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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009 Open to Public

A F	or the	2009 cal	lendar year, or tax year beginning and ending		<u> </u>					
Вс	heck if		C Name of organization	D Employer identifi	cation number					
ā	pplicable	Please use IRS		,						
X	Addres		PUBLIC CAMPAIGN							
	Name	type	Doing Business As		003442					
F	_ichange _initial	See	Number and street (or P.O. box if mail is not delivered to street address) Room/su							
=	_jreturn ☐Termin-	Specific	1)293-0222					
H	_ated _Amend	Instruc-	·							
누	⊒return ∏Applica	i	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,331,291.					
L	tion pendin	- ├──	WASHINGTON, DC 20036	H(a) Is this a group re						
		F Nan	ne and address of principal officer NICHOLAS M. NYHART	for affiliates?	Yes X No					
			E AS C ABOVE	H(b) Are all affiliates inc						
		mpt statu		If "No," attach a	list (see instructions)					
			W. PUBLICCAMPAIGN. ORG WWW. PUBLICAMPAIGN. ORG	H(c) Group exemptio						
				ar of formation: 1996 N	State of legal domicile: DC					
Pa	,	Summ	•		****					
ė	1 8	Briefly des	scribe the organization's mission or most significant activities SEE PART	III, LINE 1.						
Governance	.									
Ľ.	2 (Check this	s box 🕨 📖 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets					
ð	3 1	Number o	f voting members of the governing body (Part VI, line 1a)	3	8					
<u>ح</u>	4 1	Number o	f independent voting members of the governing body (Part VI, line 1b)	4	8					
3S	5 7	Total num	ber of employees (Part V, line 2a)	5	11					
ŧ	6 7	Total num	ber of volunteers (estimate if necessary)	6	8					
Activities &	7a ⊺	Total gros	s unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
⋖	1	_	ated business taxable income from Form QUET Inc. 34	7b	0.					
			WEOFIVED	Prior Year	Current Year					
•	8 (Contributi	ions and grants (Part VIII, line 1h)	1,391,512.	1,286,817.					
Je	l	2 Branch 2000 (Bot VIII Inc. 2000 NOV 17 2000 VIII								
ě	g 2010 Q									
æ	1			100,734.	1,057. 43,417.					
	1		triac (" art viii, colariii (v.), iiic v.o., coloriii (v.), iiic v.o., coloriii (v.), iiic v.o., coloriii (v.),	1,607,539.	1,331,291.					
			nue - add lines 8 through 11 (must equal Part VIII, bolumni (A), line 12)							
			d similar amounts paid (Part IX, column (A), lines 1-3)	492,750.	182,620.					
		•	paid to or for members (Part IX, column (A), line 4)	1 000 705	776 206					
Expenses			other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,092,795.	776,286.					
ens			nal fundraising fees (Part IX, column (A), line 11e)	61,655.	64,431.					
꼾			fraising expenses (Part IX, column (D), line 25) 261,669.	470 240	<u> </u>					
			enses (Part IX, column (A), lines 11a-11d, 11f-24f)	479,349.	549,849.					
	18	Total expe	enses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,126,549.	1,573,186.					
. (0		Revenue	less expenses Subtract line 18 from line 12	-519,010.	-241,895.					
Net Assets or Fund Balances				Beginning of Current Year	End of Year					
set	20	Fotal asse	ets (Part X, line 16)	699,089.	366,568.					
쫉	21	Total liabi	lities (Part X, line 26)	179,997.	<u>89,371.</u>					
			s or fund balances. Subtract line 21 from line 20	519,092.	277,197.					
Pa	art II		ture Block							
			ilties of perjury, I declare that I have examined this return, including accompanying schedules and statemen ite Declaration of preparer (other than officer) is based on all information of which preparer has any knowlec		ge and belief, it is true, correct,					
			$\Lambda \sim \Lambda \Lambda$	11/12/	, h					
Sig	n		VA VA	11/14	/0					
Her	e	Sign	nature of officer	Date /						
			CHOLAS M. NYHARA, PRESIDENT/CEO							
		Тур	e or print name and title							
Paid	,	Preparer's	P = P + P + P + P + P + P + P + P + P +	Check if Prepare	er's identifying number structions)					
_	arer's	signature	1 David 1. Amby 11-12-10	employed 🕨 🔲						
	Only	Firm's name yours if	GELMAN, KOSENBERG & FREEDMAN	EIN ►						
USE	Oilly	self-employ		PH H						
_		address, an ZIP + 4	BETHESDA, MARYLAND 20814-2930		301) 951-9090					
May	the IF	RS discus	s this return with the preparer shown above? (see instructions)		X Yes No					

52-2003442

	1		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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? 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			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_	N/	Α
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
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, VII, 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			
	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			
•	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			
•	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			
	Schedule D, Parts XI, XII, and XIII	12	X	
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			7.7
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	4-		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u>X</u> _
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		Λ_
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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_ · u	11 14 Officerist of Nequirea contenues (continues)			
•		İ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
þ	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	}		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301 7701 2 and 301 7701 3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?]		٠,,
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			٦,
	If "Yes," complete Schedule R, Part V, line 2	35		X
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 in Schedule O for Part VI, lines 11 and 19?		**	
	Note. All Form 990 filers are required to complete Schedule O	38	X 000 /	0000
		⊢orm	990 (2009)

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Form 990 (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them)

Form 990 (2009) PUBLIC CAMPAIGN 52-2003442 Page 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

Sec	tion A. Governing Body and Management					
		t	1	-	Yes	No
1a	Enter the number of voting members of the governing body	1a		_8		
b	Enter the number of voting members that are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision			
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		X
6	Does the organization have members or stockholders?			6	-	<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers	s of the			
	governing body?			7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b	-	<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)		I I	
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapt	ers, amiliates,	401		
	and branches to ensure their operations are consistent with those of the organization?	حالم بديدان	- f	10b	v	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling th	e torm?	11	Х	
11A	· · · · · · · · · · · · · · · · · · ·			40-	🕶	
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	uld on	2 1120	12a	Х	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts?	uiu giv	8 1126	12b	х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Voc "	describe	120	- 22	
C	in Schedule O how this is done	763,	describe	12c	х	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	idependent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	аоронаот			
а	The organization's CEO, Executive Director, or top management official			15a		Х
b				15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
-	taxable entity during the year?			16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate i	ts participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org					
	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 (or 1024 if applicable), 990, and 990-	T (501(c)(3)s only) avaıla	ble for		
	public inspection. Indicate how you make these available. Check all that apply					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict	of interest policy	, and fina	incial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a	ınd rec	ords of the orgar	nzation 🕽	_	
	JUDY MASLEN - (202)293-0222					
	1133 19 STREET, NW, SUITE 900, WASHINGTON, DC 200	36				
				Form	990 (2009)

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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

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	(-		Pos			l. A	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated Go		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOAN MANDLE		JE .	Sign 1	-5	Ke	H H	Fo			
CHAIR	0.50	х		x				0.	0.	0.
RICHARD ROMERO										
VICE CHAIR	0.50	Х		Х				0.	0.	0.
DAN PETEGORSKY										
SECRETARY/TREASURER	2.50	X		Х				0.	0.	0.
TOM BACOTE										
BOARD MEMBER	0.50	Х						0.	0.	0.
WHITNEY N. SEYMOUR, JR.										
BOARD MEMBER	0.50	Х						0.	0.	0.
TRACEY STURDIVANT										
BOARD MEMBER	0.50	X	<u> </u>					0.	0.	0.
BECKY GLASS										
BOARD MEMBER	0.50	X						0.	0.	0.
WILLIAM MCNARY									III	
BOARD MEMBER	0.50	X	<u> </u>		ļ			0.	0.	0.
NICHOLAS NYHART										
PRESIDENT/CEO	40.00	<u> </u>	<u> </u>	X				133,909.	0.	0.
WILLIAM EWING							İ			_
DEVELOPMENT DIRECTOR	40.00	ļ	<u> </u>			X		101,202.	0.	0.
SOLANGE BITOL-HANSEN								101 171		_
NATIONAL PROGRAM DIR.	40.00		_		_	X		101,154.	0.	0.
GIANNOULA GALANIS	40.00]	Ì					400 000		•
NATIONAL FIELD DIR.	40.00					X		102,338.	0.	0.
					ļ <u>-</u> .					
				-		1				

•	· (A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable		(F) Estima	
		hours per week	Individual trustee or director	institutional trustee	all		Highest compensated O	<u> </u>	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC	c) c	amour othe ompens from t organize and rela	r sation he ation
			Individu	Institutio	Officer	Key employee	Highest employe	Former				organiza	
				_									
		!											
				ļ <u>.</u>									
			<u> </u>										-
1b	Total					<u> </u>	>		438,603.		0.		0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 in reportable		·	4
3	Did the organization list any former officer			, ke	y em	plo	yee,	or h	nighest compensated er	nployee on		Yes	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			omp	ensa	ation	n and	d oth	her compensation from	the organization	-	3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									ices rendered to		1	X
	the organization? If "Yes," complete Scher											5	Х
1	Complete this table for your five highest of the organization NONE	ompensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensatio	on from	
	(A) Name and busines	s address							(B) Description of s	services	Com	(C)	on
													_
-													
2	Total number of independent contractors \$100,000 in compensation from the organ		not li	mite	d to		se li:	stec	d above) who received n	nore than			
		•							· . · .	•	Fo	rm 99 0	(2009)

Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	182,620.	182,620.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	133,909.	107,127.	9,374.	17,408
6	Compensation not included above, to disqualified	133,707.	107,127.	5,574.	17,400
Ü	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		486,783.	330,039.	51,935.	104,809
7	Other salaries and wages Pension plan contributions (include section 401(k)	=00,703.	330,039.	<u> </u>	104,003
8	and section 403(b) employer contributions)	66,830.	39,314.	7,588.	19,928
9	Other employee benefits	35,393.	24,928.	3,496.	6,969
	Payroll taxes	53,371.	37,590.	5,272.	10,509
10	Fees for services (non employees)	33,371.	31,330.	3,2,2.	10,303
11 -					
a	· · · · · · · · · · · · · · · · · · ·	1,326.	1,326.		
b	· · · · · · · · · · · · · · · · · · ·	41,539.	1,520.	41,539.	
C	Ţ.	41,337.		41,333.	•
	Lobbying Professional fundraising services. See Part IV, line 17	64,431.			64,431
e	Investment management fees	04,451.			01,131
f		135,797.	134,940.	857.	
g 12	Advertising and promotion	133,1310	134,340.	037.	
13	Office expenses	47,130.	29,709.	4,310.	13,111
13 14	Information technology	57,406.	51,558.	1,954.	3,894
15	Royalties	37,4001	31,330.	1,551.	3,034
16	Occupancy	90,565.	63,787.	8,945.	17,833
10 17	Travel	41,878.	41,276.	0,513.	602
	Payments of travel or entertainment expenses	41,070.	41,270.		002
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,613.	25,613.		
20	Interest	23,013.	23,013.		
20 21	Payments to affiliates				
2 I 22	Depreciation, depletion, and amortization	3,520.	2,479.	348.	693
22 23	Insurance	7,526.	5,301.	743.	1,482
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)	,,3200	3,3321	, 101	
а	POLLING	93,687.	93,687.		
b	DAMPOLL BROOKGGING THE	3,134.	, , , , ,	3,134.	-
c	GIIDG C DIIDI	728.	728.		-
c					
e					.
f					
25 25	Total functional expenses Add lines 1 through 24f	1,573,186.	1,172,022.	139,495.	261,669
<u> 26</u>	Joint costs Check here X If following				
-	SOP 98-2. Complete this line only if the organization	,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	54,712.	0.	0.	54,712

Pa	rt X	Balance Sheet					
`	•	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	149,716.
	2	Savings and temporary cash investments		[446,043.	2	101,078.
	3	Pledges and grants receivable, net			175,000.	3	25,000.
	4	Accounts receivable, net			14,075.	4	
	5	Receivables from current and former officers, di	rectors	, trustees, key			
		employees, and highest compensated employe	es Coi	nplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section	!		
		4958(f)(1)) and persons described in section 495	58(c)(3	(B) Complete	İ		
		Part II of Schedule L		1		6	
S.	7	Notes and loans receivable, net	-		7		
Assets	8	Inventories for sale or use				8	
ĕ	9	Prepaid expenses and deferred charges			4,559.	9	3,663.
	10a	Land, buildings, and equipment, cost or other					
		basis Complete Part VI of Schedule D	10a	22,845.			
	b	Less accumulated depreciation	10b	13,278.	15,679.	10c	9,567.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line			12		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		43,733.	15	77,544.	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	699,089.	16	366,568.
	17	Accounts payable and accrued expenses			81,852.	17	89,371.
	18	Grants payable	52,500.	18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trus	tees, key employees,			
jap		highest compensated employees, and disqualif	ied per	sons Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			45,645.	25	0.
	26	Total liabilities. Add lines 17 through 25			179,997.	26	<u>89,371.</u>
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets			56,092.		211,461.
Bal	28	Temporarily restricted net assets			463,000.	28	65,736.
힏	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117, or	heck h	iere 🕨 📖 and			
jo .	:	complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome,	or other funds	F40 000	32	000 400
~	33	Total net assets or fund balances			519,092.	33	277,197.
	34	Total liabilities and net assets/fund balances			699,089.	34	366,568.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

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

2009

Open to Public Inspection

Name of t	he organizatı	on						E	mployer id	dentificati	on nun	nber
		PUBLIC	CAMPAIGN						52	-2003	442	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu:	st complet	e this part) See inst	ructions.				
L	A church, con A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170(A community An organizati activities rela income and to See section An organizati An organizati describes the a Type By checking foundation m If the organizati	for Public Charian private foundation Invention of churches cribed in section 17 a cooperative hospit search organization of e cooperative hospit search organization of e cooperative hospit (b)(1)(A)(iv). (Complete of the first described in soon that normally received to its exempt fur unrelated business to the first described in soon organized and open	because it is (For lines of a college or under the Part II) ection 170(b)(1)(A)(vi). eves a substantial part the Part III) ection 170(b)(1)(A)(vi). eves (1) more than 33 anctions - subject to certain axable income (less section and complete exclusively for the attack described in section granization and complete the organization is not than one or more publicition from the college in the college in the organization is not than one or more publicition of the college in the college in the college in the organization is not than one or more publicition of the college in th	through 1 ches described inversity over the described of its support of its suppo	I1, check or ribed in section pital descrived or operation or from a Part II) support froms, and (2 x) from but a c safety Sof, to perform the througher of the througher of directly or dorganization.	only one bection 170(b)(1)(1)(b)(1)(ox) (b)(1)(A)(i) (A)(iii). ction 170 a governor (I)(A)(v). ental unit of than 33 1 acquired b actions of, (2) See sect regrated or by one or cribed in s	to to carretton 509(ii). Enter the street described a large qualified policy and street described and street desc	d in ublic desc d gross rec rom gross fter June 3 ourposes c ck the box Type III - C ersons oth	ribed in ceipts for investration, 1975 of one of that	rom ment 5
g	Since Augus (i) A perso the gove (ii) A family	t 17, 2006, has the on who directly or inderning body of the submember of a persor	organization accepted ar irectly controls, either al upported organization? In described in (i) above?	lone or tog	ether with	-				11g(ı) 11g(ı)	Yes	No
h	• •	•	person described in (i) about the supported or							11g(iii)		
(i) Name	of supported anization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the o	organization sted in your	organizat	ion in col.	(vı) İs organizatı (i) organiz U.S	on in col. red in the		nount of port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
Total LHA For I	Privacy Act ar	nd Paperwork Redu	ection Act Notice, see t	he Instruc	tions for			Schedul	le A (Form	990 or 99	0-EZ):	2009

Form 990 or 990-EZ.

Schedule_A (Form 990 or 990-EZ) 2009 PUBLIC CAMPAIGN 52-2003442 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (c) 2007 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 1,782,042 2,656,819 1,384,339 1,391,512 1,286,817 8,501,529. 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 1,782,042 8,501,529. 2,656,819 1,384,339 1,391,512 1,286,817 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) 3,611,672. 6 Public support. Subtract line 5 from line 4 4.889.857. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 1,782,042 2,656,819 1,384,339 1,391,512 1,286,817 8,501,529. 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 20,717. 13,293. 33,711. 1,057. 73,315. and income from similar sources 4,537 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 10,059 2,519 148,030. 100,734 43.417. 304,759. 8,879,603. 11 Total support. Add lines 7 through 10 195,459. 12 12 Gross receipts from related activities, etc. (see instructions) 13 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 55.07 14 % 52.48 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 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 more, check this box and $\triangleright \mathbf{X}$ 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

Schedule, A (Form 990 or 990-EZ) 2009						Page 3
Part III Support Schedule for	Organizations	Described in	Section 509(a)(2) (Complete only	of you checked the bo	ox on line 9 of Part I.
Section A. Public Support		-				r
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions, and 				•		
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	-					
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-					!	
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities				İ		
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	i					
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 Unrelated business taxable income					}	
(less section 511 taxes) from businesses	•					
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 	;					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	or the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						<u> </u>
Section C. Computation of Pub	olic Support Pe	rcentage				
15 Public support percentage for 2009	(line 8, column (f) d	ivided by line 13,	column (f))		15	%
16 Public support percentage from 200					16	%
Section D. Computation of Inve	estment Incom	e Percentage	`			
17 Investment income percentage for 2	2009 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2009. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box	and stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□

20 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

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

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organi 	zations Complete Part III			
Name of organization			Empl	oyer identification number
PUBLIC	CAMPAIGN			52-2003442
Part I-A Complete if the o	rganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the orga	nization's direct and indirect politica	il campaign activities	ın Part IV	
2 Political expenditures			▶\$	
3 Volunteer hours				<u> </u>
		504()	(0)	
	rganization is exempt unde			
1 Enter the amount of any excise to			▶ \$	
2 Enter the amount of any excise to	, -		▶ \$	
•	tion 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				L Yes No
b If "Yes," describe in Part IV Part I-C Complete if the o	rganization is exempt unde	er section 501(c)	. except section 501(c)(3).
1 Enter the amount directly expend				•
2 Enter the amount of the filing org	, , ,		***************************************	
exempt function activities		·•· •· 9 •····=-···- ·- ·	▶\$	
3 Total exempt function expenditu	res Add lines 1 and 2 Enter here ar	nd on Form 1120-POL	•	
line 17b			▶\$	
4 Did the filing organization file For	m 1120-POL for this year?			Yes No
5 Enter the names, addresses and	employer identification number (EIN	N) of all section 527 po	olitical organizations to whic	h payments were made
For each organization listed, enter	er the amount paid from the filing or	ganization's funds Als	so enter the amount of polit	ical contributions received
	lelivered to a separate political orga	nization, such as a se	parate segregated fund or a	a political action committee
(PAC) If additional space is need	led, provide information in Part IV			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			filing organization's funds If none, enter 0-	contributions received and promptly and directly
			lunus il none, enter-o-	delivered to a separate
				political organization
				If none, enter -0-
	1			
				
		****	-	

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Schedule C (Form 990 or 990-EZ) 2009

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

Schedule C (Form 990 or 990 EZ) 2009	PUBLIC	CAM	PAIGN		52-2	003442 Page 2
Part II-A Complete if the org	_	exen	npt under sectio	n 501(c)(3) and fi	led Form 5768	
A Check ► If the filing organization		on offile	noted group			
. —			iated group id "limited control" pro	ovisions annly		
Lim	its on Lobbying	Expen			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public on	nion (c	urass roots lobbying)		16,110.	
b Total lobbying expenditures to infl			, , , ,		7,452.	
c Total lobbying expenditures (add l	-		, (=g,		23,562.	
d Other exempt purpose expenditur	res				1,549,624.	
e Total exempt purpose expenditure	es (add lines 1c a	nd 1d)		1,573,186.	
f Lobbying nontaxable amount Ent	er the amount fro	m the	following table in bot	h columns	228,659.	
If the amount on line 1e, column (a) Not over \$500,000 Over \$500,000 but not over \$1,000 Over \$1,000,000 but not over \$1,500,000 but not over \$17 Over \$17,000,000	ount is: less over \$500,000 less over \$1,000,000. less over \$1,500,000	57,165.				
h Subtract line 1g from line 1a If zei					0.	
Subtract line 1f from line 1c If zero	·				0.	
J If there is an amount other than ze reporting section 4911 tax for this		1h or I	ine 1i, did the organiza	ation file Form 4720		Yes No
			ragıng Period Under	, ,		
· · · · · · · · · · · · · · · · · · ·			• •	n do not have to com		
Co				es 2a through 2f on pa	age 4.)	
	Lobbying	Expen	ditures During 4-Yea	ar Averaging Period	r ·	
Calendar year (or fiscal year beginning in)	(a) 2006		(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount	266,4	99.	240,544.	256,327.	228,659.	992,029.
(150% of line 2a, column(e))						1,488,044.
	1					
c Total lobbying expenditures	17,3	26.	280.	13,804.	23,562.	54,972.
d Grassroots nontaxable amount	66,6	25.	60,136.	64,082.	57,165.	248,008.
e Grassroots ceiling amount (150% of line 2d, column (e))						372,012.
	1			3	ı	

Schedule C (Form 990 or 990-EZ) 2009

12,212.

f Grassroots lobbying expenditures

28,322.

Schedule C (Form 990 or 990-EZ) 2009 PUBLIC CAMPAIGN 52-2003442 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

			-;		
		(6	3)	(t	9)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	Volunteers?	-			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?			_	
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities? If "Yes," describe in Part IV				
1	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			·	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2 000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), sect		3		
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."	art III-A, II	ne 3 is ai	nswered	
1	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures).	ucal	- !		
2	expenses for which the section 527(f) tax was paid).	icai			
_	Current year		2a		
	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	ou!	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information		, ,		
	plete this part to provide the descriptions required for Part I A, line 1, Part I-B, line 4, Part I-C, line 5, a	nd Part II-B	line 1. Also	complete	this part
	ny additional information	,		, complete	ino part
OI ai	iy additional information				
					
	The state of the s				

Schedule D

(Form 990)

Department of the Treasury

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.

OMB No 1545-0047

Internal Revenue Service Name of the organization Employer identification number PUBLIC CAMPAIGN 52-2003442 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

17201109 745960 27273

1	(a) Description of liability	(b) Amount
Federal income	etaxes	
-		
-		
	- · · · · · · · · · · · · · · · · · · ·	
 -		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	<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

Sche	dule D (Form 990) 2009 PUBLIC CAMPAIGN					Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial St	atement	:s	
1,	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,331,2	<u> 291.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		1,573,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-241,8	895.
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			-
9	Total adjustments (net) Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		-241,8	
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Rever	nue pe	r Return		
1	Total revenue, gains, and other support per audited financial statements			1	1,331,2	291.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2c		\neg		
d	Other (Describe in Part XIV)	2d	4040			
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,331,2	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
· a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		$\neg \mid \ \mid$		
c	Add lines 4a and 4b			4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,331,2	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses p	er Retu		
1	Total expenses and losses per audited financial statements	· · · ·	 -	1	1,573,1	186.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				= 1 = 1.= 1=	
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
	Other losses	2c		-		
d	Other (Describe in Part XIV)	2d		7		
e	Add lines 2a through 2d	20		2e		0.
3	Subtract line 2e from line 1			3	1,573,1	186.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b	 	-		
0	Add lines 4a and 4b	40_		4c		0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,573,1	
_	rt XIV Supplemental Information					
$\overline{}$	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	lines 1a and / Da	rt IV line	e 1h and 5	Dh. Dart V. June 4	Dart
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp					, i ait
	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN				inomation	
LVI	XI X. IN DOME 2000, THE PINANCIAL ACCOUNTS	10 DIMIDAN	טט טי	OAND		
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KE.	ORTING UNCERTAINTE IN INCOME TAXES. FOR IT	IE IEAK EN	<u> </u>	DECEM	JEK JI,	
201	9, PUBLIC CAMPAIGN HAS DOCUMENTED ITS CONS	מרדים ביידר או	OF .	FACE 7	ASC 740_1	1 0
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REG	COGNITION OR DISCLOSURE IN THE FINANCIAL ST	PATEMENTS.				
<u> </u>	OCCUPATION OF PERCENCIAL IN THE PERCENCIAL OF					

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

➤ Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

PUBLIC	CAMPAIGN				52-2003	442
	S. Complete if the organization ans	wered "Y	es" to	Form 990, Part IV, I		
1 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitation c Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the ten highest paid incompensated at least \$5,000 by the	e X Solicins f Solicing Special Specia	itation of itation of ial fundra ual (includ n profess	non-g gover ising of ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name of individual or entity (fundraiser)	(II) Activity	(III) fundr have co or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
AB DATA	DIRECT MAIL SOLICITATIONS	Yes X	No	60,528.	54,712.	5,816.
Total 3 List all states in which the organizat AL, AK, AZ, AR, CA, CO, CT	,FL,GA,HI,IL,KS,K				_	_
OH,OK,OR,PA,RI,SC,TN	, VA, WA, WV, WI					
				<u>-</u>		

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

Schedule G (Form 990 or 990-EZ) 2009

	edu ı rt İ		CAMPAIGN	1 "Yo	" to Form 990 Part	1V line 18 or reporter	- 200	3442	Page 2
		on Form 990-EZ, line 6a List events with				. iv, line 10, or reported	inole (י,כום וומוו	000
		,	(a) Event #1		(b) Event #2	(c) Other events) Total ev	hrough
e e			(event type)		(event type)	(total number)	 	col (c))
Revenue	1	Gross receipts							
ш	2	Less Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
es	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	2				- 		
	10	Direct expense summary Add lines 4 through	• •			.	-)_
Ps	11 irt l	Net income summary Combine line 3, column II Gaming. Complete if the organization is	n (d), and line 10	aan	Part IV line 19 or r	enorted more than			
		\$15,000 on Form 990-EZ, line 6a	answered res to rollin	990,	rattiv, iiile 19, 01 i	eported more than			
		\$13,000 0111 01111 330 CZ, title 04		16) Pull tabs/instant		(d) T	otal gamı	ag /add
en.			(a) Bingo		o/progressive bingo	(c) Other gaming) through	
Revenue				-			1 (,	(0)/
æ		Cross revenue							
	1	Gross revenue		ļ. <u></u>					
ses	2	Cash prizes							
rect Expenses	3	Noncash prizes		-			-	-	
Direct	4	Rent/facility costs						· ·	
	5	Other direct expenses							
			Yes %		Yes%	Yes %	5		
	6	Volunteer labor	L No	L	No	No No			
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)			•	()
	8	Net gaming income summary Combine line 1	I, column (d), and line 7						
								Υe	s No
9	En	ter the state(s) in which the organization opera	tes gaming activities _					Ì	
а	ls t	he organization licensed to operate gaming ac	ctivities in each of these	states	3?		ļ	9a	
t	lf "	No," explain							
							l	ŀ	
		ere any of the organization's gaming licenses re	evoked, suspended or te	ermina	ated during the tax y	/ear?	-	10a	
t	o If "	Yes," explain							
									
	_					· · · · · · · · · · · · · · · · · · ·			
11		es the organization operate gaming activities w		. at -	nortoorob:	. a a b b f a u a 1 + -		11	
12		the organization a grantor, beneficiary or truste	ee or a trust or a member	or a	partnership or other	entity formed to		40	
	ad	minister charitable gaming?						12	1

Schedule G (Form 990 or 990-EZ) 2009 PUBLIC CAMPAIGN 52-2	200344	2 Pa	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name			
Address	_		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
of gaming revenue retained by the third party \blacktriangleright \$			
c If "Yes," enter name and address of the third party			
Cit les, entername and address of the third party			
Name			
	-		
Address		:	
16 Gaming manager information			
Name	_	:	
Gaming manager compensation > \$			
Out of the office was a manuful A			
Description of services provided	-		
	-		
	-		
Director/officer Employee Independent contractor			
succession of the contraction ,			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year > \$			

_	
SCHEDULE	(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public

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

2 Employer identification number 52-2003442 Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. Part I General Information on Grants and Assistance PUBLIC CAMPAIGN criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mor	intoring the use of grant	funds in the United	d States			
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	Governments ar	nd Organizations in the	e United States. C	complete if the orga	nization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$3,000 Check In	ils box if no one recipier	nt received more th	an \$5,000 Use Pa	rt IV and Schedule I-	(Form 990) if addition	al space is needed
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMON CAUSE EDUCATION FUND							GRANT FOR PUBLIC
1133 19TH STREET, NW				- 17.			EDUCATION FOR CAMPAIGN
WASHINGTON, DC 20036	31-1750537	501(C)(3)	51,304.	0.			FINANCE REFORM,
PUBLIC CAMPAIGN ACTION FUND							GRANT FOR PUBLIC
1320 19TH ST NW WASHINGTON, DC 20036	52-2032544	501(C)(4)	74,804,	0			EDUCATION FOR CAMPAIGN FINANCE REFORM,
PUBLIC CITIZEN FOUNDATION							GRANT FOR PUBLIC
1600 20TH ST, NW							EDUCATION FOR CAMPAIGN
WASHINGTON, DC 20009	52-1263996	501(C)(3)	36,761,	0			FINANCE REFORM,
WILLIAM J. BRENNAN CENTER FOR							
JUSTICE, INC 161 AVENUE OF THE							GRANT FOR PUBLIC
AMERICAS, 12TH FLOOR - NEW YORK,				••			EDUCATION FOR CAMPAIGN
NY 10013	13-3839293	501(C)(3)	12,941.	0			FINANCE REPORM,
	nd government o	rganizations					3.
	S						1
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice	, see the instructions f	for Form 990.				Schedule I (Form 990) 2009

(f) Description of non-cash assistance (e) Method of valuation (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 PART I, LINE 2: PUBLIC CAMPAIGN WORKS CLOSELY WITH EACH GRANTEE ORGANIZATION ONLY FUNDS PROJECTS THAT THE ORGANIZATION IS ACTIVELY WORKING Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ON THE PROJECTS THAT THE ORGANIZATION IS PROVIDING THE FUNDS FOR. THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance SCHEDULE I, Part III ON. Schedule I (Form 990) 2009

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932102 02-02-10

Page 2

52-2003442

PUBLIC CAMPAIGN

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

PUBLIC CAMPAIGN

Employer identification number 52-2003442

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

ACCOUNTANTS AND REVIEWED BY THE ACCOUNTING CONSULTANT. A COPY OF THE 990 IS

PROVIDED TO EACH BOARD MEMBER WITH ADDITIONAL DOCUMENTS FOR REVIEW AND

APPROVAL IF ANY CHANGES ARE MADE. A FINAL COPY IS ALSO SENT TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES AND THE BOARD ARE ASKED A YEAR AT THE DECEMBER BOARD MEETING TO COMPLETE THEIR ANNUAL CONFLICT INTEREST FORMS. TO IDENTIFY POSSIBLE CONFLICTS OF INTEREST, ALL PUBLIC CAMPAIGN STAFF, CONSULTANTS, INTERNS AND VOLUNTEERS MUST DISCLOSE TO THE PRESIDENT AND CEO, OR TO THE DIRECTOR OF THE WASHINGTON NATIONAL OFFICE THE EXISTENCE OF ANY FINANCIAL INTEREST IN ANY ENTITY WITH WHICH THAT CORPORATION OR ANY LEGALLY RELATED ORGANIZATION HAS OR IS NEGOTIATING A TRANSACTION OR ARRANGEMENT WITH PUBLIC CAMPAIGN, PUBLIC CAMPAIGN ACTION FUND OR CAMPAIGN MONEY WATCH, AND ALL MATERIAL FACTS RELATED TO THAT INTEREST. THE DEFINITION OF FINANCIAL INTEREST INCLUDES ANY DIRECT OR INDIRECT RELATIONSHIP, THROUGH BUSINESS, INVESTMENT, OR FAMILY. ACTUAL OR POTENTIAL OWNERSHIP OR INVESTMENT INTERESTS OR COMPENSATION ARRANGEMENTS.

IF PUBLIC CAMPAIGN STAFF, CONSULTANTS, INTERNS AND VOLUNTEERS VIOLATE THIS

CONFLICT OF INTEREST POLICY, THE PRESIDENT AND CEO, IN ORDER TO PROTECT THE

PUBLIC CAMPAIGN'S BEST INTEREST, TAKE APPROPRIATE DISCIPLINARY ACTION

AGAINST THE INTERESTED PERSON. SUCH ACTION MAY INCLUDE FORMAL REPRIMAND,

CANCELLATION OF THE TRANSACTION OR ARRANGEMENT GENERATING THE CONFLICT

AND/OR SUSPENSION OF EMPLOYMENT.

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

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

Schedule O (Form 990) 2009

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

Name of the organization

PUBLIC CAMPAIGN

Employer identification number 52-2003442

AK, AL, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, NH, NJ, NM, NY
OH, OK, OR, PA, RI, SC, TN, VA, WA, WI, WV
FORM 990, PART VI, SECTION C, LINE 19: PUBLIC AVAILABILITY OF IRS 990 IS
AVAILABLE BY A LINK ON THE ORGANIZATION'S WEBSITE. IT IS ALSO AVAILABLE,
ALONG WITH AUDITED FINANCIAL STATEMENTS, THROUGH THE CHARITIES REGISTRATION
BUREAUS IN EACH OF THE STATES LISTED ABOVE. THOSE DOCUMENTS PLUS THE
ORGANIZATION'S GOVERNING DOCUMENTS ARE ALSO AVAILABLE AT THE ORGANIZATION'S
OFFICE LOCATED AT 1133 19TH ST NW, 9TH FLOOR, WASHINGTON, DC 20036 AND UPON
REQUEST.