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Department of the Treasury

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.

Open to Public Inspection

OMB No 1545-0047

A FC	or the	2011 calendar year, or tax year beginning JUL I, ZUI	1 and ending	JUN 30, 2012	<u> </u>
B Ch	eck if plicable	C Name of organization		D Employer identif	fication number
ap	plicable	CENTER FOR SCIENCE IN THE			
	Address change	PUBLIC INTEREST			
H	Name change			73_	7122879
	Ilnitial	Doing Business As	, ,	<u> </u>	
لييا	return	Number and street (or P 0 box if mail is not delivered to street addre			
	Termin- ated	1220 L STREET, NW	300	(202	2)777-8304
	Amende return	City or town, state or country, and ZIP + 4		G Gross receipts \$	16,296,333.
	Applica tion	WASHINGTON, DC 20005		H(a) Is this a group	return
	pending	F Name and address of principal officer:MICHAEL JACO	BSON	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates in	
		mpt status. X 501(c)(3) 501(c) ()		a list. (see instructions)	
		E ► WWW.CSPINET.ORG		H(c) Group exempti	
K Fo	rm of	organization X Corporation Trust Association Oti	ear of formation 1971	M State of legal domicile DC	
Pa		Summary			
	1 E	Briefly describe the organization's mission or most significant activities	DUCTS RESEAR	CH,	
ဦ	i	EDUCATION, AND ADVOCACY ON NUTRITI	ON. FOOD S	AFETY AND HEA	ALTH ISSUES.
ē	-				
ē		Check this box Inf the organization discontinued its operation	ons or disposed of fi	l l	
é		Number of voting members of the governing body (Part VI, line 1a)		3	10
∞		Number of independent voting members of the governing body (Part	•	4	
es	5	otal number of individuals employed in calendar year 2011 (Part V, I	line 2a)	5	
Activities & Governance	6	Total number of volunteers (estimate if necessary)		. 6	
÷	7 a 1	Total unrelated business revenue from Part VIII, column (C), line 12		78	0.
۷		Net unrelated business taxable income from Form 990-T, line 34		71	0.
\dashv		tet uniciated business taxable income norm of our control of		Prior Year	Current Year
- 1		D		17,218,832	
9		Contributions and grants (Part VIII, line 1h)			
e l	9	Program service revenue (Part VIII, line 2g)		69,150	
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		165,780	
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	420,010	
į	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column ((A), line 12)	17,873,772	. 15,519,858.
		Grants and similar amounts pard (Part IX, column (A), lines 1-3)		0	. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0	
			\ \lance 5 10\	5,367,086	=
ses	15 5	Salaries, other compensation, employee benefits (Part Kolumn (A)), lines 5-10)		
ë l	16a	Professional fundraising fees (Part(IX) column (A), fine 11e)	000 051	0	. 0.
Expenses	b T	Fotal fundraising expenses (Part iX, column (D), line 25) $\stackrel{\longleftarrow}{}$ 1	<u>,882,051.</u>		
ш	17 (Other expenses (Part IX, column (A) Ilines 11/a-11d, 111f-24e)		11,305,160	
	18	otal expenses. Add lines 13:17 (must-equal Part IX, column (A), line	25)	16,672,246	
		Revenue less expenses. Subtract line 18 from line 12		1,201,526	-1,358,923
Net Assets or Fund Balances				Beginning of Current Yea	-
age	- N	Fotal assets (Part X, line 16)	_	13,787,473	
Bal		·	•	2,366,418	
물		Total liabilities (Part X, line 26)	•		
킬		Net assets or fund balances. Subtract line 21 from line 20		11,421,055	. 10,240,351.
		Signature Block			
Unde	r pena	ties of perjury, I declare that I have examined this return, including accompar	rying schedules and sta	itements, and to the best of	my knowledge and belief, it is
true,	correct	t, and complete. Declaration/of prepager (other than officer) is based on all inf	ormation of which prep	arer has any knowledge	
		V. Nichael F. Section		Noven Date	der 7 2012
c:	.	Signature of officer		Date	7
Sign	i	MICHAEL JACOBSON, EXEC. DIRECTO	D		
Here	9	Type or print name and title	·K		
				Data	DTINI
		Print/Type preparer's name Preparer's sygnatur	reN -	Date Check	PTIN
Paid			Depre	11/5/12 self-emp	
Prep	arer	Firm's name MATTHEWS, CARTER & BOYCE		Firm's EIN	54-1487262
Use (Ontv	Firm's address 11320 RANDOM HILLS ROAD,	SUITE 600		
	,	FAIRFAX, VA 22030		Phone no	703-218-3600
NA	4ln = 15		one)	T none no	. X Yes No
		AS discuss this return with the preparer shown above? (see instruction of the second o			Form 990 (2011
	34 04 0	3-12 LHA For Paperwork Reduction Act Notice, see the separa	ate instructions.		rorm 330 (2011
13200	JI UI-2.				/

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE CENTER FOR SCIENCE IN THE PUBLIC INTEREST (CSPI) IS A NOT FOR
	PROFIT ORGANIZATION OPERATING IN THE UNITED STATES AND CANADA THAT
	SEEKS TO PROVIDE USEFUL, OBJECTIVE INFORMATION TO THE PUBLIC AND TO
	CONDUCT RESEARCH ON NUTRITION, FOOD SAFETY, ALCOHOL, HEALTH, THE
2	Did the organization undertake any significant program services during the year which were not listed on
2	
	the pnor Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
_ 4a .	-(Code) (Expenses \$3,054,154 • including grants of \$) (Revenue \$)
	PUBLIC EDUCATION - INCLUDES THE DISTRIBUTION OF HEALTH AND NUTRITION
	ORIENTED MATERIALS, SUCH AS BOOKS, BROCHURES, LETTERS AND PAMPHLETS TO
	THE PUBLIC.
	THE TOBLIC:
4b	(Code) (Expenses \$ 6,732,434. including grants of \$) (Revenue \$ 31,045.)
	NUTRITION ACTION HEALTHLETTER - CONSISTS OF EDITING AND PUBLISHING TEN
	ISSUES PER YEAR OF NUTRITION ACTION HEALTHLETTER, A PERIODICAL FOR
	MEMBERS AND SUBSCIBERS CONTAINING CURRENT INFORMATION ON NUTRITION,
	FOOD SAFETY, AND RELATED HEALTH ISSUES.
	FOOD SAFETT, AND RELATED REALTH 1880ES.
4c	(Code) (Expenses \$ 4,691,710 . including grants of \$) (Revenue \$ 61,901 .)
	SPECIAL PROJECTS - INCLUDES EFFORTS TO:
	- PROVIDE PUBLIC INFORMATION ON NUTRITION AND DIET, PROVIDE CONSUMER
	INPUT ON NUTRITION AND FOOD SAFETY LAWS AND REGULATIONS, INVESTIGATE
	ACCURACY OF FOOD AND BEVERAGE ADVERTISING, MONITOR INDUSTRY COMPLIANCE
	WITH FOOD LABELING LAWS, PROMOTE INGREDIENT DISCLOSURE AND HEALTHIER
	MENU ITEMS IN RESTAURANTS;
	MENU ITEMS IN RESTAURANTS;
	- PROMOTE INCREASED PRODUCTION AND AVAILABILITY OF FOOD THAT IS FREE OF
	UNSAFE CONTAMINANTS BY WORKING WITH FOOD PRODUCERS AND RETAILERS,
	MONITORING AND INVESTIGATING PROPOSED AND APPROVED ADDITIVES TO THE
	FOOD SUPPLY, AND MONITORING AND IMPROVING THE LAWS AND REGULATIONS
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 14,478,298.
<u>+e</u>	
13200	Form 990 (2011)
02-09	SEE SCHEDULE O FOR CONTINUATION(S) 2

	990 (2011) PUBLIC INTEREST 23-7122	<u>879</u>	Р	age 3
rai	t IV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	 -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		1
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	Ì		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1	•	
_	Part VI	11a	X	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1115		 ^ `
٠	· · · · · · · · · · · · · · · · · · ·	44-	ļ	X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>^</u>
a	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	١.,,		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u>^</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		J	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├
12a	,,,		١,,	
	Schedule D, Parts XI, XII, and XIII	12a	X	
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 -	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	<u> </u>
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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		X

Form **990** (2011)

19

20a

20b

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

. . . 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

complete Schedule G, Part III . . .

	t N Checklist of Required Schedules (continued)			age 🕶
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			ł
	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,			l
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ł
	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			1
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		İ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	-		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	and the second s	28a		X
ь		28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<u> </u>
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions in the rest complete scriedate in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	- · · · · · · · · · · · · · · · · · · ·	30		X
31	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		X
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
22	Schedule N, Part II	32	 -	_ <u>^</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	┢
34	Was the organization related to any tax-exempt or taxable entity?			L
_	If "Yes." complete Schedule R, Parts II,-III,-IV, and-V, line 1 -	-34	-X	₩
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			v
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1_		,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096. Enter 0-f inot applicable 1a		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter 0-fi not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. X if If Yes, 1 and 1 filed a Form 900 Trof they ser/ If Wo, *provide an explanation is Sendule 0. 4a. A tary time during the calendar year, dut the organization have an interest in, or a signature or other authority over, a financial account in a foregen country (such as a bank account, securities account, or other financial accounts? 5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Was the organization and the organization file Form 8886-17 6b. Did any taxable party nority the organization file Form 8866-17 6c. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c. If Yes, did the organization include with every solicitation an express that ment that such contributions or gifts were not tax deductible? 6c. If Yes, did the organization include with every solicitation an express that ment that such contributions or gifts were not tax deductible? 6c. If Yes, did the organization in				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambing) with owners? 2	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return I have a second to the calendar year, ending with or within the year covered by this return Note. If the sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) I have been a sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) I have a sum of lines 1 and 2 is greater than 250, you may be required to e-file (see instructions) I have the organization have unrelated business gross income of \$1,000 or more during the year? I have the calendar year, did the organization if he shall account a septianation in Schedule O As a tarry 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 accounts? I have a sent than 1 than 1 the security of the sequentiation of	ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Ester the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
the for the calendary year ending with or within the year covered by this return 1		(gambling) winnings to prize winners?	1c	X	
b If a least one is reported on time 2a, dot the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -file (see instructions) 3a Old the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, has it filed a Form 990-T for this year? If You', provide an explanation in Schedule O 3b At any time during the calendary year, did the organization have an explanation in Schedule O 3b At any time during the calendary year, did the organization have an explanation in Schedule O 3c At any time during the calendary year, did the organization have an explanation in Schedule O 3c At any time of the foreign country; PC ANNADA See instructions for filing requirements for Form TD F 90/221, Report of Foreign Sank and Financial accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, it line 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, it line 5a or 5b, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c If Yes, it did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c If Yes, it did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the paymentation receives a payment in excess of \$75 made party as a contribution and party for good	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return . 2a 88			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, 'has it filed a Form 990T for this year? If 'No.' provide an explanation in Schedule O 4a At any time during the celendar 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 accounts) 5b If Yes, 'enter the name of the foreign country. ECRNDAD As ee instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5c Was the organization aparty to a prohibited tax shelter transaction? 6c If Yes, 'to line 5 or 55b, did the organization file Form 8886-fi? 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If Yes, 'to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 'to the organization include with every solicitation and partly for goods and services provided to the payor? 9d If Yes, 'to the organization necess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9d If Yes, 'to the organization receive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9d If Yes, 'to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282 filed during the year 9d If Yes, 'to finate the number of Forms 8282 filed during the year 10 Did the organization received a contribution of care, boots, arplanes, or other vehicles, did the organization file a Form 1098-C	ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b if "Yes," has it flied a Form 990-T for this year? If *No," provide an explanation in Schedule O 4a 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 account)? b if "Yes," enter the name of the foreign country: ▶ CANADA 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party is a contribution and party for goods and services provided to the payor? b if "Yes," indicate the number of Forms 8282 filed during the year C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to diffe Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year C Did the organization, cereved a contribution of cars, boots, anjinanes, or other vehicles, did the organization file Form 8899 as required? 7 If the organization received a contribution of cars, boots, anjinanes, or other vehicles, did the organization shallaring donor advised funds and section 59(8)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4986? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4986? 9 Sponsoring organizations maintaining do		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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Form 990 (2011)

PUBLIC INTEREST

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 C). See i	nstructions.				
	Check if Schedule O contains a response to any question in this Part VI						X
<u>Sec</u>	tion A. Governing Body and Management						
			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			1.0	[
b	Enter the number of voting members included in line 1a, above, who are independent	1b	· · · · · · · · · · · · · · · · · · ·	10	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other				.,
	officer, director, trustee, or key employee?			-	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision		_		v
	of officers, directors, or trustees, or key employees to a management company or other person?			-	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	⊢	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets"	•	F	5		X
6	Did the organization have members or stockholders?				6	_ ÷	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or		7 .		х
	more members of the governing body?		-1-1	F	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockn	olders, or		-		x
_	persons other than the governing body?	aar bu th		\vdash	7b	:	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ear by ti	ie tollowing		8a	X	
a	The governing body?			F-	8b	X	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achad	at the	_	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acrieu	at tile		9		х
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal I	Pavanii	e Code)				
<u> </u>	tion B. Folicies (This Section B requests mormation about policies not required by the internal r	1040110	- COUC.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[-	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	rs. affiliates.				
-	and branches to ensure their operations are consistent with the organization's exempt purposes?		,	.	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	J				
12a					12a	X	1
b		e to co	nflicts?	Γ	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			Γ			
	in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?		-		13	X	
14	Did the organization have a written document retention and destruction policy?	_			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	val by ı	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official			L	15a	Х	
b	Other officers or key employees of the organization				15b	Х	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?		•	-	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of	anizatı	on's				
_	exempt status with respect to such arrangements?		·		16b		<u> </u>
Sec	tion C. Disclosure	TT 1	C EV ME	MD	N 7\	мт	
17	List the states with which a copy of this Form 990 is required to be filed ►AR, CA, CT, HI,						. , MIN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- Γ (Sec	tion 501(c)(3)s o	niy) av	allab	le	
	for public inspection. Indicate how you made 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 made its governing documents, or	conflict	of interest policy	y, and	tınar	ncial	
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the orga	ınızatlı	on: 🕨	-	
	BOOKKEEPER - 202-777-8304 1220 L STREET, NW SUITE 300, WASHINGTON, DC 2000	5					
13200 01-23				-	Form	aan	(2011)
01-23	12 DEE SCHEDOED O FOR FUEL DIGITOR STATES				I VIIII	JJU	12011)

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

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

- <u>-</u> - <u> </u>	(B)	(C)		(D)	(E)	(F)						
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)				s bot	h an	compensation	amount of			
	week		ær an	la a a	recto	rrus	(ee)	from	from related	other		
	(describe hours for	individual trustee or director	'			_	l	the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	90	88			Safe		(W-2/1099-MISC)	(VV-2/1099-WIGC)	organization		
	organizations	truste	Ĕ		8	mper		(11 2 1033 111100)		and related		
	ın Schedule	dpa	institutional trustee	, a	SE SE	oyee oyee	 25			organizations		
	O)	횰	Insti	Officer	Кеу етріоуее	Highest compensated employee	Former					
(1) JAMES SULLIVAN												
PRESIDENT	4.00	X		X				0.	0.	0.		
(2) MICHAEL JACOBSON												
EXECUTIVE DIRECTOR/ SECRET	50.00	X		X	<u> </u>	L		225,041.	0.	31,940.		
(3) DENISE M. ELLIOTT												
DIRECTOR	2.00	X		L				0.	0.	0.		
(4) MARK INGRAM												
TREASURER	4.00	X		X				0.	0.	0.		
(5) SUSHMA PALMER		ļ										
DIRECTOR	2.00	X						0.	0.	0.		
(6) TOM GEGAX		l										
DIRECTOR	2.00	X	L.		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.		
(7) SHEILA RABB WEIDENFELD												
DIRECTOR	2.00	X						0.	0.	0.		
(8) DAVID KESSLER					l		ŀ					
DIRECTOR	2.00	X						0.	0.	0.		
(9) ROBIN CAIOLA SHEEKEY												
DIRECTOR	2.00	X	_			L.	L	0.	0.	0.		
(10) DEBORAH SZEKELY				-	i e	-				<u>.</u>		
DIRECTOR	2.00	X		<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.		
(11) PENN STAPLES					l				_	_		
DIRECTOR	2.00	X	<u>L</u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.		
(12) RONALD D. BASS			İ									
DEPUTY EXECUTIVE DIRECTOR	40.00				X			189,566.	0.	24,315.		
(13) STEPHEN SCHMIDT												
EDITOR, HEALTHLETTER	40.00	<u> </u>			X		<u> </u>	184,568.	0.	21,330.		
(14) CAROLINE SMITH DEWAAL												
FOOD SAFETY DIRECTOR	40.00					Х		153,194.	0.	16,008.		
(15) BONNIE LIEBMAN												
DIRECTOR OF NUTRITION	40.00	<u> </u>				X		171,531.	0.	16,429.		
(16) MARGO WOOTAN												
NUTRITION POLICY DIRECTOR	40.00					X	<u> </u>	150,050.	0.	24,086.		
(17) STEPHEN GARDNER												
LITIGATION DIRECTOR	40.00	<u> </u>	<u></u>	<u> </u>	<u> </u>	X	<u></u>	142,754.	0.			
100007 04 00 40										Form 990 (2011)		

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Form **990** (2011)

PUBLIC INTEREST

Par	VII Section A. Officers, Directors, Tr	ustees, Key Er	npic	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	Average hours per week Position (do not check more the box, unless person is officer and a director/					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	ап		(F) imate ount other	
		(describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	orga and	ensa om the inizat relate nizate	e ion ed
(18)	KEN WALDMILLER													
DIRE	CTOR OF INFORMATION SYSTEMS	40.00				-	X		130,395.		0.	24	1,3	<u>32.</u>
											-			
				_										
		1	<u>_</u>	<u> </u>	<u></u>	<u> </u>	Ļ		1 247 000		_	100	. 1	0.4
	Sub-total .								1,347,099.		0.	180	J , I	04.
	Total from continuation sheets to Part V	II, Section A		•	-				1,347,099.		0.	1 0 (<u>1</u>	04.
d _2	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	ho r		l),000 of reportable		100	<i>,</i> 1	13
	compensation from the organization												Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	еу ег	mplo	oyee	, or	highest compensated e	mployee on		3		Х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le c	•					•	the organization		4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	accrue compe	nsat	ion 1	from	any	y un			idual for services		5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of the organization. Report compensation for	-									oensa	ation fi	rom	
	(A) Name and busines	s address							(B) Description of s	services	C	(C) ompensation		
	DONNELLEY LONG PRAIRIE, MN								NEWSLETTER P & PRODUCTION			69	7,7	97.

RR DONNELLEY
, LONG PRAIRIE, MN
SISK MAILING SERVICES
, STEVENSVILLE, MD
UNITED ENVELOPES

DESCRIPTION GOOD COMPANION

NEWSLETTER PRINTING
& PRODUCTION
FOR THE PRODUCTION GOOD COMPANION

PRODUCTION

DIRECT MAIL

PRODUCTION

561,571.

, CLEVELAND, OH PRINTER 365,820.
THE DATA CENTER MEMBERSHIP DATA

, FAIRFAX, VA
DIRECTMAIL.COM
, PRINCE FREDERICK, MD
SUPPORT
276,182.
PRINTER
273,927.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 9

Form **990** (2011)

Pa	rt VII	Statement of Reven	ue					
			,		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	. 1a					
e a	ь	Membership dues	1b	9822232.				
Am S	С	Fundraising events	1c					`
la I	d	Related organizations .	1d					
imi	е	Government grants (contributi	ons) 1e					
er S	f	All other contributions, gifts, grant	ts, and					
ള		similar amounts not included above	/e 1f _	5031510.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines	1a-1f \$					
O ē	<u>h</u>	Total. Add lines 1a-1f		D	14,853,742.			
_	_	IIONOD A D T A		Business Code 900099	61 001	61 001		
Program Service Revenue	2 a	HONORARIA PUBLICATION SAL	FC	900099	61,901. 31,045.	61,901.	- "	
ie Š	b			_ 300033	21,042.	31,043.		
E S	C			- 				
<u>P</u>	d							
Pro	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f			92,946.			•
	3	Investment income (including	dıvıdends, ın	terest, and	• • •			
		other similar amounts)		>	192,984.			192,984.
	4	Income from investment of tax	x-exempt bor	nd proceeds				
	5	Royalties		>	355,886.		170-1	355,886.
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	C	• • • • • • • • • • • • • • • • • • • •						
		Net rental income or (loss)		<u> </u>			·····	
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other				
	_	assets other than inventory	77563	<u> </u>				
	b	Less: cost or other basis	77647	5				
	_	and sales expenses	-84					
		Gain or (loss) Net gain or (loss)		<u> </u>	-844.			-844.
_		Gross income from fundraisin	a events (noi		0111			0111
Ę	o a		of	•				
eve		contributions reported on line						
Other Revenue		Part IV, line 18		а				
the	ь	Less: direct expenses		ь				
O	c	Net-income or (loss) from fund	draising even	ts				
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	•	a				
	b	Less: direct expenses		b				
		Net income or (loss) from gam		; <u> </u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances		a				
		Less: cost of goods sold		, b	1			
	С	Net income or (loss) from sale		, , , , , , , , , , , , , , , , , , , 				
	11 0	Miscellaneous Revenu OTHER INCOME	<u> </u>	Business Code 900099	25,144.			25,144.
				_ 300033_	23/1111	' · · · · · · · · · · · · · · · ·		23/1110
	b	·	-					
	d	All other revenue						
	l -	Total. Add lines 11a-11d	•	·	25,144.	,		
	12	Total revenue. See instructions			15,519,858.	00 016	0.	573,170.
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon			(C)	(D)
_	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1 (Grants and other assistance to governments and				
(organizations in the United States-See Part IV, line 21 $oxedsymbol{oxed}$			······································	·······
2	Grants and other assistance to individuals in				
1	the United States. See Part IV, line 22				·;;· ·;;;;;;;;;;;;;
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
1	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	600 000	600 101	17 006	40.006
_	trustees, and key employees	688,333.	622,101.	17,996.	48,236.
6	Compensation not included above, to disqualified				
j	persons (as defined under section 4958(f)(1)) and				
1	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,233,626.	3,827,707.	109,974.	295,945.
8	Pension plan accruals and contributions (include		011 056	6 406	16 000
:	section 401(k) and section 403(b) employer contributions)	234,352.	211,056. 233,167.	6,496. 7,176.	16,800.
9	Other employee benefits	258,903.		1,1/6.	18,560.
10	Payroll taxes	329,748.	294,051.	10,943.	24,754.
11	Fees for services (non-employees):				
а	Management	45 050	1.1.1.6	0.5.5	
b	Legal .	15,953.	14,146.	955.	852.
C	Accounting	40,305.	28,447.	6,265.	5,593.
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other			1 200	
12	Advertising and promotion	82,079.	80,759.	1,320.	15 000
13	Office expenses .	152,826.	112,706.	25,088.	15,032.
14	Information technology				
15	Royalties		4.5.1 0.5.4	110 051	
16	Occupancy .	662,328.	461,364.	110,251.	90,713. 19,279.
17	Travel .	176,141.	151,861.	5,001.	19,279.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	115,028.	112,119.	226.	2,683.
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	211,775.	149,470.	32,916.	29,389.
23	Insurance				
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	POSTAGE AND MAILING	5,400,187.	4,593,717.	1,359.	805,111.
b	PRINTING AND PUBLICATIO	2,001,740.	1,715,581.	1,317.	284,842.
С	OTHER EXPENSES	756,790.	552,176.	172,929.	31,685.
d	CONSULTANTS, PROFESSION	666,520.	616,224.	1,362.	48,934.
е	All other expenses	852,147.	701,646.	6,858.	143,643.
	Total functional expenses. Add lines 1 through 24e	16,878,781.	14,478,298.	518,432.	1,882,051.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here X if following SOP 98-2 (ASC 958-720)	4,517,545.	3,047,504.	1,470,041.	0.

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Par	<u> </u>	Balance Sheet			
	`		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	2,365,414.	2	1,683,510.
	3	Pledges and grants receivable, net	1,236,458.	3	704,500.
	4	Accounts receivable, net	126,787.	4	164,647.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	30,681.
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	545,765.	8	576,773.
	9	Prepaid expenses and deferred charges	170,374.	9	576,773. 122,533.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,739,520.			
	ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation . 10b 1,739,520.	1,462,297. 7,819,412.	10c	1,262,800.
	11	Investments - publicly traded securities	7,819,412.	11	1,262,800. 8,262,599.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	intangible assets		14	
	15	Other assets. See Part IV, line 11	60,966.	15	28,805.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,787,473.	16	12,836,848.
	17	Accounts payable and accrued expenses	881,488.	17	1,120,162.
	18	Grants payable		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, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,484,930.		1,476,335.
	26	Total liabilities. Add lines 17 through 25	2,366,418.	26	2,596,497.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net-assets	9,388,282.	27	9,076,875.
Ba	28	Temporarily restricted net assets	1,671,114.	28	790,645.
2	29	Permanently restricted net assets	361,659.	29	372,831.
Net Assets or Fund Balances]	Organizations that do not follow SFAS 117, check here and			
ō		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 equipment fund		31	
et '	32	Retained earnings, endowment, accumulated income, or other funds		32	10.040.05
Z	33	Total net assets or fund balances	11,421,055.	33	10,240,351.
	34_	Total liabilities and net assets/fund balances	13,787,473.	34	12,836,848.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		·		X
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	15,51 16,87		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,35		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,42		
5		5			$\frac{33.}{19.}$
-	Other changes in net assets or fund balances (explain in Schedule O)	6	10,24		
6 Da	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) **T XII Financial Statements and Reporting		10,24	0,3	<u> </u>
					\mathbf{x}
	Check if Schedule O contains a response to any question in this Part XII	· · · · · ·	<u>-</u>	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	103	-140
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь		
			Form	990 ((2011)

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

2011

Open to Public Inspection

lam	e of t	he organizatio	on CENTER	FOR SCIENCE	IN TH	E			Er	nployer ic	dentification	n nur	nber
			PUBLIC	INTEREST						23	-7122	879	
Pa	rt E	Reason f	or Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See ınst	ructions.				
he (organi	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check o	only one be	ox.)					
1		A church, cor	vention of churche	s, or association of churc	ches descr	nbed in se	ction 170(b)(1)(A)(i)	-				
2		A school desc	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3				tal service organization of		n section	170(b)(1)(A)(iii).					
4		A medical res	earch organization	operated in conjunction	with a hosi	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	e hospital'	s nam	e,
		city, and state			•								
5		An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental unit	describe	d In		
		-	(b)(1)(A)(iv). (Compl	-	•	•	•	ŭ					
6				ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).					
7	X		· ·	eives a substantial part					r from the	general p	ublic descr	ıbed ı	n
		-	b)(1)(A)(vi). (Comple				3			3			
8				section 170(b)(1)(A)(vi). ((Complete	Part II.)							
9	\Box			eives: (1) more than 33 1			om contri	outions, m	embershi	o fees, and	d aross rea	eipts :	from
		=	•	nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complet			•		•	,				
10				perated exclusively to te	st for publi	c safety. S	ee sectio	n 509(a)(4	l).				
11		An organization	on organized and o	perated exclusively for th	ne benefit o	of, to perfo	rm the fur	ctions of,	or to carry	y out the p	ourposes o	f one	or
		more publicly	supported organiz	ations described in section	on 509(a)(1	1) or section	n 509(a)(2). See sec	tion 509(a	a)(3). Che	ck the box	that	
		describes the	type of supporting	organization and comple	ete lines 1°	e through	11h.						
		a Type I	ь 🗆	☐ Type II c	: 🔲 Тур	e III • Func	tionally int	egrated		d 🔲	Type III - C	ther	
е		By checking t	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	by one or	more disc	qualified p	ersons oth	er tha	n
		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	tions desc	ribed in s	ection 509	a)(a)(1) or s	ection 509	(a)(2).	
f		If the organiza	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting or	ganization, check t	his box									
g		Since August	17, 2006, has the	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A person	n who directly or inc	directly controls, either al	one or tog	ether with	persons d	escribed i	n (ii) and (i	iıı) below,		Yes	No
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a perso	n described in (i) above?	1						11g(ii)		
		(iii) A 35% c	controlled entity of a	a person described in (i) o	or (ii) above	9					11g(iii)		l
h		Provide the fo	ollowing information	about the supported or	ganızatıon	(s).							
				· · · · · · · · ·	ı		, <u> </u>		,				
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	the	(vii) Am	ount o	f
	orga	ınızatıon		(described on lines 1-9		sted in your document?			l(i) organiz	ed in the	sup	port	
				above or IRC section	<u> </u>	,	,,,		" "US				
				(see instructions))	Yes	No	Yes	No	Yes	No			
									}				
				<u> </u>	<u> </u>								
										1			
					ļ				<u> </u>	 -			
				-		 			 	 			
		_		 	 				 	+ +			
			,										
Tota	.1												

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 PUBLIC INTEREST

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not						
	include any "unusual grants.")	17,305,650.	14,672,296.	15,757,734.	17,218,832.	14,853,742.	79,808,254.
2	Tax revenues levied for the organ-						
	ızatıon'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						
_	Total. Add lines 1 through 3	17,305,650.	14,672,296.	15,757,734.	17,218,832.	14,853,742.	79,808,254.
5							
	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)						
	••			.,,			70 000 054
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>					79,808,254.
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	17,305,650.	14,672,296.	15,757,734.	17,218,832.	14,853,742.	79,808,254.
8	Gross income from interest,	21,303,030.		23,737,732.	17,220,032.	14,033,742.	13,000,234.
·	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	805,029.	853,649.	618,462.	486,895.	548,870.	3,312,905.
9	Net income from unrelated business				200,020		<u> </u>
·	activities, whether or not the			•			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ſ					
	assets (Explain in Part IV.)	331,644.	841,432.	96,224.	186,761.	87,045.	1,543,106.
11	Total support. Add lines 7 through 10						84,664,265.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	96,078.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop			<u></u>	<u>-</u>		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) d	ivided by line 11, o	column (f))		14	94.26 %
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	_93.68 <u>%</u>
16a	33 1/3% support test - 2011. If the	_			14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				ightharpoons X
t	33 1/3% support test - 2010. If the				line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua		• • •		•	-	▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the orgar	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		·
40	organization meets the 'facts-and-circ		-	•			
<u> 18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2011

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.)

Se	ction A. Public Support	iow, picase com	piete i ait ii j	<u>-</u>			_	
Cate	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")					<u> </u>		_
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					1		
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf					1		
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge			<u> </u>		 		
6	Total. Add lines 1 through 5					1		
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons		ļ .		<u> </u>	ļ		
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that					Ì		
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
•	Add lines 7a and 7b		<u> </u>				•	
	Public support (Subtract line 7c from line 6)			<u> </u>				
	ction B. Total Support		1	,	·1	-		т
Cale	endar year (or fiscal year beginning in) 🕨 📙	(a) 2007	(b) 2008	(c) 2009	(d) 2010	1 (e) 2011	(f) Total
9	Amounts from line 6					-		
10	a Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties					-		
	and income from similar sources					_		
ı	Unrelated business taxable income							
	(less section 511 taxes) from businesses					-		
	acquired after June 30, 1975					+		
	Add lines 10a and 10b					+		
• •	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain				-	ļ		
	or loss from the sale of capital							
40	assets (Explain in Part IV.)							
	Total support (Add lines 9, 10c, 11, and 12)	AL	 - ===================================	1		504	(-)(0)	
14	First five years. If the Form 990 is for	the organization	's tirst, second, thi	ra, tourth, or titth t	tax year as a secti	on 501	(c)(3) organi	zation,
<u>-</u>	check this box and stop here ction C. Computation of Publi	o Support Br	· · · · ·		- · · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2011 (lin			natuma (fi)		45		
	, , ,		•	column (I))		15 16		9
	Public support percentage from 2010 ction D. Computation of Inves					110		
					·-··	47		
	Investment income percentage for 201	•	•	ne 13, column (f))		17 18		9
	Investment income percentage from 2			an line 4.4 and lin	- 1 <i>E</i> 1 than		0/ and line	
19	a 33 1/3% support tests - 2011. If the						70, and line	I IS HOL
	more than 33 1/3%, check this box an	•	-	• •			on 32 1/20/	F L
	b 33 1/3% support tests - 2010. If the	_						
20	line 18 is not more than 33 1/3%, chec		_					
<u>20</u>	Private foundation. If the organization	i dia not check a	LOOK On line 14, 19	a, or 190, check t	mis oox and see ir	ISTUCT	IONS	

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

2011

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.

Open to Public Inspection

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) organizat	ions: Complete Part III.			
Nan	ne of organization CENTER	FOR SCIENCE IN TH	E	Em	ployer identification number
		INTEREST			23-7122879
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect political	campaign activities ii	n Part IV	\$
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	•	\$
2	Enter the amount of any excise tax	incurred by organization manager	s under section 4955	>	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
	o If "Yes," describe in Part IV.	· ····			
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c),	except section 50	I(c)(3).
1	Enter the amount directly expended	I by the filing organization for sect	ion 527 exempt funct	ion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to othe	er organizations for se	ection 527	
	exempt function activities				\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here an	d on Form 1120-POL,		
	line 17b			•	\$
4	Did the filing organization file Form	-			Yes No
5	Enter the names, addresses and en				
	made payments. For each organiza	•			•
	contributions received that were pro-				rate segregated fund or a
	political action committee (PAC). If	· · · · · · · · · · · · · · · · · · ·		1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

01-27-1

•	•					
	•	CENTER FOR	SCIENCE IN '	THE		•
Sche	dule C (Form 990 or 990-EZ) 2011	PUBLIC INTE	REST		23-7	122879 Page 2
	t II-A Complete if the org	ganization is exer	npt under section	n 501(c)(3) and file		
	(election under sed	ction 501(h)).				
A Ch	neck If the filing organiza	ation belongs to an affil	ated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
	• •	re of excess lobbying			•	
B Ch	neck 🕨 🔲 if the filing organiza	ation checked box A an	d "limited control" pro	visions apply.		
	· ·	-			(a) Filing	(b) Affiliated group
		its on Lobbying Exper ditures" means amou			organization's	totals
	(The term expen	ditures means amou	into paid or incurred.)		totals	
1 a	Total lobbying expenditures to infl	luence public opinion (grass roots lobbying)		13,983.	
b	Total lobbying expenditures to infl	luence a legislative boo	ly (direct lobbying)		34,267.	
С					48,250.	
d	Other exempt purpose expenditur	•			14948480.	
е	Total exempt purpose expenditure	es (add lines 1c and 1d) .		14996730.	
	Lobbying nontaxable amount. Ent	·		n columns.	899,837.	
	If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable amo	ount is:		
	Not over \$500,000	20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
	Over \$1,500,000 but not over \$17	7,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	000.			
9	Grassroots nontaxable amount (e	nter 25% of line 1f)			224,959.	
h	Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.	<u> </u>
i	Subtract line 1f from line 1c. If zer	o or less, enter -0-			0.	
j	If there is an amount other than ze	ero on either line 1h or	line 11, did the organiza	ation file Form 4720	_	
	reporting section 4911 tax for this	year?				YesN
			eraging Period Under			
		zations that made a s				
	Co	olumns below. See th			ige 4.)	
		Lobbying Expe	nditures During 4-Yea	ir Averaging Period		T
	Calendar vear	4 3 0000	#1000	4.3.0040	400044	4,7

	Lobbying Expendi	tures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	920,329.	835,951.	898,889.	899,837.	3,555,006.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,332,509.
c Total lobbying expenditures	217,510.	120,637.	159,310.	48,250.	545,707.
d Grassroots nontaxable amount	230,082.	208,988.	224,722.	224,959.	888,751.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,333,127.
f Grassroots lobbying expenditures	92,395.	35,000.	93,849.	13,983.	235,227.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 PUBLIC INTEREST 23-712287

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)).

During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, did it life Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization are to carry over lobbying and political expenditures from the prior year? 3 art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) dues 1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i abd the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif 1'Yes, 'enter the amount of any tax incurred under section 9912 c 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 if the Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, i answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid. a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of non	uring the year, did the filing organization attempt to influence foreign, national, state or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: blunteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aillings to members, legislators, or the public? ublications, or published or broadcast statements?	Yes	No	Amo	unt
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, dut fille Form 4720 for this year? art III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable e	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, serminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? bif Y'es, 'enter the amount of any tax incurred under section 4912 c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did if the Form 4720 for this year? Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying axpenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Dives, assessments and similar amounts from members Section 152(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, in answered "Yes." Dues, assessments and similar amounts from members Section 152(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid. a Current year Dear assessments and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 1 Taxable amount of lobbying and political expenditures (see instructions) 501 (Did the organization agree	cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: clunteers? and staff or management (include compensation in expenses reported on lines 1c through 1i)? decia advertisements? allings to members, legislators, or the public?				
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			tal. Add lines 1c through 1i d the activities in line 1 cause the organization to be not described in section 501(c)(3)? Yes, "enter the amount of any tax incurred under section 4912 Yes," enter the amount of any tax incurred by organization managers under section 4912 the filling organization incurred a section 4912 tax, did it file Form 4720 for this year? I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). The enter the organization is exempt under section 501(c)(4), section 501(c)(6). The organization make only in-house lobbying expenditures of \$2,000 or less? Id the organization agree to carry over lobbying and political expenditures from the prior year? II-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." These, assessments and similar amounts from members existed the section 527(f) tax was paid). 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Schedule C (Form 990 or 990-EZ) 2011

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR SCIENCE IN THE

Employer identification number

D-	PUBLIC INTEREST	d Francis on Other Similar Francis	23-/1228/9
Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only
	for charitable purposes and not for the benefit of the donor o		
	Impermissible private benefit?		. Yes No
Pa		panization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certific	
		r reservation of a certific	led filstolic structure
•	Preservation of open space	irad aanaminting andulustan in the forms	
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form o	or a conservation easement on the last
	day of the tax year.		10.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	• •	_2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structui	re
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her 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 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e	•	
	relating to these items:	ducation, or research in furtherance of pub	one service, provide the following amounts
	•		> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		. •
_	(ii) Assets included in Form 990, Part X		- •
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		. • \$

714	DURT.TC	INTEREST
011	POPLIC	INICKED.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continuous)		
Check all that apply): a		
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 te 11 2 a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 361,659, 360,859, 360,159, 360,159. 5 Contributions 11,172, 800, 700, 11,172, 800, 700, 11,172, 800, 700, 11,172, 800, 700, 11,172, 800, 700, 11,172, 800, 700, 11,172, 800, 700, 12,174, 11,174, 11,175, 11		
b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIV and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance. 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance 361,659, 360,859, 360,159, 360,159, 360,159. b Contributions 11,172, 800, 700, c Net investment earnings, gains, and losses d Grants or scholarships and programs f Administrative expenses		
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b If "Yes," explain the arrangement in Part XIV and complete the following table: Amount 1c	_	_
Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four 361,659. 360,859. 360,159. 360,159. b Contributions 11,172. 800. 700. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses		_l No
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Ending balance		
f Ending balance Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four 361,659. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses		
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Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four 361,659. 360,859. 360,159. 360,159. b Contributions 11,172. 800. 700. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses		
1a Beginning of year balance 361,659 360,859 360,159 360,159 360,159 b Contributions 11,172 800 700 360,159 c Net investment earnings, gains, and losses 360,159 360,159 d Grants or scholarships 360,159 360,159 e Other expenditures for facilities and programs 360,159 360,159 f Administrative expenses 400 700 360,159		
1a Beginning of year balance 361,659. 360,859. 360,159. 360,159. b Contributions 11,172. 800. 700. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses	r years	s back
b Contributions 11,172. 800. 700. c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses		
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses		***************************************
e Other expenditures for facilities and programs f Administrative expenses		
and programs f Administrative expenses		
f Administrative expenses		
		·····
g End of year balance 372,831. 361,659. 360,859. 360,159.		
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:		
a Board designated or quasi-endowment \(\bigcup_{ \text{total}} \)		
b Permanent endowment ► 100.00 %		
c Temporarily restricted endowment ►%		
The percentages in lines 2a, 2b, and 2c should equal 100%.		
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	<u></u>	T
by:	Yes	
(i) unrelated organizations	ļ	X
(ii) related organizations . 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		丄
4 Describe in Part XIV the intended uses of the organization's endowment funds.		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.		
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Boo depreciation	k valu	ue
1a Land		
b Buildings	1748	
c Leasehold improvements 1,223,706. 122,371. 1,10	1,3	335
	1,4	465
e Other		0.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	2.8	
Schedule D (Form		

PUBL	IC	INT	ERE	ST
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Part VII Investments - Other Securities.	See Form 990, Part X, Iir	ne 12.		z z z z z z z z z z z z z z z z z z z
(a) Description of security or category (including name of security)	(b) Book value	(c) N	Method of valuation: end-of-year market val	lue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				-
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.	See Form 990, Part X, I			
(a) Description of investment type	(b) Book value		Method of valuation: end-of-year market va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, I	ine 15. (a) Description			(b) Book value
(1)				
(2)		- · · ·		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				 .
Total. (Column (b) must equal Form 990, Part X, col (B)		·	<u> </u>	
Part X Other Liabilities. See Form 990, Part	X, line 25.	(b) Destruction		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		1 221 172		
(2) DEFERRED RENT	T T A D T T T T T T T T T T T T T T T T	1,331,172.		
(3) CHARITABLE GIFT ANNUITY	LIABILITY	121,896.		
(4) SUBLEASE DEPOSIT		23,267.		
(5)				
(6)				
(8)				
(9)				
(10)				
(11)		1 476 225		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. 1. FIN 48 (ASC 740)	line 25.)	1,4/6,335.	s liability for uncertain tay or	ositions under
2. FIN 48 (ASC 740)	o.gamtason o maiolai	and reports are organization		

	dule,D (Form 990) 2011 PUBLIC INTEREST					/1228/9	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	ed Finar	ncial Sta	<u>temen</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		15,519,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		16,878,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-1,358	<u>,923.</u>
4	Net unrealized gains (losses) on investments			4		189,	,703.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments		• •	7			
8	Other (Describe in Part XIV.)	••	•	8		-11	,484.
9	Total adjustments (net). Add lines 4 through 8	••		9			,219.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	۵		10		-1,180	
	t XII Reconciliation of Revenue per Audited Financial Statemen		th Reve		Retur		7 7 0 1 0
1	Total revenue, gains, and other support per audited financial statements	11.5		nuc per	1	15,709	561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				ļ !	13,700	7501.
		اما	1 9	89,703	,		
a	Net unrealized gains on investments	2a	1,	07,103	<u>'-</u>		
D	Donated services and use of facilities	2b		-	\dashv		
C .	Recoveries of prior year grants	2c			_		
đ	Other (Describe in Part XIV.)	_2d				100	700
е	Add lines 2a through 2d .			•	2e		<u>,703.</u>
3	Subtract line 2e from line 1				3	15,519	<u>,858.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIV.)	4b			_		
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	15,519	,858.
Pa	† XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	/ith Exp	enses pe	er Retu		
1	Total expenses and losses per audited financial statements				1	16,878	,781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b			7		
c	Other losses	2c			_		
d	Other (Describe in Part XIV.)	2d	-				
e	Add lines 2a through 2d						0.
3	Subtract line 2e from line 1				3	16,878	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					10,0,0	,,,,,,
=		ا مه ا					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			\dashv		
b	Other (Describe in Part XIV.)	40			\dashv .		0
	Add lines 4a and 4b		•		4c	16 070	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		· · ·		5	16,878	, / 01 •
	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
PAI	RT X, LINE 2: CSPI HAS ADOPTED FINANCIAL AC	COU	NTING	STAND	DARDS	BOARD	
IN	TERPRETATION NO. 48, ACCOUNTING FOR UNCERTA	TNI	Y IN	INCOME	TAX	ES, (FI	<u>N</u>
48	, AS PERMITTED BY FASB STAFF POSITION (FSP	') F	IN 48	-3, WH	HICH	IS CODI	FIED
AS	FASB ASC 740. FASB ASC 740 REQUIRES CHANG	ES	IN RE	COGNIT	NOI	AND	
				-			
ME	ASUREMENT FOR UNCERTAIN TAX POSITIONS. CSP	I H	AS AN	ALYZEI	ITS	TAX	
							_
POS	SITIONS, AND HAS CONCLUDED THAT NO LIABILIT	v s	п.тион	BE RE	CORD	ED RELA	ΨED
	TITLE, THE MID CONCLUDED THAT HO DIRECTION		10010	ביו ווו		LULIA.	<u> </u>
ΨО	ANY UNCERTAIN TAX POSITIONS. CSPI IS NOT	<u>Λ</u> τ.7 Λ .	DE OF	יי עואַע	ካልሄ ተ	OSTUTON	S
10	ANT UNCERTAIN TAA PUBITIONS. CSPI 15 NUT	AWA	KE OF	MNI]	AA P	00111010	<u>. </u>
WE .	רט זה ספודפטפט שדוו פטאאפט אאהפטדאויע דאי ה	י יוונו	ייים א	miater ter	. MON	imuc T	E ^r
WH.	CH IT BELIEVES WILL CHANGE MATERIALLY IN T	пĽ.	NEXT	TMETAF			
13205					Sche	dule D (Form 9	990) 2011
13205-	12						

CENTER FOR SCIENCE IN THE

Part XIV Supplemental Information (continued) THIS POSITION CHANGES, CSPI WILL ASSESS THE IMPACT OF ANY SUCH MATTERS ON ITS FINANCIAL POSITION AND RESULTS OF OPERATIONS. PART XI, LINE 8 - OTHER ADJUSTMENTS:	Schedule D (Form 990) 2011 PUBLIC INTEREST	23.	-7122879	Page 5
THIS POSITION CHANGES, CSPI WILL ASSESS THE IMPACT OF ANY SUCH MATTERS ON ITS FINANCIAL POSITION AND RESULTS OF OPERATIONS. PART XI, LINE 8 - OTHER ADJUSTMENTS:	Part XIV Supplemental Information (continued)			
PART XI, LINE 8 - OTHER ADJUSTMENTS:		SUCH	MATTERS	ON
	ITS FINANCIAL POSITION AND RESULTS OF OPERATIONS.			
			· · · · · · · · · · · · · · · · · · ·	
FOREIGN CURRENCY TRANSLATION ADJUSTMENT -11,484	PART XI, LINE 8 - OTHER ADJUSTMENTS:			
	FOREIGN CURRENCY TRANSLATION ADJUSTMENT		-11	,484.
			<u>-</u>	-
				
			<u> </u>	
Schedule D (Form 990) 201			odulo D /F (200/ 0044

SCHEDULĖ F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes'

OMB No 1545-0047
0044
71111
LVII
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CENTER FOR SCIENCE IN THE

PUBLIC INTEREST

Employer identification number

23-7122879

	to Form 990, Par	t IV, line 14b.				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
				the selection criteria used to award the		Yes No
		•				
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance ou	tside the
	United States.		J ,	•		
3	Activities per Region. (Ti	he following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	(a) Hogion	offices	employees,	(by type) (e.g., fundraising, program	is a program service,	expenditures
		in the region	agents, and independent	services, investments, grants to	describe specific type	for and
			contractors in region	recipients located in the region)	of service(s) in region	investments in region
			III region			
NOR!	TH AMERICA					
	NADA)	١,	o	NATIONAL LEGAL AFFAIRS		132,801.
(CA	MADA)		•	WATTOWAL BEGAL AFFAIRS		132,001.
MOP	TH AMERICA					
		١.		DUDY TO ADVIOLATION		207 250
(CA	NADA)	1	0	PUBLIC EDUCATION		297,959.
			1			
	TH AMERICA	_		NUTRITION ACTION		
(CA	NADA)	1	0	HEALTHLETTER		812,487.
		İ				
	TH AMERICA					ł
(CA	NADA)	1	0	FUNDRAISING		149,525.
						1
NOR	TH AMERICA]		
(CA	NADA)	1	0	GST/ HST TAXES	<u> </u>	148,589.
				İ		
				ļ		
						1
			İ			
			1			
3 a	Sub-total	5	0			1,541,361.
b	Total from continuation					
-	sheets to Part I	0				0.
c	Totals (add lines 3a				······································	
•	and 3b)	5	, ,			1,541,361.
LHA	For Paperwork Reduct	tion Act Notice.		tions for Form 990.	Schedule F	(Form 990) 2011
						

132071 01-23-12

CENTER FOR SCIENCE IN PUBLIC INTEREST

Schedule F (Form 990) 2011

(i) Method of valuation (book, FMV; appraisal, other) Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by of cash grant cash disbursement (f) Manner of (e) Amount recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant Part II can be duplicated if additional space is needed. (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization N က

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

part ## Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2011 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

56

Schedule F (Form 990) 2011

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

OMB No 1545-0047

pen to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

CENTER FOR SCIENCE IN THE

PUBLIC INTEREST

Employer identification number 23-7122879

Schedule J (Form 990) 2011

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			}
а	Receive a severance payment or change-of-control payment?	4a	Ì	X
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	'		ľ
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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

23-7122879

PUBLIC INTEREST

Part If Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	netirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	compensation reported as deferred in prior Form 990
	€	225,041.	0	0	21,744.	10,196.	256,981.	0
1 MICHAEL JACOBSON	€	0	0	0	0	0	0	0
	ε	189,566.	0	0	18,874.	5,441.	213,881.	0
2 RONALD D. BASS	· E	0	0.	0	0.	0		0
	(3)	184,568.	0	0.	16,024.	5,306.	205,898.	0
3 STEPHEN SCHMIDT	₿	- 1	- 1	0	1	0		0
	€	148,194.	5,000.	0	15,245.	763.	169,202.	0
4 CAROLINE SMITH DEWAAL	₿	- 1	0.	0			- 1	0
	(i)	171,531.	0.	0.	14,399.	2,030.	187,960.	0
5 BONNIE LIEBMAN	€	0	0	• 0	0		0.	0
	Θ	150,050.	0	• 0	14,565.	9,521.	174,136.	0.
6 MARGO WOOTAN	€	0	0	• 0	• 0	0.	- 1	0
	ε	142,754.	0	0	14,183.	7,481.	164,418.	0
7 STEPHEN GARDNER	Ξ	0	0	0	0	• 0		0.
	ε	130,395.	0	0	14,143.	10,189.	154,727.	0
8 KEN WALDMILLER	(ii)	0.	0.	0	• 0	0	0	0
	8							
6	€							
	€							
10	<u>(ii)</u>							
	Ξ							
11	₿							
	€							
12	Ξ							
	ε							
13	▣							
	Θ							
14	€							
	8							
15	▣							
	ε							
16	(1)							
				,			Schedul	Schedule J (Form 990) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

2011
Open To Public Inspection

Name of the organization

CENTER FOR SCIENCE IN THE

PUBLIC INTEREST

Employer identification number 23-7122879

Schedule L (Form 990 or 990-EZ) 2011

Part I	Excess Benefit T	ransacti	ons (section	on 501(c)(3) and section	501(c)(4) organization	s only).					
	Complete if the organ	ization ansv	vered "Yes"	on Form	990, Part IV, I	ine 25a or 25b, or Forr	n 990-E	Z, Part \	/, line 40	b.		
1	(a) Name of disq	ualified pers	son			(b) Description o	f transa	ction			(c) Corr	ected? No
												140
						-		-				
section	the amount of tax impos n 4958 the amount of tax, if any						year un	der	► \$ ► \$	-		
		•										
Part II	Loans to and/or											
Complete if the organization answered "Yes" on Form (a) Name of interested person and purpose the organization? (c) Organization?					990, Part IV, inal principal mount	(d) Balance due	(e)	ine 38 In ult?	(f) App	oroved ard or	(g) W	ritten ment?
•	. ,	To From		İ			Yes	No	Yes	No	Yes No	
WILLIA	M DUGAN, DE		Х	35,000		30,681.		X	Х		X	
				-						<u> </u>	ļ	
				1							<u> </u>	
	·											
					·							
									ļ			
					▶ \$	30,681.		L		<u> </u>	<u> </u>	<u> </u>
Total Part III	Grants or Assist	ance Bei	nefitina l	nterest					<u>.t</u>		<u>.t</u>	
	Complete if the organ		-									
(a) Name of interested p	erson	(b) Relat	ationship between interested person and the organization (c) Amount a assist.								
_												
								-				
										.,		
												
				 -								

SEE PART V FOR CONTINUATIONS

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

CENTER FOR SCIENCE IN THE Schedule L (Form 990 or 990-EZ) 2011 PUBLIC INTEREST 23-7122879 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? No Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF INTERESTED PERSON: WILLIAM DUGAN, DEPUTY DIRECTOR (DIR. OF ON-LINE PUBLISHING AT 6/30/12) (A) PURPOSE OF LOAN: SALARY ADVANCE

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

2011
Open to Public Inspection

Name of the organization

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Employer identification number 23-7122879

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENVIRONMENT, AND OTHER ISSUES; TO REPRESENT CITIZENS' INTERESTS BEFORE
LEGISLATIVE, REGULATORY, AND JUDICIAL BODIES ON NUTRITION, FOOD SAFETY,
ALCOHOL, HEALTH, THE ENVIRONMENT, AND OTHER ISSUES; AND TO ENSURE THAT
ADVANCES IN SCIENCE ARE USED FOR THE PUBLIC'S GOOD AND TO ENCOURAGE
SCIENTISTS TO ENGAGE IN PUBLIC INTEREST ACTIVITIES. CSPI BEGAN
OPERATIONS IN CANADA DURING THE FISCAL YEAR ENDED JUNE 30, 1996.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
GOVERNING FOOD SAFETY, PARTICULARLY FOR MEAT, POULTRY, SEAFOOD AND
PRODUCE;
- PROMOTE INCREASED PROTECTION FROM "FOOD BIOTERRORISM" - THE
INTENTIONAL CONTAMINATION OF THE U.S. AND CANADIAN FOOD SUPPLY BY
TERRORISTS - THROUGH INCREASED APPROPRIATIONS FOR INSPECTIONS OF
IMPORTED AND DOMESTIC FOODS AND FOOD MANUFACTURING FACILITIES AND
THROUGH THE ESTABLISHMENT OF A SINGLE NATIONAL FOOD-SAFETY AGENCY IN
THE U.S.;
- IMPROVE THE DIET OF AMERICAN CHILDREN BY PROMOTING MORE NUTRITIOUS
SCHOOL FOOD THROUGH PUBLICATIONS, SEMINARS, AND PUBLIC POLICY EFFORTS,
AND ENCOURAGE FOOD PRODUCERS TO IMPROVE THE NUTRIENT CONTENT OF THE
PRODUCTS SOLD IN SCHOOLS;
- IDENTIFY AND PUBLICIZE LINKS BETWEEN INDUSTRY AND SCIENCE IN MATTERS
RELATED TO HEALTH, FOOD, AND ENVIRONMENTAL RESEARCH; EXAMINE HOW THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

THREATENING) LITIGATION UNDER STATE LAWS THAT BAR UNFAIR OR DECEPTIVE MARKETING PRACTICES, AND FILING LAWSUITS TO IMPROVE FOOD POLICIES.

- CONDUCT AN ANNUAL, NATIONWIDE FOOD DAY TO PROMOTE DELICIOUS, HEALTHY AND AFFORDABLE FOOD THAT IS PRODUCED IN A SUSTAINABLE HUMANE WAY.

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BOARD HAS AUTHORIZED THE TREASURER AND SECRETARY OF THE BOARD TO REVIEW AND APPROVE THE FORM 990 Schedule O (Form 990 or 990-EZ) (2011) Schedule, O (Form 990 or 990-EZ) (2011) Name of the organization CENTER FOR SCIENCE IN THE **Employer identification number** PUBLIC INTEREST 23-7122879 PRIOR TO ITS SUBMISSION, AND THEN TO PRESENT THE FORM 990 TO THE FULL BOARD FOR ITS APPROVAL AT ITS NEXT REGULARLY SCHEDULED MEETING. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER SHALL ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY CONFLICT OF INTEREST SITUATIONS TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS REVIEWS AND APPROVES KEY EMPLOYEES' COMPENSATION. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AR, CA, CT, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OR, PA, SC, TN, VA, WA WI, RI, UT, GA, WV, DC, IN, AK, ND, AZ, AL FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES COPIES OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, MISSION STATEMENT, AUDITED FINANCIAL STATEMENTS, FORM 990 AND THE ORIGINAL APPLICATION FOR EXEMPTION AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE. THE DOCUMENTS ARE ALSO AVAILABLE BY MAIL UPON REQUEST OR FOR INSPECTION AT THE ORGANIZATION'S OFFICES. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 189,703. FOREIGN CURRENCY TRANSLATION ADJUSTMENT -11,484.TOTAL TO FORM 990, PART XI, LINE 5 178,219. FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT/FINANCIAL COMMITTEE THAT ANNUALLY REVIEWS

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization CENTER FOR SCIENCE IN THE PUBLIC INTEREST	Employer identification number 23–7122879
AND APPROVES THE FINANCIAL STATEMENTS. THIS PROCESS HAS N	NOT CHANGED
FROM THE PRIOR YEAR.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

2011 Open to Public: Inspection

OMB No 1545-0047

Employer identification number 23-7122879

FOR SCIENCE IN THE PUBLIC INTEREST CENTER Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(g) Section 512(b)(13) ŝ × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section Ð FOOD SAFETY & FOOD POLICY DISTRICT OF COLUMBIA Legal domicile (state or foreign country) INTEREST IN NUTRITION, Primary activity REPRESENTS CONSUMER ORGANIZATIONS, 1220 L STREET, NW, SUITE 300 INTERNATIONAL ASSOCIATION OF CONSUMER FOOD Name, address, and EIN of related organization 20002 WASHINGTON, DC

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

CENTER FOR SCIENCE IN THE

Schedule R (Form 990) 2011 PUBLIC INTEREST

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

23-7122879

General or Percentage managing ownership: partner? Percentage Schedule R (Form 990) 2011 ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 6 Share of end-of-year assets Code V-UBI amount in box 720 of Schedule -K-1 (Form 1065) \in Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets <u>e</u> 6 Direct controlling entity Share of total income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত্ <u>e</u> 37 Primary activity (d)
| Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Schedule R (Form 990) 2011 PUBLIC INTERES

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part

Page 3

23-7122879

Schedule R (Form 990) 2011	Schedule		38	132163 01-23-12
				(9)
			1	(5)
				(4)
				(3)
				(2)
				(1)
	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
	ationships and transaction thresholds.	his line, including covered rel	no must complete	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
1q X				 Qther transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
10 X X				 Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses
t t			on(s)	 M Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) n Sharing of paid employees with related organization(s)
= # =			ınızatıon(s) nızatıon(s)	 Lease of facilities, equipment, or other assets from related organization(s) k Performance of services or membership or fundraising solicitations for related organization(s) I Performance of services or membership or fundraising solicitations by related organization(s)
				i Lease of facilities, equipment, or other assets to related organization(s)
				 9 Purchase of assets from related organization(s) h Exchange of assets with related organization(s)
14 X				f Sale of assets to related organization(s)
1e X				e Loans or loan guarantees by related organization(s)
1d X				
1b X				 Accelpt of (i) interest (ii) annuttles (iii) royaltles or (iv) rent from a controlled entity Giff. grant, or capital contribution to related organization(s)
-	Parts II-IV?	elated organizations listed in	s with one or more	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
Yes No				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

23-7122879

Page 4

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Schedule R (Form 990) 2011

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

8g <u>q</u>		l I	ļ				1
(k) Percenta ownersh							
General or managing partner?							
Gene Dard Pard Yes						 	
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? Ownership (Form 1065) Yes No							
(h) Disproportionality allocations?							
Dispi tio affoca							
(g) Share of end-of-year assets							
(f) Share of total Income							
(e) Are all Are all Solici(3) Orgs? Ves No							
9 part (4) Ye				!			
(d) Predominant income programme (related, unrelated, excluded from tax under section 512-514) y							
elle la							
(c) Legal domicile (state or foreign country)							
(b) Primary activity					:		
(b) imary a							
P.							
<u> </u>		 					
(a) Name, address, and EIN of entity							
ŀ	1 1 1 L				1 1 1 1	 1 1 1 1	:

39

132165 01-23-12

Schedule R (Form 990) 2011

Depreciation and Amortization (Including Information on Listed Property)

990

separate instructions.

	revenue Service (95)			1	to your tax i			J Sequence NO 173
• •	shown on return			Busine	ss or activity to wi	nich this form related	S	Identifying number
CEN'	TER FOR SCIENCE IN	THE						
PUB	LIC INTEREST			FOR	м 990 р	AGE 10		23-7122879
Part	Election To Expense Certain Proper	y Under Section 17	79 Note: If yo	u have any lis	ted property,	complete Part	V before y	ou complete Part I.
1 Ma	eximum amount (see instructions)						1	500,000.
2 To	tal cost of section 179 property place	d in service (see	instructions)		-	. 2	
3 Th	reshold cost of section 179 property	before reduction	ın limitation				3	2,000,000.
4 Re	duction in limitation. Subtract line 3 fi	rom line 2. If zero	or less, ente	er -0-			4	 :
5 Dol	lar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If marned fil	ing separately, see	instructions		5	
6	(a) Description of pro			(b) Cost (busine		(c) Elected	cost	
		*						
7 1 1	sted property. Enter the amount from	line 20			7			
	tal elected cost of section 179 prope		un column /	 a) lines 6 and	-لـــــا		8	
	· ·	•	s in column (c), lines 6 and	,		9	
	ntative deduction. Enter the smaller		040 5 45					
	arryover of disallowed deduction from						10	_
	isiness income limitation. Enter the sr		•		•	•	11	
	ection 179 expense deduction. Add lin						12	
	arryover of disallowed deduction to 20				▶ 13			
	Do not use Part II or Part III below for							
Parl								1
14 Sp	pecial depreciation allowance for qual	ified property (oth	ner than liste	d property) pl	aced in servic	e during		
th	e tax year						14	
15 Pr	operty subject to section 168(f)(1) ele	ction					15	
	her depreciation (including ACRS)						16	211,777.
Parl	MACRS Depreciation (Do no	t include listed pr)			
			S	ection A				-
17 M.	ACRS deductions for assets placed in	n service in tax ye	ears beginnii	ng before 201	1	<u></u>	17	
18 If y	ou are electing to group any assets placed in serv	ice during the tax year	into one or more	general asset acc	ounts, check here]]	Attack to the second of the se
	Section B - Assets	Placed in Servic	e During 20	11 Tax Year l	Jsing the Ge	neral Deprecia	tion Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
	5-year property]	_					
c	7-year property							
d	10-year property	1						
e	15-year property	1						
f	20-year property	1						
	25-year property	1		-	25 yrs.		S/L	
g	20 year property	/		-	27.5 yrs.	ММ	S/L	_
h	Residential rental property	/			27.5 yrs.	MM	S/L	_
	.		 				 	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
	Section C Assets D	/	During 204	1 Tay Vans II	ning the Alter	MM_	S/L	
	Section C - Assets P	iaceu in Service	: During 201	i lax tear U	sing the Altei	native Deprec		stem
20a	Class life	-			46	_	S/L	
b	12-year	-	1		12 yrs.	<u> </u>	S/L	
C	40-year	1 /			40 yrs.	MM	S/L	

Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

23

Form 4562 (2011)

211,777.

21

22

	^ *		TER FOR			IN '	THE						_	`		
	m 4562 (2011)		LIC INT											879 _I		
Pa	Listed Propert amusement.)	t y (Include at	utomobiles, ce	rtain oth	er vehic	les, cert	ain com	puters	s, and prop	perty use	ed for en	tertaınm	ent, rec	reation, c	or	
	Note: For any v	vehicle for wi Section A, all	hich you are us of Section B,	sing the and Sec	standard tion C if	d mileage applicat	e rate or ole.	dedu	cting lease	expens	e, comp	lete only	j 24a, 24	1b, colum	nns (a)	
	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution: S	ee the II	nstruc	tions for lii	nits for p	oasseng	er auton	nobiles)			
24a	Do you have evidence to s	upport the bu	sıness/investme	nt use cla	umed?	Ye	s 🗀	No	24b If "Y	es," is th	e evider	nce writt	en? 🗀	Yes [☐ No_	
	(a) Type of property (list vehicles first) (b) Date placed in service use percentage			(d) Cost or other basis			(e) Basis for depreciation (business/investment use only)						(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special depreciation alloused more than 50% in			property	placed	ın servic	e during	the ta	ax year an	d	25				,,,,,	
 26	Property used more that			966 H69.		-				-		L			***************************************	
	rioporty adda more tha	11 00 70 111 0 0		6 J					1			[
			· · · · · · · · · · · · · · · · · · ·	6		-	-				-					
			1	%		_										
7	Property used 50% or le	see in a quali	·						L							
	Froperty used 50 % of R	355 III a quali				- 1			·	0.0						
		 		%						S/L·						
		 :		6						S/L·						
	<u> </u>		<u> </u>	<u>% </u>						S/L·						
	Add amounts in column	• •	•				page 1				28	l	Т			
29	Add amounts in column	(I), line 26. E							• •				29	l		
_				ection I												
	nplete this section for ve												41		_	
	ou provided vehicles to y se vehicles.	rour employe	es, ilist answi	er trie qu	iestions	III Secu)II C 10 :	see II y	you meet a	ın excep	otion to c	completi	ng this s	section ic	or	
				1						r		ı		r		
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43 43 Amortization of costs that began before your 2011 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Form **4562** (2011)