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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All ofter organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

4 LC	or the 2	011 calenda	ar year, or tax year beginning , 2011, an	d ending		, 20
3 Ch	Check if applicable		C Name of organization	•	D Employe	r identification number
Add	Address change		Civic Caucus		14-1	937842
Na	me chang	е	Number and street (or PO box, if mail is not delivered to street address)	Room/suite	E Telephon	e number
] Init	nai return				1	
Ter	minated		8301 Creekside Circle	920	(952) 835-4549
Am	nended ret	turn	City or town, state or country, and ZIP + 4		F Group Ex	emption
Ap	plication p	pending	Bloomington, MN 55437-3827		Number	>
G A	Account	ing Method	☐ Cash ☐ Accrual Other (specify)	F	Check	if the organization is not
V	Vebsite	e: 🕨			_	tach Schedule B
J Ta	ax-exen	not status (check only one) - X 501(c) (3) 501(c)() ◀ (insert no) 4947(a)(1)	or 527	•	90-EZ, or 990-PF)
			rganization is not a section 509(a)(3) supporting organization or section 5			
			00 A Form 990-EZ or Form 990 return is not required though Form 990-N	-	-	•
			ses to file a return, be sure to file a complete return	· (0 pootou.u)	may be require	d (eee mendediene) Dat n
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 (or more or if f	total assets (Pa	d II
_			elow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$ 58,375
Pai	nt I		e, Expenses, and Changes in Net Assets or Fund Balar			
			ne organization used Schedule O to respond to any question in this Part I			
			s, gifts, grants, and similar amounts received		<u> </u>	1 58,375
İ		•	rvice revenue including government fees and contracts		<u> </u>	2
}	3	Membership	dues and assessments		• • • • •	3
		Investment i			· · · · · <u>·</u>	4
			int from sale of assets other than inventory			
- {	b	Less cost o	or other basis and sales expenses	b		
ł	c	Gain of (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c
R	6	Gaming and	fundraising events 0			
e	а	Gross incon	he from gamin၍ (attach Schedule G if greater than			
v e		\$15,000	ne from gaming (áttach Schedule G if greater than	a		
n			ne from fundraising events (not including \$	of contributi	ons	
u e			Ising events repended on line-1) (attach Schedule G if the	_		
_		11	gross income and contributions exceeds \$15,000) 6	ы		
ł			expenses from gaming and fundraising events 6			
Ì			or (loss) from gaming and fundraising events (add lines 6a and 6b and s			
				ubliact	<u> -</u>	6d
			af inventory long returns and allowances		· · · · · ·	
ŀ			of inventory, less returns and allowances			
			of goods sold			
- 1		•	or (loss) from sales of inventory (Subtract line 7b from line 7a)		- · · · · ·	7c
			lue (describe in Schedule O)			8
			ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 58,375
ļ	10		similar amounts paid (list in Schedule O))	10
E	11		d to or for members		—	11
X	12	Salaries, ot	her compensation, and employee benefits			12
Expens	13	Professiona	al fees and other payments to independent contractors		[13 66,800
n s	14	Occupancy,	, rent, utilities, and maintenance		<i>.</i> . <u>L</u>	14
e	15	Printing, pu	blications, postage, and shipping		<i>.</i> . <u>L</u>	15
•	16	Other exper	nses (describe in Schedule O)		[16 6,834
	17	Total expe	nses. Add lines 10 through 16		▶ 「	17 73,634
	18		deficit) for the year (Subtract line 17 from line 9)			18 (15,259)
s	19		or fund balances at beginning of year (from line 27, column (A)) (must ag		· · · · · · · · · · · · · · · · · · ·	
NS es			figure reported on prior year's return)		. 	19 44,652
e e t t	20		ges in net assets or fund balances (explain in Schedule O)		<u> </u>	20
s	21		or fund balances at end of year Combine lines 18 through 20		. –	21 29.393
	. 4.1	1401 033013	or land balances at the or year Combine lines to through 20	<u> </u>		Form 990-EZ (2011)

		- —			—
Form 990-EZ (2011) Civic Caucus			14-:	19378	842 Page 2
Partill Balance Sheets. (see the instructions for Part II)					
Check if the organization used Schedule O to respond to	o any question in this P	art II			П
			inning of year		(B) End of year
22 Cash, savings, and investments			44,652	22	29,393
23 Land and buildings		}	0	23	0
24 Other assets (describe in Schedule O)		· · · · · · ——	0	24	0
			44,652	25	29,393
		· · · · ·	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree	· · · · · · · · · · · · ·		44,652	27	29,393
Part III Statement of Program Service Accomplis				1	Expenses
Check if the organization used Schedule O to respond				(Rea	uired for section
What is the organization's primary exempt purpose? Public Affa				⊣` '	c)(3) and 501(c)(4)
What is the organization's phintary exempt purpose.	III INIOIMACIO	and Educatio			nizations and section
Describe the organization's program service accomplishments for ea				1	
as measured by expenses. In a clear and concise manner, describe		the number of			'(a)(1) trusts, optional
persons benefited, and other relevant information for each program to	itie			for o	thers)
28 See attached statement				}	
					_
	cludes foreign grants,	check here	<u> ▶ ∐</u>	28a	0
29					
			·	1	}
(Grants \$) If this amount in	cludes foreign grants, o	check here	•	29a	
30					
(Grants \$) If this amount in	cludes foreign grants,	check here	▶ 🗆	30a	
31 Other program services (describe in Schedule O)				1 -	
	cludes foreign grants,			31a	
32 Total program service expenses (add lines 28a through 31a)				32	T 0
Partiv List of Officers, Directors, Trustees, and Key Empl	oyees. List each one e	ven if not compensa	ted (see the in	struction	ons for Part IV)
Check if the organization used Schedule O to respond					F3
	(b) Title and average	(c) Reportable	(d) Health benefit		<u> </u>
(a) Name and address	hours per week	compensation	contributions to em	ployee	(e) Estimated amount of
(a) Mario di	devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, ar deferred compens		other compensation
Verne C Johnson	Chair	(# Not paid, etuel -0-)	deletted compens	alion	
8301 Creekside Circle, Bloomington MN 55437	10			٩	0
Janis Clay	Director			- 1	
2104 Girard Avenue South, Minneapolis MN 5540	1	١		٦	0
					_
James L Hetland Jr	Director	,)	1	0
6850 Irving Ave S, Minneapolis MN 55419	5	······································			
John W Mooty	Director	_	ļ	اد	_
8100 Highood Drive Y232, Bloomington MN 55437		<u> </u>		9	0
Dan Loritz	Director		1		
8810 42nd Street North, Lake Elmo MN 55042	5	\	1	q	0
Bruce W Mooty	Director		1		
7021 Antrim Rd, Minneapolis MN 55439	5			q	0
Audrey Clay	Director	1	_		
5275 Grandview Sq Apt 3412, Edina MN 55437	5	(<u> </u>	d	0
Dwight Johnson	Director				
14212 E. LaPaloma Pl, Fountain Hills AZ 85268	5		3	þ	0
	 	 			

EEA

Par	•			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		• • •	<u> X</u>
	Data and the second of the sec		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	_		l
• •	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			1
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	_X_	<u> </u>
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			۱
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	'		١
	during the year? If "Yes," complete applicable parts of Schedule N	36	Y 39 .	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions		14	
	Did the organization file Form 1120-POL for this year?	37b	Water St.	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	X
	If "Yes," complete Schedule L, Part II and enter the total amount involved		対対象	
39	Section 501(c)(7) organizations Enter		3	
	Initiation fees and capital contributions included on line 9			1-,5
	Gross receipts, included on line 9, for public use of club facilities	- : : :	3.5	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1 143°	1000年	- "
	section 4911 , section 4912 , section 4955	1. 1	, Y.	1.
þ	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	718	i in in i	ئئىدا
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			l
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ACVINE &	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		MATERIAL	A L
	organization managers or disqualified persons during the year under sections 4912,	13.5	30	1
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	27	12000	1
	reimbursed by the organization	おか	, C. S.	1
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-	and the last	[c 144.
	transaction? If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed			
42 a		12-3	74-5	555
	Located at ▶ 2104 Girard Avenue South Minneapolis, MN ZIP+4 ▶ 554	04		
Þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	1127F-	X
	If "Yes," enter the name of the foreign country			3
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			. 57
	and Financial Accounts.		a Wint	1
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	· · ·	•	•
	and enter the amount of tax-exempt interest received or accrued during the tax year	—		1
		ा उद्धारिक के स्था	Yes	N
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		AN	1. 52
	completed instead of Form 990-EZ	44a	1.04 3	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		1	
	completed instead of Form 990-EZ	44b	+	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		14	1.27
	explanation in Schedule O	44d	ऻ	↓_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<u> </u>	Į
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		Tr.	`````
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		-	
	Form 990-EZ (see instructions)	45b	1	l x

FOIIII	990-62	(2011) Civie Caucus				14-193	1842		age 4
	5	<u> </u>						Yes	No
46		organization engage, directly or indirectly,						<u> </u>	*
	to candi	dates for public office? If "Yes," complete Section 501(c)(3) organizations a	Schedule C, Part I			<u></u>	46		X
Par									
	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b								
	a	and 52, and complete the tables fo	r lines 50 and 51.						
	(Check if the organization used Sch	edule O to respond	to any question in th	nis Part VI				. 🗆
								Yes	No
47	Did the	organization engage in lobbying activities	or have a section 501(h)	election in effect during t	the tax				
			• • • • • • • • • • • • •	_			47		👽
40	-	ganization a school as described in section					 	-	X
48				· ·			48		X
49a		organization make any transfers to an exe		ed organization?			49a		X
b		was the related organization a section 52	=				49b		<u> </u>
50		te this table for the organization's five high							
	employe	es) who each received more than \$100,0	00 of compensation from	the organization If ther	e is none, enter	"None "			
			(b) Title and average	(c) Reportable	(d) Health bene				
	(a)	Name and address of each employee	hours per week	compensation	contributions to er		e) Estimate	ed amou	nt of
		paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and compensati		other co	mpensa	tion
			 	 `	 				
	_								
NON	E			 	ļ <u>-</u>				
						i			
				İ					
				ļ					
			 						
	=								
f		mber of other employees paid over \$100,			-				
51	Comple	te this table for the organization's five high	est compensated indepe	endent contractors who e	ach received me	ore than			
	\$100,00	00 of compensation from the organization	If there is none, enter "N	None "					
(a) Name and	address of each independent contractor paid more than	\$100,000	(b) Type of service	e l	(c) C	ompensation	on	
									
NON	E								
				 					
				<u> </u>					
_			· · · · · · · · · · · · · · · · · · ·					_	
	Total	imber of other independent contractors ea	ab reseiving supr \$100.0	00					
d		•	-						
52		organization complete Schedule A? Note			•		_	_	
		mpt charitable trusts must attach a comple					X Yes	<u> </u>	No
Under	penalties o	f perjury, I deglare that I have examined this return, inclu	ding accompanying schedules as	nd statements, and to the best of	my knowledge and b	elief, it iş			
true, c	correct, and	complete pelaration of preparer (office than officer) s	based or all information of which	- propa rer has any knowledge	,	/			
			MA CH	56	- F/2	100			
		1 NAMO 1			1571	1 10 V			
Sig	n	Signature of officer	f		Date	- J-			
Her	re	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•		1	·			
		Type or prot name and title							
		Type or print name and title					DTI:	_	
		Print/Type preparer's name	Preparer's signature)_ Date 5/4/	Chec	^ <u></u> "	PTIN		
Paid	i	Gary D Orris	1/2 /V	<u>′5</u> 1°/4//	self-	employed	P00492	836	
Prei	parer	Firm's name Tax Planning Pr	ofessionals		Firm's EIN	•			
	Only	Firm's address > 1601 East Highw		·					
	··· y	Burnsville MN 5		<u> </u>	Phone no	95	2-890-	-313	5
Mari	the IPS	discuss this return with the preparer show			<u>_</u>		X Ye		No.
iviay	ane ino	discuss this return with the preparet snow	- above - See instruction	554	· · · · · · · · · · · ·	• • • • •	Ea 2	<u>- </u>	140

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

' ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

Employer identification number

Civ	ic	Caucus					_		14-1	937842			
Pa	rt I	Reason for	Public Charity	Status (All organiza	ations musi	complete	this part)	See instri	uctions				
The	orga	nization is not a privat	e foundation beca	use it is (For lines 1 thre	ough 11, cl	neck only o	one box)						
1		A church, convention	of churches, or a	ssociation of churches o	described ii	section '	170(b)(1)(A)(i).					
2		A school described ii	n section 170(b)(1)(A)(ii). (Attach Schedu	le E)								
3		A hospital or a coope	erative hospital ser	vice organization descri	ibed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research of	organization opera	ted in conjunction with a	hospital d	escribed in	n section	170(b)(1)(A)(iii). Ent	er the hos	pıtal's r	name,	
		city, and state											
5		An organization oper	ated for the benefi	it of a college or univers	ity owned o	or operated	by a gov	ernmental	unit descr	ıbed ın			
		section 170(b)(1)(A)	(iv). (Complete Pa	art II)									
6		A federal, state, or lo	cal government or	governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	/).					
7	X	An organization that	normally receives	a substantial part of its	support fro	m a gover	nmental u	nit or from	the gener	al public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust de	escribed in sectio i	n 170(b)(1)(A)(vi). (Com	plete Part	II)							
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from co	ontribution	s, membe	rship fees,	and gross	5		
		receipts from activitie	es related to its ex	empt functions - subject	to certain	exceptions	s, and (2) i	no more th	an 33 1/3°	% of its			
		support from gross ii	nvestment income	and unrelated business	taxable in	come (less	s section 5	11 tax) fro	m busines	ses			
		acquired by the orga	nization after June	30, 1975 See section	509(a)(2).	(Complete	Part III)						
10		An organization orga	anized and operate	d exclusively to test for	public safe	ty See se	ction 509	(a)(4).					
11		An organization orga	anized and operate	d exclusively for the ber	nefit of, to p	perform the	e functions	of, or to	carry out th	ne			
		purposes of one or n	nore publicly supp	orted organizations desc	cribed in se	ction 509((a)(1) or se	ction 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizatio	on and cor	nplete line	s 11e thro	ugh 11h				
		a 🗌 Type I	ь 🗌 Туре	ell c	Type III-	Functional	lly integrat	ed	d (Type I	II-Othe	r	
е		By checking this box	c, I certify that the o	organization is not contr	olled direct	ly or indire	ctly by on	e or more	dısqualıfie	d			
		persons other than f	oundation manage	ers and other than one o	r more pub	licly suppo	orted organ	nizations d	lescribed i	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IR	RS that it is	a Type I, T	Type II, or	Type III su	ipporting				
		organization, check	this box							. .			🗆
g		Since August 17, 20	06, has the organi	zation accepted any gift	or contribu	ition from	any of the						
		following persons?											
		* * *		controls, either alone o	-							Yes	No
		and (III) below,	the governing body	y of the supported orgar	nization?						11g(i)		<u></u>
		(ii) A family memb	er of a person des	cribed in (i) above?							11g(ii)		<u></u>
		(iii) A 35% controlle	ed entity of a perso	on described in (i) or (ii)	above? .						11g(iii	0	<u> </u>
h			information abou	t the supported organiza	ation(s)								
	(i)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9	(rv) Is the o	•	(v) Did yo the organi	•	(vi) 1 organizati		(vii)	Amount support	of
				above or IRC section	governing d	-	col (i)		(ı) organız	ed in the		Support	
				(see instructions))				port?		5 ?			
					Yes	No	Yes	No	Yes	No			
(A)]	!					
_					1								
(B)													
											ļ		
(C)								1					
											 		
(D)													
					ļ	ļ	<u> </u>	ļ		ļ			
(E)													
			ļ	L	 	ļ	<u> </u>		ļ	<u> </u>			
_				1									

14-1937842

T Q1								
	(Complete only if you checked the			•		•		
Saci	Part III If the organization fails to	quality under the te	sts listed below, p	lease complete Pa	iπ iii)			
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) To	tal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	58,500	45,950	34,880	40,814	58,375	23	8,519
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	58,500	45,950	34,880	40,814	58,375	23	8,519
5	The portion of total contributions by each							
	person (other than a governmental unit or							
	publicly supported organization) included		ļ					
	on line 1 that exceeds 2% of the amount			İ				
	shown on line 11, column (f)						6	55,690
6	Public support. Subtract line 5 from In 4						17	2,829
	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) To	
7	Amounts from line 4	58,500	45,950	34,880	40,814	58,375	23	88,519
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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)							
11	Total support. Add lines 7 through 10 .						23	38,519
12	Gross receipts from related activities, etc	(see instructions).				12		
13	First five years. If the Form 990 is for the organization, check this box and stop here							▶ □
Sec	tion C. Computation of Public Su	ipport Percent	age /					
14	Public support percentage for 2011 (line 6,		•				72.46	%
15	Public support percentage from 2010 School	edule A, Part II, line	14			15	91.21	%
16a	**				3 1/3% or more, c	heck this box		
	and stan have. The ergonization qualifies	as a publicly suppo	rted organization					▶ □

33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2011. 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 b 10%-facts-and-circumstances test - 2010. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (d) 2010 (e) 2011 (c) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or bus under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . c Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support (b) 2008 Calendar year (or fiscal year beginning in) (a) 2007 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . c Add lines 10a and 10b...... Net income from unrelated business activities not included in line 10b. whether or not the business is regularly Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12).......... 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) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 15 % Section D. Computation of Investment Income Percentage Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) % 17 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2011. 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 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 - 2010. 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 C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

and section 527

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

See separate instructions.

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
Nam	e of organization			Employer	identification number
Ci	vic Caucus			14-193	7842
Pa		zation is exempt under section			nization.
1	Provide a description of the organization'	s direct and indirect political campaign	activities in Part		
2	Political expenditures				
3	Volunteer hours				
					
Pa		zation is exempt under secti			
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495	•			
4a	Was a correction made?			• • • • • • • • • • • • • • • • • • • •	. 🗌 Yes 💢 No
<u>_b</u>	If "Yes," describe in Part IV				
تت		zation is exempt under secti		ept section 501(c)(3)
1	Enter the amount directly expended by the		•	. .	
_	activities			· · · · · · · · · · · · · · · · · · ·	
2	Enter the amount of the filing organization	•		. .	
_	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add		•	. .	
	line 17b				
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employ				
	organization made payments. For each of	·	-	~	
	the amount of political contributions rece as a separate segregated fund or a politi		•		
			T	1	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization. If
					none, enter -0-
					
(1)					
(2)					
				<u> </u>	
(3)					
(4)					
_ (5)					
			 		
(6)			1	1	1

	ule C (Form 990 or 990-EZ) 2011 Civic Caucus				14-1937	
Pai	t II-A Complete if the organization	is exempt un	ider section 501	(c)(3) and filed	Form 5768 (elec	tion under
	<u>section 501(h)).</u>					-
A C	check 🕨 🔲 If the filing organization belongs to	• .	•		member's	
	name, address, EIN, expenses, a			•		
<u>B</u> (Check I If the filing organization checked b			ply		
		ying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures" n				organization's totals	group totals
1a	Total lobbying expenditures to influence public o					
р	Total lobbying expenditures to influence a legisla					
С.	Total lobbying expenditures (add lines 1a and 1b					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 10					<u> </u>
T	Lobbying nontaxable amount Enter the amount	from the following	table in both			
_	columns					
-	If the amount on line 1e, column (a) or (b) is:		nontaxable amour	nt is :		
	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
ŀ	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess]	
Ļ	Over \$1,500,000 but not over \$17,000,000		s 5% of the excess o	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	•				
h	Subtract line 1g from line 1a If zero or less, ent		• • • • • • • • • •			
i	Subtract line 1f from line 1c If zero or less, ente					
j	If there is an amount other than zero on either li		-			
	reporting section 4911 tax for this year?	• • • • • • • • •		· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Yes No
	(Some organizations that	made a section 5	Period Under Sectio 501(h) election do no ctions for lines 2a tl	ot have to complet		
	Lobby	ring Expenditures	s During 4-Year Ave	raging Period		
	Calendar year (or fiscal year	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	beginning in)	(4) 2000	(3) 2000	(0) 20 (0	(4) 20	(0) 1012.
		· · · · · · · · · · · · · · · · · · ·			<u></u>	
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
		-			Schedule C (Fo	rm 990 or 990-FZ) 2011

Partille	Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed F	orm (5768
For each	'Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)
	bying activity	Yes	No	Amount
1 Durir	g the year, did the filing organization attempt to influence foreign, national, state or local			
legis	ation, including any attempt to influence public opinion on a legislative matter or			
refer	endum, through the use of			
	nteers?		Х	
b Paid	staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
	a advertisements?		Х	
	ngs to members, legislators, or the public?		Х	
	cations, or published or broadcast statements?		Х	
	ts to other organizations for lobbying purposes?		X	
	ct contact with legislators, their staffs, government officials, or a legislative body?		X	
	es, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
	r activities?		X	
	Add lines 1c through 1i			
	he activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	es," enter the amount of any tax incurred under section 4912			
	es," enter the amount of any tax incurred by organization managers under section 4912			
	filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Partill	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (or sec	ction
				Yes No
	e substantially all (90% or more) dues received nondeductible by members?			1
	he organization make only in-house lobbying expenditures of \$2,000 or less?			2
	he organization agree to carry over lobbying and political expenditures from the prior year?			3
Partille	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."	(b)	Part I	II-A, line 3, is
	s, assessments and similar amounts from members	• •	1	
	ion 162(e) nondeductible lobbying and political expenditures (do not include amounts of ical expenses for which the section 527(f) tax was paid).			
	ent year			
			2a	
	yover from last year		2b	
	egate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2c	
	tices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •	3	
	ss does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	political expenditure next year?		4	
	ble amount of lobbying and political expenditures (see instructions)		5	
Partily		• •	<u> </u>	<u> </u>
Complete	this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and P mplete this part for any additional information	art II-I	3, line	
				
		_		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

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Name of the organization Employer identification number 14-1937842 Civic Caucus 01. Description of other expenses (Part I, line 16) Description Amount 6,834 Various Expenses This amount covers the day-to-day expenses for the Civic Caucus, including telephone, internet, Constant Contact email, Survey Monkey, and refreshments at Civic Caucus meetings. 02. Changes to governing documents (Part V, line 34) The bylaws were amended in 2011 to provide for two-year terms for board members, with a maximum of three consecutive two year terms. Previously, the bylaws provided for one-year terms with no limit on number of terms. The bylaws also were amended to require quarterly board meetings. No such requirement had been in effect previously.

Civic Caucus 41-1937842

Statement Attached to Form 990 EZ Part III, Line 28

We continue striving to educate the public, our member-participants and ourselves about new ways of thinking about solutions to many of or state's most pressing problems. The Caucus works to find experts in many different fields who are in unique positions to shed light on the issues we try to address. In 2011, a total of 57 different speakers participated in 44 presentations of the Caucus. Each presentation was summarized and emailed to approximately 2,800 individual participants. Readers were invited to respond to questions with email. Their responses were summarized and shared with participants through regular email correspondence and also are permanently posted on the Civic Caucus website.