# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2022 calendar year, or tax year beginning and e	ending	_			
a	heck if pplicable	CITIZENS FOR RESPONSIBILITY AND ETHICS		D Employer identific	cation number		
X	Addre:	IN WASHINGTON, INC.					
	Name chang	Doing business as		03-04453	91		
	Initial return Final return	PO BOX 14596	Room/suite	E Telephone number (202)408			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,427,199.		
	Ameno return	WASHINGTON, DC 20044		H(a) Is this a group re	eturn		
	Applic tion	F name and address of principal officer: NOAH BOOKBINDER		for subordinates	? Yes X No		
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	cluded? Yes No		
<u> </u>	ax-ex	empt status: $X$ 501(c)(3) $C$ 501(c)( ) (insert no.) $A$ 4947(a)(1) o	r 527	If "No," attach a	list. See instructions		
_	Vebsit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2002 N	A State of legal domicile; DE		
Pa	_	Summary					
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE F	PART I	II, LINE 1.			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.		
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4				
ss &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	55			
vitie	6	Total number of volunteers (estimate if necessary)		6	9		
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		7,536,356.	6,061,647.		
	ı	Program service revenue (Part VIII, line 2g)		76,000.	217,596.		
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-45.	99,169.		
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	21,250.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,612,311.	6,399,662.		
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		3,598,331.	0.		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		770,589.	4,407,430.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		110,309.	694,386.		
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25) 709,08		846,128.	1,579,508.		
_	۱''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,215,048.	6,681,324.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,397,263.	-281,662.		
_ v		Revenue less expenses. Subtract line 18 from line 12	Re	ginning of Current Year	End of Year		
Assets or d Balances	200	Total assets (Part X, line 16)		10,777,037.	12,213,600.		
Asse Bala	20 21	Total liabilities (Part X, line 16)		913,977.	2,632,188.		
Vet /	1	Net assets or fund balances. Subtract line 21 from line 20		9,863,060.	9,581,412.		
	rt II	Signature Block		3,003,000.	J, 301, 412.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is		
		t, and complete. Declaration of reparer (other than officer) is based on all information of whi			Knowledge and benef, it is		
,	001100	y and completel social and of the first that of the sacret of an information of this	on proparor		6/2023		
Sigr	1	Signature of officer		Date			
Her		NOAH BOOKBINDER, PRESIDENT & CEO					
	_	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		RICHARD J. LOCASTRO, CPA Recond for hole	astro	10/06/2023 self-employ	P00288314		
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN 5	2-1392008		
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N					
		BETHESDA, MD 20814-2930		Phone no. 30	1-951-9090		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

IN WASHINGTON, INC. 03-0445391 Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III 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) Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? \_\_\_\_\_\_ Yes X No If "Yes," describe these changes on Schedule O. 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.  $\overline{2}$  , 086 ,  $72\underline{1}$  including grants of \$ (Code: \_\_\_\_\_ ) (Expenses \$ \_\_\_\_ ) (Revenue \$ EDUCATION: CREW HAS WORKED TO EDUCATE THE PUBLIC ABOUT UNETHICAL ILLEGAL, AND ANTI-DEMOCRATIC CONDUCT ON THE PART OF PUBLIC OFFICIALS AND THOSE WHO SEEK TO INFLUENCE THEM, THE THREAT THIS CONDUCT POSES TO OUR DEMOCRACY, THE LEGAL PROVISIONS AVAILABLE AND THE LEGAL REFORMS NECESSARY TO HOLD THEM ACCOUNTABLE, AS WELL AS THE CORRUPTING INFLUENCE OF MONEY IN POLITICS. IT HAS PUBLICIZED INSTANCES OF THESE KINDS OF ABUSES AND BROADER PATTERNS OF UNETHICAL OR ANTI-DEMOCRATIC CONDUCT 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, DEMOCRACY, AND 2,836,613. including grants of \$ **217,596.**) ) (Expenses \$ ) (Revenue \$ LEGAL: CREW HAS ENGAGED IN LARGE-SCALE LITIGATION TO ENSURE COMPLIANCE WITH KEY ACCOUNTABILITY AND TRANSPARENCY LAWS INCLUDING THE CONSTITUTION'S EMOLUMENTS AND DISQUALIFICATION CLAUSES, THE FEDERAL RECORDS ACT, AND THE PRESIDENTIAL RECORDS ACT. CREW HAS FILED NUMEROUS ETHICS COMPLAINTS AND ADMINISTRATIVE AND LEGAL COMPLAINTS WITH THE OFFICE OF GOVERNMENT ETHICS, THE DEPARTMENT OF JUSTICE, STATE PROSECUTORS, THE OFFICE OF SPECIAL COUNSEL, AND OTHER AGENCIES AGAINST EXECUTIVE BRANCH OFFICIALS, MEMBERS OF CONGRESS, AND OTHER GOVERNMENT OFFICIALS; CREW HAS ALSO FILED COMPLAINTS WITH THE FEDERAL ELECTION COMMISSION, THE INTERNAL REVENUE SERVICE, AND OTHER AGENCIES CONCERNING VIOLATIONS OF CAMPAIGN FINANCE AND TAX LAWS BY GOVERNMENT OFFICIALS AND THOSE WHO SEEK TO INFLUENCE THEM, AS WELL AS BY **4c** (Code: ) (Expenses \$ ) (Revenue \$ including grants of \$ Other program services (Describe on Schedule O.) ) (Revenue \$ including grants of \$

09341006 745960 06605

Total program service expenses

Form **990** (2022)

4,923,334.

# Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_ <u> </u>		
-	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			
J		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	۰		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
e	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 sipalities of consolidated limitolal statements for the tax year molecule 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	<b></b> -		
124	•	12a	Х	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
b	•	10h		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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			<b>₩</b>
	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			<b>3</b> 7
	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,		77	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	and the second s	20a		X
b	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		Х

Dai	rt IV Checklist of Required Schedules (continued)	JJI		age ¬
Fai	Checklist of Required Scriedules (continued)			
	<b>7</b>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	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		v	
	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	l		37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
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		<b>—</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>—</b>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	•	32		х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			х
	Part V, line 1	34		_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<b>—</b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			لــــــــــــــــــــــــــــــــــــــ
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2022)

Form 990 (2022) IN WASHINGTON, INC.

Part 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	55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accour	nt)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		<u>X</u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	inization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	gifts	٠.		
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		X
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	•		7a		
	, , , , , , , , , , , , , , , , , , , ,			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it we to file Form 8282?	as req	uirea	70		Х
٨		7d		7c		
	It "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		l +2	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	•	NT / 7	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	L			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / 7\	40		
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1			
_	organization is licensed to issue qualified health plans	13c				
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		1	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			ייי		
	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 investmen	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.	.551				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9					
	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.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other						
	officer, director, trustee, or key employee?				2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the								
					3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	. L	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or						
	more members of the governing body?				7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?				8a	Х			
b	<b>b</b> Each committee with authority to act on behalf of the governing body?								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
organization's mailing address? If "Yes." provide the names and addresses on Schedule O									
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code.)						
			,			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			. L	10b				
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe						
	on Schedule O how this was done			Ŀ	12c	X			
13	Did the organization have a written whistleblower policy?			L	13	X			
14	Did the organization have a written document retention and destruction policy?			L	14	X			
15	Did the process for determining compensation of the following persons include a review and approva	l by ind	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			Ŀ	15a	X			
b	Other officers or key employees of the organization			L	15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	ith a						
	taxable entity during the year?			Ŀ	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's						
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(	3)s o	nly) a	availat	ole		
	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 Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			nd fi	nanc	ial			
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records						
	NOAH BOOKBINDER - (202)408-5565								
	PO BOX 14596, WASHINGTON, DC 20044								

Form **990** (2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)  Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition more rson is	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NOAH BOOKBINDER PRESIDENT & CEO	40.00			Х				321,557.	0.	29,670.
(2) DONALD SHERMAN	40.00			_				321,337.	0.	29,070.
VICE PRESIDENT AND CHIEF COUNSEL	40.00	1		х				214,451.	0.	23,682.
(3) ADAM RAPPAPORT	40.00							214,431.	0.	23,002.
GENERAL COUNSEL AND SENIOR ADVISOR	40.00					X		203,075.	0.	29,286.
(4) STUART MCPHAIL	40.00							·		•
LITIGATION COUNSEL						X		172,959.	0.	13,163.
(5) NIKHEL SUS	40.00							·		•
STAFF COUNSEL						Х		168,116.	0.	5,925.
(6) JORDAN LIBOWITZ	40.00									
COMMUNICATIONS DIRECTOR						Х		156,039.	0.	11,865.
(7) ARIELLE STOGNER	40.00									
CHIEF OPERATING OFFICER				Х				141,320.	0.	18,350.
(8) VIRGINIA CANTER	40.00									
CHIEF ETHICS COUNSEL						X		148,372.	0.	5,624.
(9) PILAR MARTINEZ	20.00									
CHIEF FINANCIAL OFFICER				Х				116,000.	0.	6,126.
(10) BETH NOLAN	1.00	1							_	_
CHAIR		Х		Х				0.	0.	0.
(11) WAYNE JORDAN	1.00	1								_
VICE CHAIR		Х		Х				0.	0.	0.
(12) AL DWOSKIN	1.00	ļ								
TREASURER	1 00	Х		Х				0.	0.	0.
(13) JOHN LUONGO	1.00	ļ							•	
DIRECTOR	1 00	Х						0.	0.	0.
(14) CRAIG KAPLAN	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) CLAUDINE SCHNEIDER	1.00	·							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) CLAIRE MCCASKILL	1.00	х						0.	0.	^
(17) CIARA TORRES-SPELLISCY	1.00	<u> </u>	$\vdash$		$\vdash$	$\vdash$	$\vdash$	"	U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR		21			<u> </u>			0.	0.	Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

Form	1 990 (2022) IN WASHIN	NGTON, I	NC							03-0445	391	Pa	<sub>ige</sub> 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	anc	l Hiç	ghes	t Co	ompensated Employee	s (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(-1-		Pos				Reportable	Reportable	Est	imate	d
		hours per					than o s both		compensation	compensation	am	ount d	of
		week	offic	cer an	d a d	irecto	r/trus	tee)	from	from related	(	other	
		(list any	ctor						the	organizations	comp	ensat	ion
		hours for	r dire				ted		organization	(W-2/1099-MISC/	fro	m the	)
		related	stee o	nste.			ensa		(W-2/1099-MISC/	1099-NEC)	orga	nizati	on
		organizations	al trus	nal tı		loyee	omp.		1099-NEC)			relate	
		below	Individual trustee or director	nstitutional trustee	Offlicer	Key employee	Highest compensated employee	Former			orgai	nizatio	ns
		line)	lndi	lnst	0Hii	Key	E HE	For					
	JOSHUA MATZ	1.00	х						0.	0.			^
DIKE	CTOR		Λ						0.	0.			0.
							$\vdash$						
1b	Subtotal								1,641,889.	0.	143	6.69	1.
	Total from continuation sheets to Part VI								0.	0.		,	0.
	Total (add lines 1b and 1c)								1,641,889.	0.	143	, 69	1.
2	Total number of individuals (including but no								ceived more than \$100,	000 of reportable			
	compensation from the organization												14
												Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	higl	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for si	uch individual									3		Х
4	For any individual listed on line 1a, is the su												
	and related organizations greater than \$150										4	Х	
5	Did any person listed on line 1a receive or a												
	rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch <u>ı</u>	oers	on .				5		X

# **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)  Name and business address	(B) Description of services	(C) Compensation
	PROFESSIONAL	Compensation
	FUNDRAISING	697,687.
ANNE WEISMANN, 5335 WISCONSIN AVENUE,		
N.W., # 640, WASHINGTON, DC 20015	LEGAL SERVICES	145,000.
2 Total number of independent contractors (including but not limited to those listed \$100,000 of compensation from the organization 2	above) who received more than	

Form **990** (2022)

03-0445391 Page **9** 

Pa	rt VI	II	Statement of Rev	venue						
			Check if Schedule O c	ontains	a response	or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a k	Model Residual Residu	ederated campaigns embership dues undraising events elated organizations overnment grants (contri I other contributions, gifts, g milar amounts not included oncash contributions included in I otal. Add lines 1a-1f	butions grants, a	1b	577,607. 484,040. 102,648.	6,061,647.			
ce	2 8		OURT AWARDS			900099	217,596.	217,596.		
Program Service Revenue	k c c	= =								
Д			l other program service rotal. Add lines 2a-2f				217,596.			
	Investment income (including dividends, interother similar amounts)      Income from investment of tax-exempt bond					st, and roceeds	95,511.			95,511.
	k	a Gi	ross rentsess: rental expenses	6a 6b	(i) Real	(ii) Personal				
	c	d Ne a Gr	ental income or (loss) et rental income or (loss) oss amount from sales of sets other than inventory	(i)	Securities 31,195.	(ii) Other				
Revenue	c	an Ga	ain or (loss)	7c	27,537. 3,658.		2 (52)			2 650
Other R	8 8	ind ind co Pa	et gain or (loss)	ig events line 1c).	s (not of . See		3,658.			3,658.
	c	n Ne na Gr	ess: direct expenses et income or (loss) from f ross income from gamin art IV, line 19	fundrais g activit	ing events ies. See					
	c	b Less: direct expenses  c Net income or (loss) from gaming activities  d Gross sales of inventory, less returns and allowances								
	C	<b>)</b> Le	ess: cost of goods sold et income or (loss) from s		10b	Business Code				
aneous	11 a	_	EIMBURSEMENT			900099	21,250.			21,250.
Miscellaneous Revenue	d	= _ d Al	l other revenue							
_	•		otal. Add lines 11a-11d				21,250.	217,596.		100 410
	12	T۸	tal revenue. See instruction	ne			い・399・662~	1 217 596.	1 ().	1 1 2 0 4 1 9 .

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			(2)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	871,156.	356,471.	514,685.	
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	2,861,177.	2,653,228.	207,949.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	82,081.	72,981. 267,664.	9,100.	
9	Other employee benefits	307,008.	267,664.	39,344.	
10	Payroll taxes	286,008.	228,648.	57,360.	
11	Fees for services (nonemployees):				
а	Management	205 045	0.000	0.4.000	
b		307,245.	276,353.	24,000.	6,892
С		19,684.	16,318.	3,366.	
d	, , , , , , , , , , , , , , , , , , , ,	604 206			604 206
е	, , , , , , , , , , , , , , , , , , ,	694,386.		2 506	694,386
f	Investment management fees	2,586.		2,586.	
g	,	100 600	100 544	148.	
	column (A), amount, list line 11g expenses on Sch O.)	123,692.	123,544.	307.	
12	Advertising and promotion	78,281.	43,895.	34,191.	195
13	Office expenses	58,650.	49,740.	8,910.	193
14	Information technology	30,030.	49,740.	0,910.	
15	Royalties	685,003.	583,405.	101,598.	
16 17	Occupancy	58,100.	50,489.	7,611.	
17 18	Payments of travel or entertainment expenses	30,100.	30,403.	7,011.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,151.	31,507.	5,644.	
20	Interest	J., 151.	32,30,0		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,734.	19,280.	3,454.	
23	Insurance	54,260.	46,017.	8,243.	
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 O.)				
а	DITEG AND GUDGGDTDETONG	98,290.	83,358.	12,871.	2,061
b	LIC., FEES & PERMITS	16,007.	10,247.	211.	5,549
c	PAYROLL EXPENSE	11,140.	4,520.	6,620.	
d	MISCELLANEOUS	4,666.	3,957.	709.	
	All other expenses	•	·		
25	Total functional expenses. Add lines 1 through 24e	6,681,324.	4,923,334.	1,048,907.	709,083
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

03-0445391 Page **11** IN WASHINGTON, INC. Form 990 (2022 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,008,902. 3,127,808. 1 Cash - non-interest-bearing 5,632,472. 6,268,181. Savings and temporary cash investments 2 644,795. 540,000. 3 3 Pledges and grants receivable, net 345,017. 302,068. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 111,281. 118,862. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 260,726. basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_ 10a 237,090. 35,000. 23,636. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 104,365. 1,728,250. 15 15 Other assets. See Part IV, line 11 10,777,037. 12,213,600. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 194,788. 476,269. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 141,582. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 577,607. 24 24 Unsecured notes and loans payable to unrelated third parties ..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,155,919. 25 of Schedule D 913,977. 2,632,188. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 8,902,488. 8,860,669. 27 27 Net assets without donor restrictions 1,002,391. Net assets with donor restrictions 678,924. Organizations that do not follow FASB ASC 958, check here

Form **990** (2022)

9,581,412.

12,213,600.

29

30 31

32

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

9,863,060.

10.777.037.

29

30

31

32

33

Form **990** (2022)

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		99,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,6	81,3	24.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	81,6	62.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,8	63,0	60.			
5	Net unrealized gains (losses) on investments	5			14.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8								
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	9,5	81,4	12.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2t	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	: X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	1	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits							

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CITIZENS FOR RESPONSIBILITY AND ETHICS **Employer identification number** IN WASHINGTON, 03-0445391 INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2022

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

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

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization'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  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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	Total
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization'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  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest,  5304030. 5989080. 9014035. 7536356. 6061647. 3390  5304030. 5989080. 9014035. 7536356. 6061647. 3390  (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f)  5304030. 5989080. 9014035. 7536356. 6061647. 3390	
include any "unusual grants.")  2 Tax revenues levied for the organization'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  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest,	
2 Tax revenues levied for the organization'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  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest,	5148.
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  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest,  Section B. Total Support  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) 5304030 . 5989080 . 9014035 . 7536356 . 6061647 . 3390	
The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) Amounts from line 4  Gross income from interest,  Signature (a facilities for facilities facilities for facilities facilities facilities facilities for facilities facilities facilities facilities facilities facilities	
The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) Amounts from line 4  Gross income from interest,  Signature (a facilities for facilities facilities for facilities facilities facilities facilities for facilities facilities facilities facilities facilities facilities	
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the organization without charge  4 Total. Add lines 1 through 3  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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  Seross income from interest,  5304030. 5989080. 9014035. 7536356. 6061647. 3390	
4 Total. Add lines 1 through 3	
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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  8 Gross income from interest,  Section B. Total Support  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) 5304030. 5989080. 9014035. 7536356. 6061647. 3390	5148.
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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  6 Gross income from interest,  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f)  5304030 • 5989080 • 9014035 • 7536356 • 6061647 • 3390	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  6 Gross income from interest,  (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f)  5304030 • 5989080 • 9014035 • 7536356 • 6061647 • 3390	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4  6 Gross income from interest,  (a) 2018  (b) 2019  (c) 2020  (d) 2021  (e) 2022  (f)  5304030.  5989080.  9014035.  7536356.  6061647.  3390	
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 717  6 Public support. Subtract line 5 from line 4. 2673  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 5304030. 5989080. 9014035. 7536356. 6061647. 3390  8 Gross income from interest,	
amount shown on line 11, column (f) 717  6 Public support. Subtract line 5 from line 4. 2673  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4 5304030. 5989080. 9014035. 7536356. 6061647. 3390  8 Gross income from interest,	
column (f)       717         6 Public support. Subtract line 5 from line 4.       2673         Section B. Total Support         Calendar year (or fiscal year beginning in)       (a) 2018       (b) 2019       (c) 2020       (d) 2021       (e) 2022       (f)         7 Amounts from line 4       5304030.       5989080.       9014035.       7536356.       6061647.       3390         8 Gross income from interest,       8 Gross income from interest,       6061647.       6061647.       6061647.	
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4	1747.
Section B. Total Support           Calendar year (or fiscal year beginning in)         (a) 2018         (b) 2019         (c) 2020         (d) 2021         (e) 2022         (f)           7 Amounts from line 4         5304030.         5989080.         9014035.         7536356.         6061647.         3390           8 Gross income from interest,         0 <td< th=""><td></td></td<>	
Calendar year (or fiscal year beginning in)         (a) 2018         (b) 2019         (c) 2020         (d) 2021         (e) 2022         (f)           7 Amounts from line 4         5304030.         5989080.         9014035.         7536356.         6061647.         3390           8 Gross income from interest,         3390         3390         3390         3390         3390	3401.
7 Amounts from line 4 5304030. 5989080. 9014035. 7536356. 6061647. 3390 8 Gross income from interest,	Total
8 Gross income from interest,	
	<u> </u>
securities loans, rents, royalties,	
and income from similar sources 24,717. 43,947. 12,373. 524. 95,511. 177	072.
9 Net income from unrelated business	,012.
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 . 21,250 . 26	,750.
0.410	8970.
	,574.
	, 3 / 4 •
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 78.	38 %
15 Public support percentage for 2021 Schedule A, Part II, line 14 15 75.	
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	70
	X
	21
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and <b>stop here.</b> The organization qualifies as a publicly supported organization	Ш
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more	
and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<u> </u>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

232022 12-09-22

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

section A. Public Support	d below, please comp	olete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(5) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotal
membership fees received. (Do no	<sub>t</sub>					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	' <u> </u>					
3 Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit t	0					
the organization without charge						
6 Total. Add lines 1 through 5			1			
<b>7a</b> Amounts included on lines 1, 2, an 3 received from disqualified person						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		_				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975						
	**					
c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on	ss					
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12						
14 First 5 years. If the Form 990 is fo	r the organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pu	blic Support Per	rcentage				
15 Public support percentage for 202	2 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv	restment Income	e Percentage				
17 Investment income percentage for	2022 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage fro					18	%
19a 33 1/3% support tests - 2022. If	the organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2021. If						
line 18 is not more than 33 1/3%, of						
20 Private foundation. If the organization						

232023 12-09-22

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 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 disqualified 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.)

1 2 3a 3b 3c 4a 4b 4c 5a	
2 3a 3b 3c 4a 4b	
2 3a 3b 3c 4a 4b	
3a 3b 3c 4a 4b	
3a 3b 3c 4a 4b	
3b 3c 4a 4b	
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5a	
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5c	
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8	
9a	
9b	
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10a	
	ı
10b	

Par	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	ilicers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	oorted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	g the		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	'		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
Ū	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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	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. <b>Answer lines 3a and 3b below.</b>			
а				
	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.	3b		

IN WASHINGTON, INC. Schedule A (Form 990) 2022

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Pai	Type III Non-Functionally integrated 509(a)(3) Supporting	ig Organi	<b>Z</b> aแบทร	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	on 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-functiona	Illy integrated	d Type III supporting orga	nization (see
-	instructions).	, 39. 200	, , , p = g = 1 g =	·

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-			1	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				hadula A /Farm 000\ 0000

Schedule A (Form 990) 2022

# CITIZENS FOR RESPONSIBILITY AND ETHICS

Schedule A	(Form 990) 2022	IN WASHI	NGTON, 1	LNC.		03-0445391 Page
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c lines 2 and 3; Par	, 5a, 6, 9a, 9b, 9 t IV, Section E, l	9c, 11a, 11b, a lines 1c, 2a, 2t	o, 3a, and 3b; Part V, line 1;	ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sec	ction E, lines 2,	5, and 6. Also	complete this part for any a	dditional information.

Schedule A (Form 990) 2022

# SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

 Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** CITIZENS FOR RESPONSIBILITY AND ETHICS 03-0445391 IN WASHINGTON. Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures Volunteer hours for political campaign activities Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

Schedule C (Form 990) 2022

IN WASHINGTON, INC.

03-0445391 Page 2

Pa	rt II-A	Complete if the org	anization is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
	Check Check	if the filing organiza	re of excess lobbying	liated group (and list in expenditures).		group member's name	e, address, EIN,
	OHOOK	Limi	ts on Lobbying Expe	•	violene appry:	(a) Filing organization's totals	(b) Affiliated group totals
t c	Total lo Total lo Other e Total ex Lobbyir If the an Not over Over \$5 Over \$1	bbying expenditures to influbbying expenditures to influbbying expenditures (add lixempt purpose expenditures empt purpose expenditures agnontaxable amount. Entended of the series of t	uence a legislative boomes 1a and 1b) es s (add lines 1c and 1der the amount from the r (b) is:  The lob 20% of 0,000 \$100,000	dy (direct lobbying)  e following table in both bying nontaxable amothe amount on line 1e. 20 plus 15% of the excess on plus 5% of the excess of t	ount is:  ess over \$500,000. ess over \$1,000,000.	3,506. 18,512. 22,018. 6,659,306. 6,681,324. 484,066.	
ŀ	Subtract Subtract If there	pots nontaxable amount (en et line 1g from line 1a. If zer et line 1f from line 1c. If zero is an amount other than ze ig section 4911 tax for this (Some organizations to	Section 501(h)		Yes No		
			Lobbying Expe	nditures During 4-Yea	r Averaging Period	Γ	
		Calendar year al year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) Total

446,437.

23,186.

111,609.

5,810.

410,752.

22,569.

102,688.

8,903.

454,253.

19,340.

113,563.

4,356.

Schedule C (Form 990) 2022

1,795,508.

2,693,262.

87,113.

448,877.

673,316.

22,575.

484,066.

22,018.

121,017.

3,506.

2a Lobbying nontaxable amountb Lobbying ceiling amount

(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

03-0445391 Page 3

# Schedule C (Form 990) 2022 IN WASHINGTON, INC. 03-04453 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)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	(c)(5),			
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501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?	1 (c)(5),			
Were substantially all (90% or more) dues received nondeductible by members?		, or sec	tion	
			Yes	N
			103	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior y		. 2		
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).				
a Current year		2a		
<b>b</b> Carryover from last year		2b		
c Total		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
expenditures next year?				
		3		

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

**Employer identification number** 03-0445391

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	cour	nts. Complete if the
		(a) Donor ad	vised	d funds	(	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	vriting that the asset	s hel	d in donor advis	sed fund	ds	
	are the organization's property, subject to the organization's e	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	r any	other purpose	conferr	ing	
	impermissible private benefit?						Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered	"Yes	" on Form 990,	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	oly).				
	Preservation of land for public use (for example, recreat	ion or education)		Preservation o	of a histo	orically	important land area
	Protection of natural habitat			Preservation o	f a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation cor	ntribu	tion in the form	of a co	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	erminated by the	e organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations	s, and	d enforcing con	servatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and	d enf	orcina conserva	ation eas	semen	ts during the vear
		,		ŭ			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiren	nents	of section 170	(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its r	eveni	ue and expense	statem	ent an	nd
	balance sheet, and include, if applicable, the text of the footne	ote to the organizati	on's	financial statem	ents tha	at desc	cribes the
Do	organization's accounting for conservation easements.	Aut Historiaal	Гиос		than C	imila	× Assots
Pai	t III Organizations Maintaining Collections of		rea	isures, or O	mer 5	ımııa	r Assets.
	Complete if the organization answered "Yes" on Form						
та	If the organization elected, as permitted under FASB ASC 958	•					
	of art, historical treasures, or other similar assets held for pub	•				ice oi	public
L	service, provide in Part XIII the text of the footnote to its finan					abaat	· works of
D	If the organization elected, as permitted under FASB ASC 958	· ·					
	art, historical treasures, or other similar assets held for public	exhibition, education	n, or	research in luri	nerance	oi pui	blic service,
	provide the following amounts relating to these items:						Φ
	(i) Revenue included on Form 990, Part VIII, line 1						
		ourse or other simil					\$
2	If the organization received or held works of art, historical treat the following amounts required to be reported under FASB AS				aı gaın, p	PLONIGE	=
	THE THIRD WITH SHIPLING FEDULATION OF PROPERTY LIBRAR FASH AS			tama:			
а	Revenue included on Form 990, Part VIII, line 1						\$

232051 09-01-22

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

Schedule D (Form 990) 2022

03-0445391 F	Page 2
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Par	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar Ass	ets (continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that	make signit	ficant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	I Loan or ex	change progra	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further t	the organizatio	n's exempt	purpose in F	art XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	asures, or othe	r similar ass	sets		
	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizati	on answered "	Yes" on For	m 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia							
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo				-		Yes	∐ No
	If "Yes," explain the arrangement in Part XIII.  TY Endowment Funds. Complete in							
Fai	Lindowinient i dilds. Complete i			(c) Two years		Thron years h	ack (a) Four	voare back
		(a) Current year	(b) Prior year	(C) Two years	S Dack (u)	Three years b	ack (e) roul	years back
	Beginning of year balance			_			_	
b	Contributions			_			_	
С.	Net investment earnings, gains, and losses							
d	Grants or scholarships			+				
е	Other expenditures for facilities							
_	and programs							
	Administrative expenses			_			_	
g	End of year balance		/I: 4 I /	<u> </u>				
2	Provide the estimated percentage of the curr	•		a)) held as:				
a	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С		%						
2-	The percentages on lines 2a, 2b, and 2c shown Are there endowment funds not in the possess	•	ation that are hold o	and administar	ad for the			
Sa	·	SSION OF THE Organiza	mon mar are neid a	and administere	ed for the		[·	Yes No
	organization by:							100 110
	(i) Unrelated organizations							
h	(ii) Related organizations	tions listed as requir	ed on Schedule R	)			3b	
4	Describe in Part XIII the intended uses of the							I
÷	rt VI Land, Buildings, and Equipm		WITICITE IUITUS.					
	Complete if the organization answered		), Part IV, line 11a.	See Form 990,	Part X, line	10.		
	Description of property	(a) Cost or o	<u> </u>	st or other	(c) Accu		(d) Book	value
	2000p.i.e.r. o. property	basis (investr	, ,	s (other)	depred		(, 200	
1a	Land	· ·						
	Buildings			ľ				
	Leasehold improvements							
	Equipment		1:	14,088.	10	5,452.	8	,636.
	Other			46,638.		1,638.		,000.
	I. Add lines 1a through 1e. (Column (d) must e					•		,636.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

		ITY AND ETHICS	02 0445201 - 0
Schedule D (Form 990) 2022 IN WASHINGT Part VIII Investments - Other Securities.	ON, INC.		03-0445391 Page 3
Complete if the organization answered "Yes"	on Form 000 Part IV line	11h Soo Form 000 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r and of year market value
	(b) Book value	(c) Method of Valdation. Cost of	end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-vear market value
(1)	(-,	(-,	· ····································
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSIT			104,365.
(2) RIGHT-OF-USE ASSET			1,623,885.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		1,728,250 <b>.</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) CURRENT OPERATING LEASE L			381,647.
(3) OPERATING LEASE LIABILITY	, LONG		
(4) TERM			1,274,272.
(5) REFUNDABLE ADVANCE			500,000.
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

2,155,919.

(9)

232054 09-01-22 Schedule D (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

**Employer identification number** CITIZENS FOR RESPONSIBILITY AND ETHICS Name of the organization 03-0445391 IN WASHINGTON, INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants Mail solicitations X Internet and email solicitations Solicitation of government grants X Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization contributions' listed in col. (i) BONNER GROUP, INC. - 800 Yes No Х MAINE AVE, SW, 4TH FLOOR PROFESSIONAL FUNDRAISING 5,393,104 674,138 4,718,966. ASCEND DIGITAL STRATEGIES LLC 641 S ST NW, #305 PROFESSIONAL FUNDRAISING Х 85,000 20,248 64,752. 5,478,104. 694 386. 4 783 718. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration 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

232081 10-27-22

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

TN	WASHINGTON,	INC.

03-0445391 Page 2

Pa	11 ( 1	of fundraising <b>Events</b> . Complete if the of fundraising event contributions and ground fundraising event contributions.	_			
		5. Tarraraioning or one contribution of and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
4)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	7	Cush prizes				
	5	Noncash prizes				
nses	6	Pont/facility costs				
xpe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ę		_				
	8 9	Entertainment Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		1	
	11		. ,			
Pa	rt I			n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
Re	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
Δ						
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
		,				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Fnt	er the state(s) in which the organization condu	cts gaming activities:			
		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
	_					
100		re any of the organization's gaming licenses re	wokod suspended or to	erminated during the tax	voor?	Yes No
		re any of the organization's gaming licenses re Yes," explain:			year !	165 NO
		· • —				
	_					
		-27-22			Caha	edule G (Form 990) 2022

# CITIZENS FOR RESPONSIBILITY AND ETHICS

Sch	nedule G (Form 990) 2022 IN WASHINGTON, INC.	<u>03-04</u>	<u>445</u>	<u> 391</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	o An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records				,-
	The first the first and address of the property for the organization of gamming, opposite ordine south and reserved	•			
	Name				
	Address				
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No
	2 Does the diganization have a contract with a time party from whom the diganization receives garning revenue:				
	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt			
•	of gaming revenue retained by the third party \$	JIII.			
	c If "Yes," enter name and address of the third party:				
•	s in res, enter name and address of the third party.				
	News				
	Name				
	Address				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	└─ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	ınd Part	III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	SERS:	:		
				_	_
(I	) NAME OF FUNDRAISER: BONNER GROUP, INC.				
(I	) ADDRESS OF FUNDRAISER:				
80	0 MAINE AVE, SW, 4TH FLOOR, WASHINGTON, DC 20024				
( I	) NAME OF FUNDRAISER: ASCEND DIGITAL STRATEGIES LLC				
	,				
( I	) ADDRESS OF FUNDRAISER: 641 S ST NW, #305, WASHINGTON, DC	2000	01		

# CITIZENS FOR RESPONSIBILITY AND ETHICS

Schedule G	G (Form 990)	IN	WASHINGTON,	INC.	03-0445391	Page 4
Part IV	(Form 990) Supplemental Info	rmatio	<b>n</b> (continued)			

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.

Employer identification number 03-0445391

Pa	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Decision the control of the control of the dear Form 2000 Best VIII On the A. No. 4 and the control of the cont			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		X
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X
C	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	The storage of lines 44.0, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

03-0445391

Page 2

IN WASHINGTON,

Schedule J (Form 990) 2022

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

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	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) NOAH BOOKBINDER	(i)	321,557.	0	0.	9,300.	20,370.	351,227.	• 0
PRESIDENT & CEO	(ii)	• 0	• 0	0 •	• 0	• 0		• 0
(2) DONALD SHERMAN	(i)	214,451.	0	0 •	6,722.	16,960.	238,133.	0
VICE PRESIDENT AND CHIEF COUNSEL	(ii)	0.	• 0	• 0	• 0	• 0	0	0
(3) ADAM RAPPAPORT	(i)	203,07	0	0 •	6,462.	22,824.	232,361.	0
GENERAL COUNSEL AND SENIOR ADVISOR	(ii)	0.	• 0	• 0	• 0	• 0	0	0
(4) STUART MCPHAIL	(i)	172,95	0	0 •	5,284.	7,879.	186,122.	0
LITIGATION COUNSEL	(ii)	• 0	• 0	0 •	• 0	• 0	0	• 0
(5) NIKHEL SUS	(i)	168,11	• 0	• 0	5,043.	882.	174,041.	0
STAFF COUNSEL	(ii)	0.	• 0	• 0	• 0	• 0	0	0
(6) JORDAN LIBOWITZ	(i)	156,03	• 0	• 0	4,683.	7,182.	167,904.	0
COMMUNICATIONS DIRECTOR	€	• 0	0	0	• 0	• 0	0	0
(7) ARIELLE STOGNER	Ξ	141,320.	0	0	4,503.	13,847.	159,670.	0
CHIEF OPERATING OFFICER	€	0	0	0	0	0	0	0
(8) VIRGINIA CANTER	Ξ	148,372.	0	0	4,429.	1,195.	153,996.	0
CHIEF ETHICS COUNSEL	Œ	• 0	• 0	0.	0	• 0	• 0	0
	Ξ							
	Œ							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	Œ							
	Ξ							
	(II)							
	Ξ							
	Œ							
	Ξ							
	(ii)							
	Ξ							
	≘							

Schedule J (Form 990) 2022

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. CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC. Part III Supplemental Information Schedule J (Form 990) 2022

Page 3

03-0445391

Schedule J (Form 990) 2002	

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

**Employer identification number** 03-0445391

	IN WASHINGTON, INC. 03-04						<u> 391</u>	
Pai	rt I Types of Property							
	•	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) thod of determin h contribution a	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	102,648.	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 organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement <b>29</b>				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch 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 p	oolicy that re	equires the review of	of any nonstandard contribu	tions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.		•					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

# CITIZENS FOR RESPONSIBILITY AND ETHICS

Schedule M (Form 990) 2022 IN WASHINGTON, INC.	03-0445391	Page 2
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	and 33, and whether the organizat a combination of both. Also comp	ion
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNT REPORTED IN COLUMN B REPRESENTS THE NUMBER (	OF CONTRIBUTIONS.	

Schedule M (Form 990) 2022

232142 09-09-22

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CITIZENS FOR RESPONSIBILITY AND ETHICS INC. IN WASHINGTON

**Employer identification number** 03-0445391

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

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PART III, CORRUPTION ISSUES AND ON THE INFLUENCE OF MONEY IN POLITICS BASED ON ITS OWN RESEARCH, OBTAINED DOCUMENTS, AND LEGAL ANALYSIS. CREW'S PRESIDENT & CEO, BOARD MEMBERS, AND OTHER EMPLOYEES REGULARLY APPEAR IN PRINT AND BROADCAST MEDIA DISCUSSING GOVERNMENT ETHICS, MONEY IN AND THE PRESERVATION OF DEMOCRACY. POLITICS,

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: CANDIDATES FOR OFFICE AND POLITICAL OR NON-PROFIT ORGANIZATIONS. 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, SECRET DECISION-MAKING, AND ACTIONS THAT INFRINGE ON DEMOCRATIC CHECKS AND BALANCES. 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

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Employer identification number 03-0445391

IMPROVE ETHICS, TRANSPARENCY, AND ACCOUNTABILITY IN GOVERNMENT AND IN

CAMPAIGNS AND TO STRENGTHEN OUR DEMOCRATIC PROTECTIONS, AND HAS WORKED

TO INFORM LEGISLATORS AND OTHERS OF THESE DESIRED REFORMS. CREW HAS

ALSO WORKED TO ENCOURAGE APPROPRIATE CONGRESSIONAL OVERSIGHT OF

GOVERNMENT.

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 FORWARDED TO THE BOARD

OF DIRECTORS BEFORE FILING WITH THE IRS.

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

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization CITIZENS FOR RESPONSIBILITY AND ETHICS IN WASHINGTON, INC.	Employer identification number 03-0445391
THE CONFLICT, FORMAL REPRIMAND, SUSPENSION OR TERMINATI	ON OF EMPLOYMENT
AND/OR REMOVAL FROM THE BOARD AS APPROPRIATE.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE PRESIDENT & CEO WAS BASED ON CO	MPENSATION STUDIES
USING COMPARABILITY DATA. THE FINAL COMPENSATION WAS RE	EVIEWED AND APPROVED
BY THE BOARD OF DIRECTORS. COMPENSATION FOR OTHER EMPLO	YEES WAS APPROVED BY
THE PRESIDENT & CEO OF THE ORGANIZATION. THE COMPENSATI	ON PROCESSES AND
DELIBERATIONS ARE DOCUMENTED. THE LAST COMPENSATION REV	TIEW PRIOR TO THIS
REPORTING PERIOD TOOK PLACE IN MAY 2022.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING CO	DPY OF FORM 990:
AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,ND,NH,NJ,NM,N	IY,NC,OR,PA,RI,SC,TN
JT,VA,WV,WI	
FORM 990, PART VI, SECTION C, LINE 18:	
THE 990 IS AVAILABLE BOTH ON OUR WEBSITE AND UPON REQUE	ST. THE OTHER FORMS
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AN	ID FORM 990 AVAILABLE
JPON REQUEST.	