                    |
| (Some organizations the second s |   | 01(h) election do not<br>ate instructions for lir | •                                       | of the five columns b                         | elow.                              |
|  | Lobbying Expen                              | ditures During 4-Yea                              | r Averaging Period                      |   |                                    |
| Calendar year<br>(or fiscal year beginning in)   | <b>(a)</b> 2018                             | <b>(b)</b> 2019                                   | <b>(c)</b> 2020                         | <b>(d)</b> 2021                               | <b>(e)</b> Total                   |
| <b>2a</b> Lobbying nontaxable amount   | 384,457.                                    | 454,253.  | 446,437.                                | 410,752.                                      | 1,695,899.                         |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))   |   |   |   |   | 2,543,849.                         |
| c Total lobbying expenditures  | 11,620.                                     | 19,340.   | 23,186.                                 | 22,569.                                       | 76,715.                            |
| d Grassroots nontaxable amount   | 96,114.                                     | 113,563.  | 111,609.                                | 102,688.                                      | 423,974.                           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))   |   |   |   |   | 635,961.                           |
| f Grassroots lobbying expenditures   | 360.  | 4,356.  | 5,810.                                  | 8,903.  | 19,429.                            |

Schedule C (Form 990) 2021

132042 11-03-21

# Schedule C (Form 990) 2021 IN WASHINGTON, INC. 03-0445391 Page 3 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 e  | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)  |               | (a)      |            | (b)     |  |
|--------|--|---------------|----------|------------|---------|--|
| of th  | e lobbying activity.   | Yes           | No       | Amo        | ount    |  |
| 1<br>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)?<br>Media advertisements?  |               |          |            |         |  |
|        | Mailings to members, legislators, or the public?   |               |          |            |         |  |
|        | Publications, or published or broadcast statements?  |               |          |            |         |  |
|        | Grants to other organizations for lobbying purposes?   |               |          |            |         |  |
|        | Direct contact with legislators, their staffs, government officials, or a legislative body?  |               |          |            |         |  |
|        | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |               |          |            |         |  |
|        | Other activities?  |               |          |            |         |  |
|        | Total. Add lines 1c through 1i   |               |          |            |         |  |
|        | 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?   |               |          |            |         |  |
|        | t III-A Complete if the organization is exempt under section 501(c)(4), section  | on 501(c)(5), | or se    | ction      |         |  |
|        | 501(c)(6).   |               |          |            |         |  |
|        |  |               |          | Yes        | No      |  |
| 1      | Were substantially all (90% or more) dues received nondeductible by members?   |               | 1        |            |         |  |
| 2      | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |               | 2        |            |         |  |
| 3      | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |               | 3        |            |         |  |
| Pa     | t III-B Complete if the organization is exempt under section 501(c)(4), section  | on 501(c)(5), | or se    | ction      |         |  |
|        | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered   | "No" OR (b    | ) Part   | III-A, lin | e 3, is |  |
|        | answered "Yes."  |               |          |            |         |  |
| 1      | Dues, assessments and similar amounts from members   |               | 1        |            |         |  |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political  |               |          |            |         |  |
|        | expenses for which the section 527(f) tax was paid).   |               |          |            |         |  |
| а      | Current year   |               | 2a       |            |         |  |
|        | Carryover from last year   |               | 2b       |            |         |  |
|        | Total  |               | 2c       |            |         |  |
| 3      | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |               | 3        |            |         |  |
| 4      | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc   |               |          |            |         |  |
|        | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p  |               |          |            |         |  |
|        | expenditure next year?   |               | 4        |            |         |  |
| 5      | Taxable amount of lobbying and political expenditures. See instructions  |               | 5        |            |         |  |
| Pa     | t IV Supplemental Information  |               |          |            |         |  |
| Drow   | in the descriptions required for Dout LA, line 1, Dout LD, line 4, Dout LO, line 5, Dout LA (affiliated around   |               | inco 1 d |            |         |  |

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

|                   |   | Supplemental Financial Statements <ul> <li>Complete if the organization answered "Yes" on Form 990,</li> </ul>  | OMB No. 1545-0047              |
|-------------------|---|---|--------------------------------|
| (Forn             | n 990)                                    | Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  |                                |
|                   | ment of the Treasury<br>I Revenue Service | <ul> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>   | Open to Public<br>Inspection   |
|                   | e of the organizati                       |   | Employer identification number |
|                   | _   | IN WASHINGTON, INC.   | 03-0445391                     |
| Par               | _   | tions Maintaining Donor Advised Funds or Other Similar Funds or A   | ccounts.Complete if the        |
|                   | organizatio                               | n answered "Yes" on Form 990, Part IV, line 6.  |                                |
|                   |   |   | b) Funds and other accounts    |
| 1                 |   | id of year  |                                |
| 2                 |   | i contributions to (during year)  |                                |
| 3                 |   | i grants from (during year)   |                                |
| 4<br>5            |   | n inform all donors and donor advisors in writing that the assets held in donor advised func-   | do                             |
| 5                 | -   | n's property, subject to the organization's exclusive legal control?  |                                |
| 6                 |   | n inform all grantees, donors, and donor advisors in writing that grant funds can be used o   |                                |
| Ŭ                 |   | oses and not for the benefit of the donor or donor advisor, or for any other purpose confer   |                                |
|                   | impermissible priva                       |   |                                |
| Par               |   | ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV,  |                                |
| 1                 |   | ervation easements held by the organization (check all that apply).   |                                |
|                   | Preservation                              | of land for public use (for example, recreation or education)   | rically important land area    |
|                   | Protection o                              | f natural habitat Preservation of a certif  | fied historic structure        |
|                   | Preservation                              | of open space   |                                |
| 2                 | •   | through 2d if the organization held a qualified conservation contribution in the form of a co   |                                |
|                   | day of the tax year                       |   | Held at the End of the Tax Ye  |
|                   |   | nservation easements  | 2a                             |
|                   |   | icted by conservation easements   | 2b                             |
|                   |   | vation easements on a certified historic structure included in (a)  | 2c                             |
| d                 |   | vation easements included in (c) acquired after 7/25/06, and not on a historic structure  |                                |
| ~                 |   | al Register   | 2d                             |
| 3                 |   | vation easements modified, transferred, released, extinguished, or terminated by the organ  | lization during the tax        |
| 4                 | year                                      | where property subject to conservation easement is located  |                                |
| <del>-</del><br>5 |   | ion have a written policy regarding the periodic monitoring, inspection, handling of  |                                |
| Ŭ                 | 0   | procement of the conservation easements it holds?   | Yes                            |
| 6                 | •   | r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation   |                                |
|                   |   |   | 0,                             |
| 7                 | Amount of expens                          | <br>es incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea  | sements during the year        |
|                   | ►\$                                       |   |                                |
| 8                 | Does each conser                          | vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B   | 3)(i)                          |
|                   | and section 170(h)                        | (4)(B)(ii)?   | Yes 🛛 N                        |
| 9                 | In Part XIII, describ                     | be how the organization reports conservation easements in its revenue and expense staten  | nent and                       |
|                   |   | I include, if applicable, the text of the footnote to the organization's financial statements th  | at describes the               |
| Der               |   | punting for conservation easements.   | Dimilar Acceto                 |
| Par               |   | tions Maintaining Collections of Art, Historical Treasures, or Other S  | Similar Assets.                |
|                   |   | the organization answered "Yes" on Form 990, Part IV, line 8.   |                                |
| 1a                | •   | elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal  |                                |
|                   | -   | asures, or other similar assets held for public exhibition, education, or research in furtherar<br>Part XIII the text of the footnote to its financial statements that describes these items. |                                |
| h                 | ••  | elected, as permitted under FASB ASC 958, to report in its revenue statement and balance  | a sheet works of               |
| , N               | -   | ures, or other similar assets held for public exhibition, education, or research in furtherance   |                                |
|                   |   | ng amounts relating to these items:   |                                |
|                   | •   | ded on Form 990, Part VIII, line 1  | ▶ \$                           |
|                   |   | d in Form 990, Part X   |                                |
| 2                 |   | received or held works of art, historical treasures, or other similar assets for financial gain,  |                                |
|                   | •   | ints required to be reported under FASB ASC 958 relating to these items:  |                                |
| а                 | -   | on Form 990, Part VIII, line 1  | ▶ \$                           |
|                   |   | Form 990, Part X  |                                |
|                   |   | eduction Act Notice, see the Instructions for Form 990.   | Schedule D (Form 990) 20       |
| 132051            | 1 10-28-21                                |   |                                |
| <b>.</b> -        | • • • • - •                               | 29  | ·                              |
| -30               | 825 745960                                | 06605 2021.04012 CITIZENS FOR RESPON  | ISIBILITY 06605                |

|            |       |  | S FOR RESP                      |            | BILITY        | AND ET                                  | CHICS      |                         |            |                    |            |
|------------|-------|--|---------------------------------|------------|---------------|---|------------|-------------------------|------------|--------------------|------------|
|            |       |  | INGTON, IN                      |            |               |   |            |                         |            | 45391              |            |
| Pa         |       | Organizations Maintaining C  |                                 |            |               |   |            |                         |            | <b>ts</b> (continu | ıed)       |
| 3          | Usi   | ng the organization's acquisition, accessi                                 | on, and other record            | ls, chec   | k any of the  | following that                          | t make s   | ignificant (            | use of its |                    |            |
|            | coll  | lection items (check all that apply):                                      |                                 |            |               |   |            |                         |            |                    |            |
| а          |       | Public exhibition  | d                               |            |               | hange progra                            |            |                         |            |                    |            |
| b          |       | Scholarly research   | e                               |            | Other         |   |            |                         |            |                    |            |
| С          |       | Preservation for future generations  |                                 |            |               |   |            |                         |            |                    |            |
| 4          |       | wide a description of the organization's co                                | -                               |            | -             | -                                       |            |                         | se in Par  | t XIII.            |            |
| 5          |       | ring the year, did the organization solicit o                              |                                 |            |               | -                                       |            |                         |            | -                  |            |
| <b>D</b> - |       | be sold to raise funds rather than to be ma                                |                                 |            |               |   |            |                         |            | Yes                |            |
| Ра         | rt IV |  |                                 | ete if the | e organizatio | n answered "                            | Yes" on    | Form 990                | , Part IV, | line 9, or         |            |
|            |       | reported an amount on Form 990, Pa   |                                 |            |               |   |            |                         |            |                    |            |
| 1a         |       | he organization an agent, trustee, custod                                  |                                 |            |               |   |            |                         |            |                    |            |
|            | on    | Form 990, Part X?  |                                 |            |               |   |            |                         | L          | Yes                |            |
| b          | IT "Y | Yes," explain the arrangement in Part XIII                                 | and complete the fo             | llowing    | table:        |   |            |                         |            | Amount             |            |
|            | -     |  |                                 |            |               |   |            |                         |            | Amount             |            |
|            |       | ginning balance  |                                 |            |               |   |            |                         |            |                    |            |
| a          |       | ditions during the year  |                                 |            |               |   |            |                         |            |                    |            |
| e          |       | tributions during the year   |                                 |            |               |   |            |                         |            |                    |            |
| T          |       | ding balance   |                                 |            |               |   |            |                         |            | N                  |            |
|            |       | the organization include an amount on F                                    |                                 |            |               |   |            |                         |            | Yes                |            |
|            | rt V  | Yes," explain the arrangement in Part XIII.<br>Endowment Funds. Complete i |                                 |            |               |   |            |                         |            |                    |            |
| га         | 1 L V | Endowment i unds. Complete   | (a) Current year                |            | rior year     | (c) Two years                           |            |                         | ears hack  | (a) Four           | lears hack |
| 4          | Dee   |  | (a) Culterit year               |            | noi yeai      |   | 3 Dack     |                         |            | (e) i oui j        |            |
| 18         |       | ginning of year balance  |                                 |            |               |   |            |                         |            |                    |            |
| D          |       | ntributions  |                                 |            |               |   |            |                         |            |                    |            |
| C          |       | t investment earnings, gains, and losses                                   |                                 |            |               |   |            |                         |            |                    |            |
| a          |       | ants or scholarships   |                                 |            |               |   |            |                         |            |                    |            |
| е          |       | ner expenditures for facilities  |                                 |            |               |   |            |                         |            |                    |            |
|            |       | programs   |                                 |            |               |   |            |                         |            |                    |            |
| t          |       | ministrative expenses  |                                 |            |               |   |            |                         |            |                    |            |
| g          |       | d of year balance  |                                 |            |               | <u> </u>                                |            |                         |            |                    |            |
| 2          |       | wide the estimated percentage of the cur                                   | rent year end baland            | -          | g, column (a  | a)) held as:                            |            |                         |            |                    |            |
| a          |       | ard designated or quasi-endowment  | <u> </u>                        | _%         |               |   |            |                         |            |                    |            |
| b          |       | manent endowment   | %                               |            |               |   |            |                         |            |                    |            |
| С          |       |  | %                               |            |               |   |            |                         |            |                    |            |
| -          |       | e percentages on lines 2a, 2b, and 2c sho                                  | -                               |            |               |   |            |                         |            |                    |            |
| За         |       | there endowment funds not in the posse                                     | ession of the organiz           | ation the  | at are held a | ind administer                          | red for th | ne organiz              | ation      |                    | res No     |
|            | by:   |  |                                 |            |               |   |            |                         |            |                    | Yes No     |
|            |       | Unrelated organizations  |                                 |            |               |   |            |                         |            |                    |            |
|            | (11)  | Related organizations  |                                 |            |               |   |            |                         |            | 3a(ii)             |            |
|            |       | Yes" on line 3a(ii), are the related organiza                              |                                 |            |               |   |            |                         |            | 3b                 |            |
| 4          | rt V  | scribe in Part XIII the intended uses of the Land, Buildings, and Equipm   | 0                               | owment     | funds.        |   |            |                         |            |                    |            |
| га         |       | Complete if the organization answere                                       |                                 | ) Dart IV  | / lino 110 9  | Soo Form 990                            | Dart V     | lino 10                 |            |                    |            |
|            |       |  |                                 |            |               |   |            |                         | _          |                    |            |
|            |       | Description of property  | (a) Cost or o<br>basis (investr |            | • •           | or other<br>(other)                     | • •        | ccumulate<br>preciation |            | (d) Book           | value      |
| 12         | l an  | nd   |                                 |            | 20010         | ()                                      | ach        |                         |            |                    |            |
| b          |       | ldings   |                                 |            |               |   |            |                         |            |                    |            |
| 2          |       | asehold improvements   |                                 |            | 18            | 9,168.                                  | 1          | 189,16                  | 58.        |                    | 0          |
| о<br>И     |       | uipment  |                                 |            |               | 2,718.                                  |            | LO2,71                  |            |                    | 0          |
|            |       | ner  |                                 |            |               | 6,638.                                  |            | 11,63                   |            | 35                 | ,000       |
|            |       | d lines 1a through 1e. <i>(Column (d) must</i> e                           |                                 | X colur    |               |   |            | , •                     |            |                    | ,000       |
|            |       |  |                                 | .,         |               | - • • • • • • • • • • • • • • • • • • • | <u></u>    | <u></u>                 | Schedule   | D (Form            |            |

132052 10-28-21

#### CITIZENS FOR RESPONSIBILITY AND ETHICS TN WASHINGTON INC

| Schedule D (Form 990) 2021 IN WASHINGT                               | ON, INC.                    | 03-04  | 445391 <sub>Page</sub> 3 |
|--|-----------------------------|--|--------------------------|
| Part VII Investments - Other Securities.                             |                             |  |                          |
| Complete if the organization answered "Yes"                          | on Form 990, Part IV, line  | 11b. See Form 990, Part X, line 12.            |                          |
| (a) Description of security or category (including name of security) | (b) Book value              | (c) Method of valuation: Cost or end-of-y      | ear market value         |
| (1) Financial derivatives  |                             |  |                          |
| (2) Closely held equity interests                                    |                             |  |                          |
| (3) Other  |                             |  |                          |
|  |                             |  |                          |
| (A)  |                             |  |                          |
| (B)  |                             |  |                          |
| (C)  |                             |  |                          |
| (D)  |                             |  |                          |
| (E)  |                             |  |                          |
| (F)  |                             |  |                          |
| (G)  |                             |  |                          |
| (H)  |                             |  |                          |
| Fotal. (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-y      | ear market value         |
|  | (2) 2007 1000               |  |                          |
| (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.            |                          |
| _  | Description                 | , ,  | (b) Book value           |
| (1)  | 1                           |  |                          |
|  |                             |  |                          |
| (2)  |                             |  |                          |
| (3)  |                             |  |                          |
| (4)  |                             |  |                          |
| (5)  |                             |  |                          |
| (6)  |                             |  |                          |
| (7)  |                             |  |                          |
| (8)  |                             |  |                          |
| (9)  |                             |  |                          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        | e 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 lightling   | ,,,                         |  | (b) Book value           |
|  |                             |  |                          |
| (1) Federal income taxes   |                             |  |                          |
| (2)  |                             |  |                          |
| (3)  |                             |  |                          |
| (4)  |                             |  |                          |
| (5)  |                             |  |                          |
| (6)  |                             |  |                          |
| (7)  |                             |  |                          |
| (8)  |                             |  |                          |
| (9)  |                             |  |                          |
|  | 25)                         |  |                          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line        |                             |  |                          |
| 2. Liability for uncertain tax positions. In Part XIII, provide      | the text of the footnote to | the organization's financial statements that i | eports 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) 2021

132053 10-28-21

#### CITIZENS FOR RESPONSIBILITY AND ETHICS N WACUTNOWON

| 03-0445391 | Page 4 |
|------------|--------|
|------------|--------|

| Sche | edule D (Form 990) 2021 IN WASHINGTON, INC.  | 03-      | 0445391 Page 4 |
|------|--|----------|----------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per              | er Retur | n.             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                    |          |                |
| 1    | Total revenue, gains, and other support per audited financial statements                       | 1        | 7,612,255.     |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |          |                |
| а    | Net unrealized gains (losses) on investments   | 31.      |                |
| b    |  |          |                |
| с    |  |          |                |
| d    |  |          |                |
| е    | · · · · · · · · · · · · · · · · · · ·  | 2e       | -31.           |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   |          | 7,612,286.     |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |          |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a 22                         | 25.      |                |
| b    | Other (Describe in Part XIII.) 4b  |          |                |
| с    | Add lines <b>4a</b> and <b>4b</b>  | 4c       | 25.            |
| 5    | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)  |          | 7,612,311.     |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses               | per Retu | ırn.           |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                    |          |                |
| 1    | Total expenses and losses per audited financial statements                                     | 1        | 5,215,023.     |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                              |          |                |
| а    | Donated services and use of facilities 2a  |          |                |
| b    | Prior year adjustments 2b  |          |                |
| с    | Other losses 2c  |          |                |
| d    | Other (Describe in Part XIII.) 2d  |          |                |
| е    | Add lines <b>2a</b> through <b>2d</b>  | 2e       | 0.             |
| 3    | Subtract line 2e from line 1   |          | 5,215,023.     |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                             |          |                |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b 4a 2                          | 25.      |                |
| b    | Other (Describe in Part XIII.) 4b  |          |                |
| с    | Add lines <b>4a</b> and <b>4b</b>  | 4c       | 25.            |
| 5    | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.) | 5        | 5,215,048.     |
| 1 -  | rt XIII Supplemental Information.  |          |                |

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

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2021, THE ORGANIZATION HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

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| SCHEDULE G                 | Suppleme              | ental Information Regarding                                  | g Fun                                       | drais    | ing or Gaming        | Activ      | vities                      | OMB No. 1545-0047   |
|----------------------------|-----------------------|--|---|----------|----------------------|------------|-----------------------------|---------------------|
| (Form 990)                 | Complete if th        | 2021   |   |          |                      |            |                             |                     |
| Department of the Treasury |                       | ► Attach to Form 990<br>to www.irs.gov/Form990 for inst      |   |          |                      |            |                             | Open to Public      |
| Internal Revenue Service   |                       | Inspection   |   |          |                      |            |                             |                     |
| Name of the organizatio    |                       | entification number  |   |          |                      |            |                             |                     |
|                            |                       | INGTON, INC.   |   |          |                      |            | 03-044                      |                     |
|                            | complete this par     | <ul> <li>Complete if the organization answ<br/>t.</li> </ul> | ered "ነ                                     | 'es" or  | n Form 990, Part IV, | line 1     | 7. Form 990-E               | Z filers are not    |
| 1 Indicate whether th      | ne organization rais  | sed funds through any of the follow                          | ing acti                                    | vities.  | Check all that apply | <i>'</i> . |                             |                     |
| a 📃 Mail solicita          | tions                 | e X Solicita   | ation of                                    | non-g    | overnment grants     |            |                             |                     |
|                            | l email solicitations | s <b>f</b> Solicita  | ation of                                    | gover    | nment grants         |            |                             |                     |
| c X Phone solic            |                       | g 🛄 Specia   | l fundra                                    | aising   | events               |            |                             |                     |
| d X In-person so           |                       |  |   |          |                      |            |                             |                     |
|                            |                       | or oral agreement with any individua                         |   | -        |                      |            | , or<br>X Ye                |                     |
| • • •                      |                       | Part VII) or entity in connection with                       |   |          | -                    |            |                             |                     |
| compensated at l           | ÷ .                   | viduals or entities (fundraisers) purs                       | uant to                                     | agree    | ements under which   | the fu     | ndraiser is to              | be                  |
|                            | east \$5,000 by the   |  |   |          |                      |            |                             | 1                   |
| (i) Name and addres        | s of individual       |  | (iii)                                       | Did      | (iv) Gross receipts  |            | Amount paid                 | (vi) Amount paid    |
| or entity (fun             |                       | (ii) Activity  | fundraiser<br>have custody<br>or control of |          | from activity        |            | r retained by)<br>undraiser | to (or retained by) |
|                            |                       |  | contrib                                     | utions?  |                      | list       | ed in col. <b>(i)</b>       | organization        |
| BONNER GROUP, INC.         | - 800                 |  | Yes   | No       |                      |            |                             |                     |
| MAINE AVE, SW, 4TH         | FLOOR,                | PROFESSIONAL FUNDRAISING                                     |   | Х        | 6,173,839.           |            | 770,589                     | 5,403,250.          |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   | ┝──      |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  | +   | ├──      |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  |   | <u> </u> |                      |            |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       |  | +   | <u> </u> |                      | -          |                             |                     |
|                            |                       |  |   |          |                      |            |                             |                     |
|                            |                       | 1  | 1   | L        |                      |            |                             |                     |
| Total                      |                       |  |   | . 🕨      | 6,173,839.           |            | 770,589                     | . 5,403,250.        |
| 3 List all states in wh    | ich the organizatio   | on is registered or licensed to solicit                      | contrik                                     | outions  |                      | d it is    | exempt from                 |                     |
| or licensing.              |                       | FI. CA HT TI. KG KV  | MA  | MD       |                      |            |                             |                     |

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2021

132081 10-21-21

|                 |      | CTTTZEN  | S FOR RESPON           | SIBILITY AND                                     | ETHICS                     |   |
|-----------------|------|--|------------------------|--|----------------------------|---|
| Sch             | edu  |  | INGTON, INC.           |  |                            | 0445391 Page 2                                      |
| Pa              |      | I Fundraising Events. Complete if the  | e organization answere | d "Yes" on Form 990, Par                         | t IV, line 18, or reported | I more than \$15,000                                |
|                 |      | of fundraising event contributions and gro   | oss income on Form 99  | 0-EZ, lines 1 and 6b. List                       |                            | ots greater than \$5,000.                           |
|                 |      |  | <b>(a)</b> Event #1    | <b>(b)</b> Event #2                              | (c) Other events           | (d) Total events<br>(add col. (a) through           |
| Ø               |      |  | (event type)           | (event type)                                     | (total number)             | - col. <b>(c)</b> )                                 |
| Jevenue         |      |  |                        |  |                            |   |
| Rev             | 1    | Gross receipts   |                        |  |                            |   |
|                 | 2    | Less: Contributions  |                        |  |                            |   |
|                 | 3    | Gross income (line 1 minus line 2)   |                        |  |                            |   |
|                 | 4    | Cash prizes  |                        |  |                            |   |
|                 | 5    | Noncash prizes   |                        |  |                            |   |
| Direct Expenses | 6    | Rent/facility costs  |                        |  |                            |   |
| Direct E        | 7    | Food and beverages   |                        |  |                            | ļ   |
|                 | 8    | Entertainment  |                        |  |                            |   |
|                 | 9    | Other direct expenses  |                        |  |                            |   |
|                 | 10   | Direct expense summary. Add lines 4 through  |                        |  | ►                          |   |
|                 | 11   |  |                        |  |                            |   |
| Pa              | rt I | <b>II Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on For  | m 990, Part IV, line 19, or i                    | reported more than         |   |
| Revenue         |      |  | <b>(a)</b> Bingo       | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming           | (d) Total gaming (add<br>col. (a) through col. (c)) |
| Re              | 1    | Gross revenue  |                        |  |                            |   |
| ses             | 2    | Cash prizes  |                        |  |                            |   |
| Expenses        | 3    | Noncash prizes   |                        |  |                            |   |

| 1 6             | art | <b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a. | answered tes off-off       |  | reported more than                      | ı   |
|-----------------|-----|---|----------------------------|--|---|---|
| Revenue         |     |   | <b>(a)</b> Bingo           | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming                        | (d) Total gaming (add<br>col. (a) through col. (c)) |
| Re              | 1   | Gross revenue   |                            |  |   |   |
| ses             | 2   | Cash prizes   |                            |  |   |   |
| Direct Expenses | 3   | Noncash prizes  |                            |  |   |   |
| Direct          | 4   | Rent/facility costs   |                            |  |   |   |
|                 | 5   | Other direct expenses   |                            |  |   |   |
|                 | 6   | Volunteer labor   | └── Yes %<br>└── No        | └── Yes %<br>└── No                              | └── Yes %<br>└── No                     |   |
|                 | 7   | Direct expense summary. Add lines 2 through                                     | n 5 in column (d)          |  | ►                                       |   |
|                 | 8   | Net gaming income summary. Subtract line 7                                      | from line 1, column (d)    |  |   |   |
| 9               | En  | ter the state(s) in which the organization condu                                | icts gaming activities:    |  |   |   |
|                 |     | the organization licensed to conduct gaming ac                                  | ctivities in each of these | states?  |   | Yes No  |
|                 |     | No," explain:   |                            |  |   |   |
|                 |     | ere any of the organization's gaming licenses re<br>Yes," explain:              |                            | -  | • | Yes No  |
|                 |     |   |                            |  |   |   |

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Schedule G (Form 990) 2021

| Schedule G (Form 990) 2021                               |                      |              | ESPONSIBII<br>INC.   |                     |                     | 3-044539           |             |
|--|----------------------|--------------|----------------------|---------------------|---------------------|--------------------|-------------|
| 11 Does the organization conduct ga                      |                      |              |                      |                     |                     |                    |             |
| <b>12</b> Is the organization a grantor, bene            |                      |              |                      |                     |                     |                    |             |
| to administer charitable gaming?                         |                      |              |                      |                     |                     |                    | s 🗌 No      |
| 13 Indicate the percentage of gaming                     |                      |              |                      |                     |                     |                    |             |
| a The organization's facility                            |                      |              |                      |                     |                     | 13a                | %           |
| <b>b</b> An outside facility                             |                      |              |                      |                     |                     | 13b                | %           |
| <b>14</b> Enter the name and address of the              | e person who prep    | ares the org | ganization's gaming  | g/special events bo | oks and records:    | :                  |             |
| Name 🕨   |                      |              |                      |                     |                     |                    |             |
| Address 🕨  |                      |              |                      |                     |                     |                    |             |
| <b>15a</b> Does the organization have a cont             | ract with a third pa | arty from wh | nom the organizatio  | on receives gaming  | revenue?            | Yes                | 5 🗌 No      |
| <b>b</b> If "Yes," enter the amount of gami              | na revenue receive   | ed by the or | anization 🕨 \$       |                     | and the amount      | ł                  |             |
| of gaming revenue retained by the                        |                      |              |                      |                     | -                   | -                  |             |
| c If "Yes," enter name and address                       |                      |              |                      |                     |                     |                    |             |
| Name 🕨   |                      |              |                      |                     |                     |                    |             |
| Address ►  |                      |              |                      |                     |                     |                    |             |
| 16 Gaming manager information:                           |                      |              |                      |                     |                     |                    |             |
| Name 🕨   |                      |              |                      |                     |                     |                    |             |
| Gaming manager compensation                              |                      |              |                      |                     |                     |                    |             |
|  |                      |              |                      |                     |                     |                    |             |
| Description of services provided                         | •                    |              |                      |                     |                     |                    |             |
|  |                      |              |                      |                     |                     |                    |             |
|  |                      |              |                      |                     |                     |                    |             |
| Director/officer   | Employee             |              | Independent co       | ontractor           |                     |                    |             |
| 17 Mandatory distributions:                              |                      |              |                      |                     |                     |                    |             |
| a Is the organization required under                     | state law to make    | charitable o | distributions from t | he gaming proceed   | ls to               |                    |             |
|  |                      |              |                      |                     |                     | Yes                | s 🗌 No      |
| <b>b</b> Enter the amount of distributions               | required under stat  | e law to be  | distributed to othe  | er exempt organiza  | tions or spent in t | he                 |             |
| organization's own exempt activiti                       | i                    |              |                      |                     |                     |                    |             |
| Part IV Supplemental Inform<br>15b, 15c, 16, and 17b, as |                      | -            |                      |                     |                     | nd Part III, lines | 9, 9b, 10b, |
| SCHEDULE G, PART I,                                      | LINE 2B,             | LIST (       | OF TEN HIC           | GHEST PAIL          | ) FUNDRAI           | SERS:              |             |
|  |                      |              |                      |                     |                     |                    |             |
| (I) NAME OF FUNDRAI:                                     | SER. BONNE           |              |                      |                     |                     |                    |             |
|  |                      | in Gro       | or, inc.             |                     |                     |                    |             |
| (I) ADDRESS OF FUND                                      | RAISER:              |              |                      |                     |                     |                    |             |
| 800 MAINE AVE, SW,                                       | 4TH FLOOR,           | WASH         | INGTON, DO           | 20024               |                     |                    |             |
|  |                      |              |                      |                     |                     |                    |             |
|  |                      |              |                      |                     |                     |                    |             |
|  |                      |              |                      |                     |                     |                    |             |
| 132083 10-21-21  |                      |              |                      |                     | Sc                  | chedule G (For     | m 990) 2021 |

|               | (5                               |                    | PONSIBILITY AND ETHICS | 03-0445391 Page4      |
|---------------|----------------------------------|--------------------|------------------------|-----------------------|
| Part IV       | (Form 990)<br>Supplemental Infor | mation (continued) | NC.                    | UJ=U44JJJI Page 4     |
|               |                                  |                    |                        |                       |
|               |                                  |                    |                        |                       |
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|               |                                  |                    |                        |                       |
|               |                                  |                    |                        | Schedule G (Form 990) |
| 132084 11-18- | 21                               |                    | 36                     |                       |
|               |                                  |                    | 50                     |                       |

| SC   | HEDULE J   | Compensation Information   | I           | OMB No.    | 1545-00 | 47     |
|------|--|--|-------------|------------|---------|--------|
|      | rm 990)  |  | 20          |            |         |        |
| -    | Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. |  |             | 2021       |         | i      |
| Dena | tment of the Treasury  |  | Open to Pu  |            |         |        |
|      | al Revenue Service   | Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.       |             | Inspe      |         |        |
| Nan  | ne of the organizatio  |  | Employer id |            |         | mber   |
|      |  | IN WASHINGTON, INC.  | 03-04       | 44539      | 1       |        |
| Pa   | rt I Question  | s Regarding Compensation   |             |            |         |        |
|      |  |  |             |            | Yes     | No     |
| 1a   |  | iate box(es) if the organization provided any of the following to or for a person listed on Form | ı 990,      |            |         |        |
|      |  | line 1a. Complete Part III to provide any relevant information regarding these items.            |             |            |         |        |
|      | First-class or o   |  |             |            |         |        |
|      | Travel for com   |  |             |            |         |        |
|      |  | cation and gross-up payments   |             |            |         |        |
|      | Discretionary  | spending account Personal services (such as maid, chauffer                                       | ur, chef)   |            |         |        |
|      |  |  |             |            |         |        |
| b    | •  | on line 1a are checked, did the organization follow a written policy regarding payment or        |             |            |         |        |
|      |  | provision of all of the expenses described above? If "No," complete Part III to explain          |             | <b>1</b> b |         |        |
| 2    |  | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,    |             |            |         |        |
|      | trustees, and office   | ers, including the CEO/Executive Director, regarding the items checked on line 1a?               |             | 2          |         |        |
|      |  |  |             |            |         |        |
| 3    | Indicate which, if a   | ny, of the following the organization used to establish the compensation of the organization's   | 3           |            |         |        |
|      | CEO/Executive Dire   | ector. Check all that apply. Do not check any boxes for methods used by a related organizat      | ion to      |            |         |        |
|      | establish compens  | ation of the CEO/Executive Director, but explain in Part III.                                    |             |            |         |        |
|      | Compensation   |  |             |            |         |        |
|      |  | compensation consultant $X$ Compensation survey or study   |             |            |         |        |
|      | X Form 990 of o  | ther organizations   | ommittee    |            |         |        |
|      |  |  |             |            |         |        |
| 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 re   | lated organization:  |             |            |         |        |
| а    |  | ce payment or change-of-control payment?   |             |            |         | X      |
| b    |  | eive payment from a supplemental nonqualified retirement plan?                                   |             |            |         | X      |
| С    | Participate in or rec  | eive payment from an equity-based compensation arrangement?                                      |             | 4c         |         | X      |
|      | If "Yes" to any of lin   | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.         |             |            |         |        |
|      |  |  |             |            |         |        |
|      |  | 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   | วท          |            |         |        |
|      | contingent on the r  |  |             |            |         |        |
| а    | The organization?  |  |             | 5a         |         | X      |
| b    | Any related organiz  | ation?   |             | 5b         |         | X      |
|      |  | 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   | วท          |            |         |        |
|      | contingent on the r  | net earnings of:   |             |            |         |        |
| а    | The organization?  |  |             | 6a         |         | X      |
| b    | Any related organiz  | ation?   |             | 6b         |         | X      |
|      |  | 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    | 3           |            |         |        |
|      | not described on li  | nes 5 and 6? If "Yes," describe in Part III  |             | 7          | Х       |        |
| 8    |  | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t     |             |            |         |        |
|      |  | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III          |             |            |         | Х      |
| 9    |  | id the organization also follow the rebuttable presumption procedure described in                |             |            |         |        |
|      |  | n 53.4958-6(c)?  | <u></u>     | 9          |         |        |
| LHA  |  | eduction Act Notice, see the Instructions for Form 990.  |             | le J (Forr | n 990)  | ) 2021 |

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Schedule J (Form 990) 2021

#### IN WASHINGTON, INC.

03-0445391

Page 2

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-MISC and/or 1099-NEC compensation |   | other deferred                            | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B) |   |
|--------------------------------------|-------|--|---|---|-------------------------|------------------------------------|-----------------------------------|---|
| (A) Name and Title                   |       | (i) Base<br>compensation   | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation            |                                    |                                   | reported as deferred<br>on prior Form 990 |
| (1) NOAH BOOKBINDER                  | i)    | 286,039.   | 0.  | 0.  | 8,550.                  | 7,217.                             | 301,806.                          | 0.  |
| PRESIDENT & CEO (i                   |       | 0.   | 0.  | 0.  | 0.                      | 0.                                 | 0.                                | 0.  |
| (2) ADAM RAPPAPORT                   | i)    | 196,401.   | 0.  | 0.  | 6,231.                  | 22,076.                            | 224,708.                          | 0.  |
| CHIEF COUNSEL AND ASSISTANT DIRECTOR |       | 0.   | 0.  | 0.  | 0.                      | 0.                                 | 0.                                | 0.  |
| (3) JENNIFER AHEARN                  | i)    | 158,571.   | 0.  | 0.  | 4,852.                  | 11,805.                            | 175,228.                          | 0.  |
|                                      | ii)   | 0.   | 0.  | 0.  | 0.                      | 0.                                 | 0.                                | 0.  |
|                                      | i)    | 157,805.   | 0.  | 0.  | 4,731.                  | 776.                               | 163,312.                          | 0.  |
|                                      | ii)   | 0.   | 0.  | 0.  | 0.                      | 0.                                 | 0.                                | 0.  |
|                                      | i)    | 146,866.   | 240.                                      | 0.  | 4,800.                  | 7,870.                             | 159,776.                          | 0.  |
| LITIGATION COUNSEL (i                | ii) [ | 0.   | 0.  | 0.  | 0.                      | 0.                                 | 0.                                | 0.  |
| (6) JORDAN LIBOWITZ                  | i)    | 145,770.   | 0.  | 0.  | 4,372.                  | 6,919.                             | 157,061.                          | 0.  |
| COMMUNICATIONS DIRECTOR (i           | ii) [ | 0.   | 0.  | 0.  | 0.                      | 0.                                 | 0.                                | 0.  |
| (                                    | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
|                                      | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
|                                      | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
| (                                    | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
| (                                    | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
| (                                    | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
| (                                    | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
| (                                    | i)    |  |   |   |                         |                                    |                                   |   |
|                                      | ii)   |  |   |   |                         |                                    |                                   |   |
|                                      | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |
|                                      | i)    |  |   |   |                         |                                    |                                   |   |
| (i                                   | ii)   |  |   |   |                         |                                    |                                   |   |

# CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Schedule J (Form 990) 2021

#### 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.

PART I, LINE 7:

SEE PART II FOR BONUSES

Schedule J (Form 990) 2021

| SCHEDULE   | Μ |
|------------|---|
| (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.

**Open to Public** Inspection

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1 Z

| Name of the organizat | io |
|-----------------------|----|
|-----------------------|----|

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

on TN WASHINGTON Employer identification number 03 - 0445391

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|    | IN WASHINGTO               | N, INC                               | •   |   | 03-0445391  |
|----|----------------------------|--------------------------------------|---|---|---|
| Pa | rt I Types of Property     |                                      |   |   |   |
|    |                            | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | <b>(c)</b><br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>oncash contribution amounts |
| 1  | Art - Works of art         |                                      |   |   |   |
| 2  | Art - Historical treasures |                                      |   |   |   |
| 3  | Art - Fractional interests |                                      |   |   |   |
| 4  | Books and publications     |                                      |   |   |   |
| 5  |                            |                                      |   |   |   |
| 6  | Cars and other vehicles    |                                      |   |   |   |

| •  |  |                   |                   |              |     |
|----|--|-------------------|-------------------|--------------|-----|
| 7  | Boats and planes                             |                   |                   |              |     |
| 8  | Intellectual property                        |                   |                   |              |     |
| 9  | Securities - Publicly traded                 | X                 | 3                 | 162,350.     | FMV |
| 10 | Securities - Closely held stock              |                   |                   |              |     |
| 11 | Securities - Partnership, LLC, or            |                   |                   |              |     |
|    | trust interests                              |                   |                   |              |     |
| 12 | Securities - Miscellaneous                   |                   |                   |              |     |
| 13 | Qualified conservation contribution -        |                   |                   |              |     |
|    | Historic structures                          |                   |                   |              |     |
| 14 | Qualified conservation contribution - Other  |                   |                   |              |     |
| 15 | Real estate - Residential                    |                   |                   |              |     |
| 16 | Real estate - Commercial                     |                   |                   |              |     |
| 17 | Real estate - Other                          |                   |                   |              |     |
| 18 | Collectibles                                 |                   |                   |              |     |
| 19 | Food inventory                               |                   |                   |              |     |
| 20 | Drugs and medical supplies                   |                   |                   |              |     |
| 21 | Taxidermy                                    |                   |                   |              |     |
| 22 | Historical artifacts                         |                   |                   |              |     |
| 23 | Scientific specimens                         |                   |                   |              |     |
| 24 | Archeological artifacts                      |                   |                   |              |     |
| 25 | Other 🕨 ()                                   |                   |                   |              |     |
| 26 | Other 🕨 ()                                   |                   |                   |              |     |
| 27 | Other ► ()                                   |                   |                   |              |     |
| 28 | Other ► ( )                                  |                   |                   |              |     |
| 29 | Number of Forms 8283 received by the organi  | zation during the | e tax year for co | ontributions |     |
|    | for which the organization completed Form 82 | 83. Part V. Done  | ee Acknowledae    | ement 29     |     |

|     |  |     |   | 1.10 |
|-----|--|-----|---|------|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it |     |   |      |
|     | must hold for at least three years from the date of the initial contribution, and which isn't required to be used for      |     |   |      |
|     | exempt purposes for the entire holding period?   | 30a |   | X    |
| b   | If "Yes," describe the arrangement in Part II.   |     |   |      |
| 31  | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?             | 31  | Х |      |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash              |     |   |      |
|     | contributions?   | 32a |   | X    |
| b   | If "Yes," describe in Part II.   |     |   |      |
| 33  | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,          |     |   |      |
|     | describe in Part II.   |     |   |      |
|     | For Demonstration Act Netling and the Instructions for Form 2020   |     |   | 0004 |

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

Schedule M (Form 990) 2021

Yes No

132141 11-17-21

16130825 745960 06605

# CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

03-0445391 Page 2

Part II 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):

Schedule M (Form 990) 2021

#### THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

(10111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ



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

IN WASHINGTON, INC.

DEMOCRATIC SYSTEM OF GOVERNMENT. 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 PRESIDENT & CEO, 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.

42

| Schedule O (Form 990) 2021 Name of the organization CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC. | Page :<br>Employer identification number<br>03-0445391 |  |  |
|--|--|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B:  |  |  |  |
| THE FORM 990 WAS REVIEWED BY THE CFO, LEGAL COUNSEL, AND   | APPROVED BY THE  |  |  |
| PRESIDENT & CEO OF THE ORGANIZATION. THE RETURN WAS FORW   | ARDED 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, P  | ART VI,  | SECTIO | ON B,  | LINE 2 | 15A: |       |       |      |            |        |              |      |
|-------------|---------|----------|--------|--------|--------|------|-------|-------|------|------------|--------|--------------|------|
| THE C       | OMPENS  | ATION OF | THE I  | PRESII | DENT & | CEO  | WAS   | BASEI | ON   | COMPENSA   | TION   | STUDIE       | S    |
| USING       | COMPA   | RABILITY | DATA   | . THE  | FINAL  | COM  | PENSA | ATION | WAS  | REVIEWED   | AND    | APPROV       | ED   |
| 132212 11-1 | 1-21    |          |        |        |        |      |       |       |      | Sc         | hedule | O (Form 990) | 2021 |
|             |         |          |        |        |        |      | 43    |       |      |            |        |              |      |
| 5130825     | 5 74590 | 50 06605 |        | 20     | 21.040 | 12 C | ITIZ  | ENS F | OR F | RESPONSIBI | LITY   | 06605_       | 1    |

| Schedule O (Form 990) 2021   | Page <b>2</b>                             |  |  |  |
|--|---|--|--|--|
| Name of the organization CITIZENS FOR RESPONSIBILITY AND ETHICS<br>IN WASHINGTON, INC. | Employer identification number 03-0445391 |  |  |  |
| BY THE BOARD OF DIRECTORS. COMPENSATION FOR OTHER EMPLOYE                              | ES WAS APPROVED BY                        |  |  |  |
| THE PRESIDENT & CEO OF THE ORGANIZATION. THE COMPENSATION                              | I PROCESSES AND                           |  |  |  |
| DELIBERATIONS ARE DOCUMENTED. THE LAST COMPENSATION REVIE                              | W PRIOR TO THIS                           |  |  |  |
| REPORTING PERIOD TOOK PLACE IN FEBRUARY 2020.  |   |  |  |  |

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, ND, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 18:

THE 990 IS AVAILABLE BOTH ON OUR WEBSITE AND UPON REQUEST. THE OTHER FORMS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND FORM 990 AVAILABLE UPON REQUEST.

FORM 990, PART X, LINE 24:

ON FEBRUARY 23, 2021, THE ORGANIZATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$577,607 UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOTE CALLS FOR MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER THE TERM OF THE PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST SIX MONTHS. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION IN WHOLE OR IN PART. THE ORGANIZATION USED THE PROCEEDS FOR PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM AND APPLIED FOR FORGIVENESS SUBSEQUENT TO YEAR-END. ON JANUARY 2, 2022, THE ORGANIZATION RECEIVED NOTICE OF 122212 11-11-21 44 16130825 745960 06605 2021.04012 CITIZENS FOR RESPONSIBILITY 06605 1

| Schedule O (Form 990) 202<br>Name of the organization | CIJ | TIZENS<br>WASHI |      |      | SIBII | LITY | AND  | ETH  | ICS |       | Employ<br>03 | er identifica<br>-04453 | Page<br>ation numbe<br>91 |
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| FORGIVENESS O   |     |                 |      |      | AND   | INTE | REST | r by | THE | E SBA | 1            |                         | -                         |
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