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# SCANNED SEP 0 1 20%

Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

A	For the	e 2009 calendar year, or tax year beginning an	d ending		
	Check if applicable	Please use IRS		D Employer identific	cation number
Г	Addre	ss  abel or   CENTER FOR INDEPENDENT THOUGHT			
	Name chang	type	•	52-0	945376
	Insteal return Termu	See Specific 1 4 2 0 WAI NUM SUPERFUL	Room/suite	E Telephone number	546-0501
F	⊸ated □Ameno		HOTT	G Gross receipts \$	550,729.
늗	—lretum ⊟Applic	City or town, state or country, and zir + 4		H(a) Is this a group re	
_	ltion pendir			for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
$\overline{\mathbf{T}}$	Тауду	empt status: X 501(c) (3 ) ◀ (insert no.) 4947(a)(1) or 52	7		list. (see instructions)
÷	Webeit	te: NWW.CENTERFORINDEPENDENTTHOUGHT.ORG	<u>'                                    </u>	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: PA
	art I	Summary		<u></u>	
_		Briefly describe the organization's mission or most significant activities: CIT	IS AN	EDUCATIONAL	FOUNDATION
Activities & Governance		WHICH SEEKS TO EDUCATE AND INSPIRE FREEI	DOM-LOV	ING PEOPLE	TO THE
Ē	2	Check this box I if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.
8		Number of voting members of the governing body (Part VI, line 1a)		3	8
Ŏ	1	Number of independent voting members of the governing body (Part VI, line 1b)	)	4	8
88		Total number of employees (Part V, line 2a)		5	0
₹		Total number of volunteers (estimate if necessary)	•	6	0
듕	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	•••	7a	0.
⋖		Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	0.
			,	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		720,420.	550,185.
Ž		Program service revenue (Part VIII, line 2g)			
Revenue		Investment income (Part VIII, column (A), Res Q and for )	···	2,834.	544.
Œ		Other revenue (Part VIII, column (A), Irres 5, 6d, 8c, 9c, 10c, and 154)			
	12	Total revenue - add lines 8 through 11 (must, equal, Part VIII, column (A), line 12)	· · · · · ·	723,254.	550,729.
	13	Grants and similar amounts paid (Part IX Column (A) lines 13	···	121,300.	186,900.
		Benefits paid to or for members (Part & column (A), line 4)			
ø	15	Salaries, other compensation, employee benefits [Part. IX, column (A) lines 5-10	) F		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. [		
9	ь	Total fundraising expenses (Part IX, column (D), line 25)			
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		365,997.	601,258.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Г	487,297.	788,158.
	19	Revenue less expenses. Subtract line 18 from line 12		235,957.	-237,429.
56	3		Be	ginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)		372,322.	134,893.
Net Assets or	21	Total liabilities (Part X, line 26)			
		Net assets or fund balances. Subtract line 21 from line 20	<u> </u>	372,322.	134,893.
P	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and complete Declaration of preparer (other than officer) is based on all information of which preparer has	and statements, s any knowledge	and to the best of my knowled	ge and belief, it is true, correct,
		1. (1/1 6/2"		18/2/	( )
Sig	រា	Minh		1 0/ 3/ /	
He	re	Signature of officer		Date 7	
		ANDREA RICH, PRESIDENT Type or print name and title			
_		I Date.	7 I Ch	eck if Prepare	er's identifying number
Pai	d	Preparers Visite A 70 CM Q	/ sel	f- (see in:	structions)
Pre	parer's	signature / // // // // // // // // // // // //	//U em	iployed 🕨 📗	
	Only	vours if JONES & MCINTYRE /PLLC	EIN ►		
	-	self-employed), address, and 6225 BRANDON AVENUE, SUITE 307			02 066 4500
		ZP+4 SPRINGFIELD, VA 22150		Phone no. ► /	03-866-4500
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	· ···· ·		X Yes No
932	001 02-0	14-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the	separate ins	tructions.	Form <b>990</b> (2009)

orm	990 (2009) CENTER FOR INDEPENDENT THOUGHT	52-0945376	Page 2
	t III   Statement of Program Service Accomplishments		
1	Bnefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION	1	
	CENTER FOR INDEPENDENT THOUGHT SEEKS TO EXPAND AWARENT		
		RD THAT GOAL,	CIT
	WORKS WITH TEACHERS, SCHOLARS, AND INTERNATIONAL FREE-		
	ORGANIZATIONS TO DEVELOP CRITICAL THINKING AND BRING	HE IDEAS OF	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	· · · · · · · · · · Yes	X No
	If "Yes," describe these new services on Schedule O.	- <del></del>	<b>₩</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	≋? ∟Yes	X No
_	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	. Or grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 605,944. including grants of \$ 10,000.	\(Revenue \$	<u> </u>
	STOSSEL IN THE CLASSROOM - DISTRIBUTES POPULAR CABLE		,
	JOHN STOSSEL'S VIDEOS TO HIGH SCHOOL CLASSROOMS AROUNT		
	CHALLENGING CONVENTIONAL WISDOM ABOUT MANY OF TODAY'S	ISSUES.	
	152 000		
4b	(Code: ) (Expenses \$ 153,900. including grants of \$ 153,900. GRANT PROGRAM TO ORGANIZATIONS THAT SUPPORT AND PROMOTE THAT SUPPORT		)
	GRANI PROGRAM TO ORGANIZATIONS THAT SUPPORT AND PROMO	.E OUR MIDDION	<u>•</u>
		<del></del>	
4c	(Code: ) (Expenses \$ 26,500 • including grants of \$ 23,000 •		)
	INSTITUTE FOR CIVIL SOCIETY - A PROJECT TO LINK UP FRI		
		THEIR STUDIES	AND
	CLASSROOMS.		
		·	
			<del></del>
			<del></del>
			<del></del> -
4d	Other program services. (Describe in Schedule O.)		
<b>4</b> 0	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ▶\$ 786,344.		
<u>.~</u>		Form <b>9</b> 5	90 (2009)

Form 990 (2009) CENTER FOR I
Part IV Checklist of Required Schedules

			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	┢╼		
٠	public office? If "Yes," complete Schedule C, Part I	з	]	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	<u> </u>		
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	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			
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.	1		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	j		
•	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	Ì	<u> </u>	
	Part X, line 16? If "Yes," complete Schedule D, Part IX.		Ì	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		]	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		i	х
	Schedule D, Parts XI, XII, and XIII.	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes. No  If "Yes." completing Schedule D. Parts XI. XII. and XIII is optional  12A X	1		
40		13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		<del></del> -
J	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			-
•	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l .
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	<b>990</b> (	2009)

X Form 990 (2009)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Form **990** (2009)

Гаі	Statements Regarding Other mornings and rax compliance			
	` .		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		
	(gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	med for the caleridar year ending with or within the year covered by this return	_		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	_		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts			х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30		
	Tax Shelter Transaction?	5c		İ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			· ·
	any contributions that were not tax deductible?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>~~</u>		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			-
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			l
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			l
	Initiation fees and capital contributions included on Part VIII, line 12			1
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			İ
11	Section 501(c)(12) organizations. Enter:			İ
	Gross income from members or shareholders			i
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
h	If "Voc." anter the amount of tax exempt interest received or account during the year.			

932005 02-04-10

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

1a Enter the number of voting members of the governing body b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a material diversion of the organization's assets?  5 Dess the organization have members or stockholders?  7 Dess the organization have members or stockholders?  8 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  9 Dess the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following:  9 To 10 Dess the organization ontemporaneously document the meetings held or written actions undertaken during the year by the following:  9 To 2 Dessembly officer, director, frustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  9 2 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).  10a Does the organization have local chapters, branches, or affiliates?  11b Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization to review this Form 990.  11 Has the organization have a written conflict of interest policy? If "No." go to line 13  12a Dessembly organization have a written organization to review this Form 990.	Sec	tion A. Governing Body and Management					
b Enter the number of voting members that are independent  2 Old any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee?  3 Dot the organization delegate control over management duties customaryly performed by or under the direct supervision of officers, effectors or trustees, or key employees to a management company or other person?  4 Dot the organization have saved cumpt the year of a material diversion of the organization's assets?  5 Dot the organization have members, stockholders, or other persons who may elect one or more members of the organization become aware during the year of a material diversion of the organization's assets?  5 Dos the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Are any discosins of the governing body subject to approval by members, stockholders, or other persons?  6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did be organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did be organization have a followed the names and addresses in Schedule O.  11 Did be organization provided a copy of this Fo						Yes	No
2 Did any officer, director, fusites, or key employee? 3 Did the organization delegate control row management duties customanly performed by or under the direct supervision of officers, directors or fusitese, or key employees to a management company or other person? 4 Did the organization obsecutes yielding the part of the properties	1a	Enter the number of voting members of the governing body	1a	8			
officer, director, fustes, or key employee?  Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or fusteses, or key employees to a management company or other person?  Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  Dost the organization have members or stockholders?  Dost the organization have members or stockholders?  Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  A reary decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Beach committee with authority to act on behalf of the governing body?  Beach committee with authority to act on behalf of the governing body?  Beach committee with authority to act on behalf of the governing body?  Beach committee with authority to act on behalf of the governing body?  Beach committee with authority to act on behalf of the governing body?  Beach committee with authority to act on behalf of the governing body?  Distance any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If Yes, 'provide the rames and addresses in Schedule O  Section B, Policies (This Section B requests information about policions not required by the Internal Revenue Code.)  Yes N  Diff Yes, 'does the organization have local chapters, branches, or affiliates?  Diff Yes, 'does the organization have organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  He	b	Enter the number of voting members that are independent	1b	8			
Det the organization delegate control over management duties oustomanly performed by or under the direct supervision of officies, directors of frustees, or key employees to a management company or other person?  4	2	· · · · · · · · · · · · · · · · · · ·	with	any other	,	x	
d officers, directors or tustees, or key employees to a management company or other person?  4	2		diro		-		——
A Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  4	3		e alrea	a supervision	,		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?  6 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  7 Does the organization have members or stockholders?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  9 The governing body?  10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  10 Did the organization for the governing body?  10 Did the organization for the governing body?  10 Did the organization for the governing body?  10 Did the organization fall the governing body?  10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11 Did the programization provided a copy of this Form 990 to all members of its governing body before filling the form?  11 Did the programization have a written conflict of interest policy? If "No." go to line 13  12 Does the organization have a written conflict of interest policy? If "No." go to line 13  12 Did the organization have a written conflict of interest policy? If "No." go to line 13  13 Dies the organization have a written policy process from the policy? If "Yes," describe in Schedule O how this is done  14 Dies the organization have a written policy or procedures enough and provide the organization or process for	4		QQ				X
6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b 2  b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maining address? If **vis*, provide the names and addresses in Schedule O  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  11 A Describe in Schedule O the process, if any, used by the organization to review the Form 990.  12a Does the organization have a written conflict of interest policy? If *No,* go to line 13  b Are officienc, directors or trustees, and key employees required to disclose annually interests that could give rise to conflict?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe in Schedule O how this is done  12b Dessite organization have a written document retention and destruction policy?  10b the process for determining compensation of	_			y was nieur	<del></del>		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  7a Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Is there any officer, director, frustee, 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 or Schedule 0  9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  10a Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a Does the organization have a written conflict of interest policy? If *No,* go to line 13  12b Are officies, directors or trustees, and key employees required to disclose annually interest that could give rise to conflicts?  12b Does the organization have a written whistleblower policy?  13c Does the organization have a written whistleblower policy?  14c Does the organization have a written whistleblower policy?  15d Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization have a written whistleblower policy?  16a Did the organization have a written policy or procedure requiring the organization to evaluate its participation in pint venture organization for the organization or the organization or the organization or the organization or the organizat	_	-	sr		<u> </u>		X
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Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ANDREA RICH − 215−546−0501  1420 WALNUT STREET, PHILADELPHIA, PA 19102	13				13		X
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Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  □ Own website □ Another's website □ W. Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ ANDREA RICH - 215-546-0501  1420 WALNUT STREET, PHILADELPHIA, PA 19102		in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic	ınızat	on's			
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ANDREA RICH - 215-546-0501 1420 WALNUT STREET, PHILADELPHIA, PA 19102		· ·					
1420 WALNUT STREET, PHILADELPHIA, PA 19102	20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the organiza	tion:		
		1420 WALNUT STREET, PHILADELPHIA, PA 19102		<del>-</del>		000	20000

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

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

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

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. Use Schedule J-2 if additional space is needed.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	(d	Position (check all that apply)						Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustae	Officer	Кеу етріоуве	Highest compensated employes	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANITA ANDERSON	1 00									
VICE PRES	1.00	X		X	ـــ	<u> </u>	<b> </b>	0.	0.	0.
DAVID BOAZ DIRECTOR	1.00	x			L	L		0.	0.	0.
GUY CALVERT DIRECTOR	1.00	X	]					0.	0.	0.
PAUL JACOB	1.00	₽	-		├	╁╌	╁	0.	0.	<u> </u>
DIRECTOR	1.00	x					L	0.	0.	0.
ERIC O'KEEFE DIRECTOR	1.00	x						0.	0.	0.
ANDREA RICH PRESIDENT	10.00	x		x				0.	0.	0.
HOWARD RICH DIRECTOR	1.00	x						0.	0.	0.
JOSEPH STILWELL DIRECTOR	1.00	x						0.	0.	0.
DIRECTOR	1.00							0.		<u> </u>
		-			<u> </u>					
		_	_		$\vdash$	ļ	-			
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		_	_	_	L	igspace	_			

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Par	t VII Section A. Officers, Directors, To		mplo	yee			High	est			<del></del>					
	` (A)	(B)					(D)	(E)		(F)						
	Name and title	Average hours	<b> </b> (~		Pos		app	ŀΛ	Reportable compensation	Reportable compensation		Estimate amount				
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	d other compensation					
		,			-					:	$\dashv$		····			
			T		-	_					7	<del></del>				
											1					
											$\exists$		•			
											1		-			
1b	Total						▶		0.		0.		0.			
2	Total number of individuals (including but	not limited to the	hose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 in reportable			0			
	compensation from the organization											Yes	No			
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en		yee,	or I	highest compensated ei			3	х			
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	ole c								-	4	х			
5	Did any person listed on line 1a receive or									ices rendered to	ļ					
	the organization? If "Yes," complete Sche					<u> </u>				<u></u>		5	X			
	tion B. Independent Contractors					4				\$100,000 of comp		otion from				
1	Complete this table for your five highest of the organization.	compensated in	aep	ende	entc		race	י פוכ		\$100,000 of comp						
	(A) Name and busines	ss address						_	(B) Description of s	services	C	(C) ompensatio	n			
								_				··-				
	Total number of independent contractors	(including but i	not I	ımıte	ed to	the	ose li	sted	d above) who received r	nore than						
	\$100,000 in compensation from the organ						0					Form <b>990</b> (	3000			
												こしいいょうせい	といいび)			

#### Part IX Statement of Functional Expenses

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

	. All other organizations must comple	(A) Dut are	not required to comple	(C)	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	186,900.	186,900.		
2	Grants and other assistance to individuals in				•
	the U.S. See Part IV, line 22			İ	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		1		
	See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	<u>_</u>			· · · · · · · · · · · · · · · · · · ·
b	Legal				
С	Accounting	1,335.		1,335.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	108,560.	108,560.		
12	Advertising and promotion	8,009.	8,009.		
13	Office expenses	545.	520.	25.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,002.	4,002.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	1			
а	CTACCDOOM MAMPDIATC	406,050.	406,050.		
b	POSTAGE & MAILING	70,886.	70,886.		
c	PRINTING	920.	466.	454.	
d	STORAGE RENTAL	700.	700.		
e	MAILING SUPPLIES	239.	239.		
f	All other expenses	12.	12.		
25	Total functional expenses. Add lines 1 through 24f	788,158.	786,344.	1,814.	0.
26	Joint costs. Check here Infollowing				
	SOP 98-2. Complete this line only if the organization				
	Our do E. Complete and the conj in the organization. I				
	reported in column (B) joint costs from a combined	1			

932010 02-04-10

	,	(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	372,322.	2	134,893
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
9 7	Notes and loans receivable, net		7	
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Inventories for sale or use		8	
ž   9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment: cost or other		Ť	
	basis. Complete Part VI of Schedule D			
h	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other speeds Cop Book IV logs 44		15	<u> </u>
	Total assets. Add lines 1 through 15 (must equal line 34)	372,322.	16	134,893
16	Accounts payable and accrued expenses	372,022	17	202,000
			18	
18	Grants payable		19	<del></del>
19	Deferred revenue		20	
20	Tax-exempt bond liabilities	·	21	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	0.	26	
_	Organizations that follow SFAS 117, check here and complete		li	1
27 28 29 30 31 32 33 32 33 33 33 33 33 33 33 33 33 33	lines 27 through 29, and lines 33 and 34.		_	
27	Unrestricted net assets		27	
28	Temporanly restricted net assets		28	
E   29	Permanently restricted net assets		29	
[ ]	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.	Δ	_	^
30	Capital stock or trust principal, or current funds	0.	30	0
ğ   31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
j 32	Retained earnings, endowment, accumulated income, or other funds	372,322.	32	134,893
<sup>2</sup>   33	Total net assets or fund balances	372,322.		134,893
34	Total liabilities and net assets/fund balances	372,322.	34	134,893

Form 990 (2009)

	·		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
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?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 52-0945376 CENTER FOR INDEPENDENT THOUGHT Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 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). 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 that describes the type of supporting organization and complete lines 11e through 11h. c \_\_\_\_ Type III - Functionally integrated b \_\_\_\_ Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) No No

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

	First five years. If the Form 990 is for the organization's first, second, third, fourth	n, or fifth	ı tax y	ear as a	section	on 501(d	c)(3)		
	organization, check this box and stop here	•						.	
Sec	ction C. Computation of Public Support Percentage								

4	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		
5	Public support percentage from 2008 Schedule A, Part II, line 14	15		9
6a	33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore,	check this box and	

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 753,938. 720,420. 550,185 include any "unusual grants.") 254,271. 147,625. 2,426,439. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or busmess under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 753,938. 720,420. 550,185. 254,271. 147,625. 2,426,439. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 55,000 278,000 55,000. 155,000. 743,000. 200,000 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the О. amount on line 13 for the year 200,000 278,000 55,000 155,000 55,000 743,000. c Add lines 7a and 7b 1,683,439. 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total 254,271 147,625 753,938 720,420 550,185 2,426,439. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 6,425 2,834 544 14,708. 2,351 2,554 and income from similar sources Linrelated husiness taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,834. 6,425 2,554 544 14,708. 2,351. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 760,363. 723,254. 256,622. 150,179. Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 68.96 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 72.5816 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .60 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 .60 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not  $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009
Open to Public Inspection

Name of the organization

CENTER FOR INDEPENDENT THOUGHT

Employer identification number 52-0945376

Pai	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		<b>,</b>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	criting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad		
J	for chantable purposes and not for the benefit of the donor or		
	impermissible private benefit?	donor advisor, or for any care, purpose	Yes No
Pai		anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or pl		stoncally important land area
	Protection of natural habitat	·	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rele		e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the pen		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	•	during the year
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
		-	······································
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement and l	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	e, provide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
ь	Assets included in Form 990, Part X	,	▶ \$ . ▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

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

Part VII Investments - Other Securities. S				
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua est or end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
				- · · · · · · · · · · · · · · · · ·
	<b>1</b>			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990. Part X.	line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
			······································	
	<del> </del>			
	· · · · · · · · · · · · · · · · · · ·			
	+			
	<del>                                     </del>			· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, Inn	e 15			
	) Description	<u>-                                    </u>		(b) Book value
	· · · · · · · · · · · · · · · · · · ·			
				<del></del>
		-		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15 )		•	
Part X Other Liabilities. See Form 990, Part X		<del></del>	· · · · · · · · · · · · · · · · · · ·	
1. (a) Description of liability		(b) Amount	T	
Federal income taxes			7	
r cacrar moonic taxes			7	
			1	
		······································	╡	
		-	┪	
			1	
			†	
			1	
			┥	
Total (Column In) must equal Form 000 Part V and (P) In	25.1		1	
Total. (Column (b) must equal Form 990, Part X, col (B) III	1 <del>0</del> 20.)		<u> </u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Internal Revenue Service			► Attach to Form 990	n 990.				Inspection	
Name of the organization CENTER FOR INDEPENDENT	R INDEPEN	DENT THOUGHT	ı L				Employer	Employer Identification number 52-0945376	<u> </u>
Part I General Information on Grants and Assistance	nd Assistance								
	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selec	!	X Yes	6
앓	cedures for moni	toring the use of grant	funds in the United	States.					ļ
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Lise Part IV and Schedule 1.1 (Form 990) if additional space is needed.	Governments an	d Organizations in the s box if no one recipien	United States. Co	omplete if the orga an \$5 000 Hse Pa	nization answered "Y rt IV and Schedule I-1	es" to Form 990, Part (Form 990) If addition	.IV, line 21, nal space is	for any	_
1 (a) Name and address of organization or government or go	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	<b>(4)</b>	(h) Purpose of grant or assistance	1
ATLAS ECONOMIC RESEARCH FOUNDATION 1201 L STREET NW WASHINGTON, DC 20005	94-2763845	501(C)(3)	14,650.	0.			GENERAL	GENERAL OPERATIONS	
CATO INSTITUTE 1000 MASSACHUSETSS AVE NW WASHINGTON, DC 20001	23-7432162	501(C)(3)	.000,98	0			GENERAL	GENERAL OPERATIONS	I
POUNDATION FOR TEACHING ECONOMICS 260 RUSSELL BLVD, SUITE B DAVIS, CA 95616	51-0183347	501(C)(3)	10,000.	0.			GENERAL	GENERAL OPERATIONS	
AMERICANS FOR LIMITED GOVERNMENT FOUNDATION - 9900 MAIN STREET, SUITE 303 - PAIRFAX, VA 22031	52-2020468	501(C)(3)	17,500.	0.			GENERAL	GENERAL OPERATIONS	
FREE TO CHOOSE NETWORK 2002 FILMORE AVE SUITE #1 ERIE, PA 16506	52-1455677	501(C)(3)	10,000.	0					!
FRIEDMAN FOUNDATION FOR EDUCATIONAL CHOICE - ONE AMERICAN SQUARE, STE 2420 - INDIANAPOLIS, IN 46282	35-1978359	501(C)(3)	10,000.	0					
<ul> <li>Enter total number of section 501(c)(3) and government organization</li> <li>Enter total number of other organizations</li> </ul>	and government o	rganizations					<b>A A</b>		
_ ا	ction Act Notice	see the Instructions	for Form 990.				Sche	Schedule I (Form 990) 2009	9

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. SCHEDULE I, PART I, LINE 2: GRANTEES PROVIDE REPORTS ON THE USE OF FUNDS TO Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 。 0 25 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 GRANT TO BOOK AUTHOR. THE CENTER 932102 02-02-10 Part III

Page 2

52-0945376

CENTER FOR INDEPENDENT THOUGHT

Schedule I-1 (Form 990) 2009 OMB No 1545-0047 2009 Open to Public (h) Purpose of grant or assistance Employer identification number 52-0945376 Inspection (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) 0 ö (e) Amount of non-cash assistance (d) Amount of cash grant 23,000. 5,000. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. CENTER FOR INDEPENDENT THOUGHT (c) IRC section if applicable 501(C)(3) 52-1998680 52-1911644 (b) EIN (a) Name and address of organization or government INSTITUTE FOR CIVIL SOCIETY MARIJUANA POLICY PROJECT MOUNTAIN VIEW, CA 94043 WASHINGTON, DC 20013 Name of the organization Department of the Treasury Internal Revenue Service 217 ADA AVE #32 P.O. BOX 77492 SCHEDULE 1-1 (Form 990) Parti ¥

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization CENTER FOR INDEPENDENT THOUGHT 52-0945376 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CAUSE OF CIVIL LIBERTIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIBERTY TO FREEDOM-LOVING PEOPLE AROUND THE GLOBE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ROY A CHILDS FUND FOR INDEPENDENT STUDIES; THOMAS SZASZ AWARD PROJECT EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: ANDREA RICH AND HOWARD RICH ARE MARRIED. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS SENT IN ADVANCE TO ALL BOARD MEMBERS FOR REVIEW AND COMMENT. FORM 990, PART VI, SECTION C, LINE 19: CIT DOES NOT MAKE ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: ANDREA RICH - 1420 WALNUT STREET, #1101, PHILADELPHIA, PA 19102 HOWARD RICH - 1420 WALNUT STREET, #1101, PHILADELPHIA, PA 19102

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>X</b>				
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).						
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi	led Form 8868.				
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).					
А сол	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	nplete				
Part I only						
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns.	extension of time				
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file for Chanties & Nonprofits.						
Туре	or Name of Exempt Organization	Employer identification number				
print	CENTER FOR INDEPENDENT THOUGHT	52-0945376				
File by to due date filing you	te for   Number, street, and room or suite no. If a P.O. box, see instructions.					
return S instruct						
Chec	k type of return to be filed (file a separate application for each return).					
X   Form 990						
ANDREA RICH  The books are in the care of 1420 WALNUT STREET - PHILADELPHIA, PA 19102						
Telephone No. ▶ 215-546-0501 FAX No ▶						
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this</li> </ul>						
box 🖡						
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until     AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension						
	is for the organization's return for:  X calendar year 2009 or					
	tax year beginning, and ending	<del>•</del>				
2	If this tax year is for less than 12 months, check reason:	Change in accounting period				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$				
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated					
	tax payments made. Include any prior year overpayment allowed as a credit.	3b \$				
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,					
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).  See instructions.	3c \$ N/A				
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	· · · · · · · · · · · · · · · · · · ·				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.