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232001 12-10-12

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public Inspection

		the Treasury nue Service  The organization may have to use a copy of this return to satisfy state	e reporting requirements	Open to Public Inspection
			JUN 30, 2013	
<b>B</b> c	heck if	C Name of organization	D Employer identificat	ion number
а	pplicable	CENTER FOR SCIENCE IN THE		
	Addre	PUBLIC INTEREST		
	Name change	Doing Business As	23-712	2879
	initial return	Number and street (or P 0 box if mail is not delivered to street address)  Room/sui	1 .	
Ļ	Termir	1220 H BIRELI, NV	(202)7	77-8304
	Ameno	City, town, or post office, state, and ZIP code	G Gross receipts \$	20,451,906
	Applic tion pendir	WADIINGTON, DC 20005	H(a) Is this a group retur	
		F Name and address of principal officer: MICHAEL JACOBSON	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates include	
		empt status: X 501(c)(3) 501(c)( ) ( (Insert no.) 4947(a)(1) or 50 500 50000000000000000000000000000	27 If "No," attach a list	
			H(c) Group exemption n ar of formation 1971 M S	
	orm or	Summary	ar of formation [19/1] M S	ate of legal domicile. D
		Briefly describe the organization's mission or most significant activities: CSPI CONE	NICTS RESEARCH	
Activities & Governance	'	EDUCATION, AND ADVOCACY ON NUTRITION, FOOD SA	FETY AND HEALT	H ISSUES.
nar	1	Check this box If the organization discontinued its operations or disposed of mo		
ver		Number of voting members of the governing body (Part VI, line 1a)		1
ၓိ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
ళ	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	9
įţį	1	Total number of volunteers (estimate if necessary)	6	1
Ęį	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
ď	1	Net unrelated business taxable income from Form 990-T, line 34		0
	<del>                                     </del>	RECEIVED	Prior Year	Current Year
m	8	Contributions and grants (Part VIII, line 1h)	014,853,742.	18,260,326
Ž	١ ـ		92,946.	147,142
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d	92,946. 6 192,140.	184,374
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	381,030.	804,214
Res	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (a) Line 121	15,519,858.	19,396,056
·		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	0.	0
) )	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,744,962.	6,015,624
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0
хbе	ь	Total fundraising expenses (Part IX, column (D), line 25)  2,617,349.		
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,133,819.	13,566,936
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,878,781.	19,582,560
		Revenue less expenses Subtract line 18 from line 12	-1,358,923.	-186,504
Net Assets or Fund Balances			Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)	12,836,848.	12,966,690
Id As	21	Total liabilities (Part X, line 26)	2,596,497.	2,697,530
		Net assets or fund balances. Subtract line 21 from line 20	10,240,351.	10,269,160
		Signature Block		
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and state		nowledge and belief, it is
true	, correc	t, and complete Declaration of preparer (other than officer) is based on all information of which prepared to the complete Declaration of the complete Declaration o	rer nas any knowledge	12
		Signature of officer	Date	13
Sig		11	Duto	
Hei	re	MICHAEL JACOBSON, EXEC. DIRECTOR  Type or print name and title	2.	
			Date, , Check	PTIN
Davi		Print/Type preparer's name  CHARLES R. DEPPE  Preparer's signature  CLULK Dense.		P01300682
Pan		WARRIED OF BOARD		4-1487262
	parer Only	Firm's address 11320 RANDOM HILLS ROAD, SUITE 600	FIIIII S CIIV	1 1401202
OSE	Unity	FAIRFAX, VA 22030	Phone no 703	3-218-3600
NA	u tha II	RS discuss this return with the preparer shown above? (see instructions)	Tritolie ito 703	X Yes No
	y tne 11 101 12-1			Form <b>990</b> (201
2320	AUI 12-1	v-16 English apertroin reduction metrodee, see the separate histractions.		. JIII JJU (201

Pai	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
	the prior 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 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 \$ 4,423,147 • including grants of \$ ) (Revenue \$
	PUBLIC EDUCATION - INCLUDES THE DISTRIBUTION OF HEALTH AND NUTRITION
	ORIENTED MATERIALS, SUCH AS BOOKS, BROCHURES, LETTERS, ARTICLES, AND
	PAMPHLETS TO THE PUBLIC; SPONSORSHIP OF CONFERENCES AND WEBSITES.
	PAMPRILETS TO THE PUBLIC, SPONSORSHIP OF CONFERENCES AND WEBSITES.
4b	(Code ) (Expenses \$ 7,469,051. including grants of \$ ) (Revenue \$ 26,682.
	NUTRITION ACTION HEALTHLETTER - CONSISTS OF EDITING AND PUBLISHING TEN
	ISSUES PER YEAR OF NUTRITION ACTION HEALTHLETTER, A PERIODICAL FOR
	MEMBERS AND SUBSCRIBERS CONTAINING CURRENT INFORMATION ON NUTRITION,
	FOOD SAFETY, AND RELATED HEALTH ISSUES.
	1000 OH BITY THE REBITED MEMBER 1000BV
4c	(Code) (Expenses \$ 4,569,752 • including grants of \$) (Revenue \$ 120,460 •
	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;
	- 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.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
_4e	Total program service expenses ► 16,461,950.
0000	Form <b>990</b> (2012
23200 12-10	SEE SCHEDULE O FOR CONTINUATION(S)
	2

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١,,
	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	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5	<del>                                     </del>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1	Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<del> </del>	_
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9	1	Х
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	X	-
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	İ		•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			1,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	V	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		X	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		-
120	Schedule D, Parts XI and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	Х	
b	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			İ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ļ	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
4.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	<b> </b> -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			x
00-	complete Schedule G, Part III	19	<del> </del>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	<del> </del>	├ <u>^</u>
0	II TES TO TIME ZOA, UIU THE OFGANIZATION ATTACH A COPY OF ITS AUDITED THIRTICIAL STATEMENTS TO THIS TECTION.		990	(2012)
		1 01111	550	(2012)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		-	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
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
b				
	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, highest 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	İ
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	}		
	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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	:	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			]
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ	İ	
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ. <u> </u>	1
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

Form 990 (2012) ·

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 2	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gamıng			ŧ
	(gambling) winnings to prize winners? .	1 B	1c	X	ļ
<b>2</b> a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		_		
	filed for the calendar year ending with or within the year covered by this return	2a 9	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	• •	١.	X	
	financial account in a foreign country (such as a bank account, securities account, or other financial at the foreign country (such as a bank account, securities account, or other financial at the foreign country).	account)7 .	4a	^	
Ь	If "Yes," enter the name of the foreign country: ► CANADA	A			
E.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Accounts.	5a		х
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	action?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	iction :	5c		- 22
с 6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	30	<del> </del> -	
Ou.	any contributions that were not tax deductible as charitable contributions?	re organization solicit	6a	Х	
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or aifts	"		
_	were not tax deductible?		6ь	Х	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor	7 7a	X	[
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	• • •			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	1	_
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a	<b></b>	
10	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	-	
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	┪		
11	Section 501(c)(12) organizations. Enter:	L.:			
а	Gross income from members or shareholders	11a			•
b	Gross income from other sources (Do not net amounts due or paid to other sources against	-	7		
	amounts due or received from them)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b	000	<u>L.                                    </u>
			Forn	1 <b>990</b>	(2012)

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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 O. See instructions.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI		_	X
Sec	tion A. Governing Body and Management		V	N-
_	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
18	Eliter the number of vetting members of the governing does, at the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	:		
	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			
_	Enter the number of voting members included in line 1a, above, who are independent  1b			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_	
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization of assets.	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			_==
70	more members of the governing body?	7a		Х
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	7		-
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8ь	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			_
Ū	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			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 chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, CT, HI, IL, KS, KY, ME, MD			, MN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Cher (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ıcıal	
	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 records of the organiza	tion: 🕨	<b>-</b>	
	BOOKKEEPER - 202-777-8304 1220 L STREET, NW SUITE 300, WASHINGTON, DC 20005	-		
23200	GER COMPRISE O POR FILL LICE OF CHAMPS		000	10010
12-10-	5EE SCHEDULE O FOR FULL LIST OF STATES 6.	Form	990	(2012)

### Form 990 (2012)

PUBLIC INTEREST

### 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 (Ď), (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.

(A)	(B)			(C	<b>)</b>			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week		, unle cer an					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or director				ated		organization	(W-2/1099-MISC)	from the
	related	緊	trustee		**	Suadi		(W-2/1099-MISC)		organization
	organizations below	T lan	tonal		old S	25 25	_			and related organizations
	line)	Individual	Institutional	Officer	Key employee	Highest compensated employee	Forme			Organizations
(1) TOM GEGAX	4.00									
PRESIDENT		X		X				0.	0.	0.
(2) MICHAEL JACOBSON	50.00									
EXECUTIVE DIRECTOR/SECR		X		X			L	241,795.	0.	27,653.
(3) DENISE M. ELLIOTT	2.00	]								
DIRECTOR		X						0.	0.	0.
(4) MARK INGRAM	4.00	]	-							
TREASURER		X		X				0.	0.	0.
(5) SUSHMA PALMER	2.00									
DIRECTOR	<u> </u>	X						0.	0.	0.
(6) JAMES SULLIVAN	2.00								_	_
DIRECTOR		X				<u> </u>		0.	0.	0.
(7) SHEILA RABB WEIDENFELD	2.00									
DIRECTOR		X	ļ				<u> </u>	0.	0.	0.
(8) DAVID KESSLER	2.00	ļ.,					ŀ			
DIRECTOR		X	<u> </u>	L_:	<u></u>		<u></u>	0.	0.	0.
(9) ROBIN CAIOLA SHEEKEY	2.00		ł							
DIRECTOR	<del> </del>	X		_				0.	0.	0.
(10) DEBORAH SZEKELY	2.00	۱	•							
DIRECTOR	1 0 00	X		_	<u> </u>		ļ	0.	0.	0.
(11) PENN STAPLES	2.00				ŀ					
DIRECTOR	<del> </del>	X	ļ	_	<u> </u>	-	_	0.	0.	0.
(12) RUDY RUIZ	2.00	١								
DIRECTOR	40.00	X			<u> </u>	_	_	0.	0.	0.
(13) RONALD D. BASS	40.00	-			١,,			104 262		10 740
DEPUTY EXECUTIVE DIRECTOR	40.00	├			Х	_	<u> </u>	194,363.	0.	18,740.
(14) STEPHEN SCHMIDT	40.00	i	ĺ		١.,			177 014		17 057
EDITOR, HEALTHLETTER	40.00	-	├		X		<u> </u>	177,214.	0.	17,857.
(15) CAROLINE SMITH DEWAAL	40.00	-	1			,,		155 046		12 221
FOOD SAFETY DIRECTOR	40 00	-	<del> </del>			X		155,946.	0.	13,221.
(16) BONNIE LIEBMAN	40.00	-			1	v		167 062	^	12 041
DIRECTOR OF NUTRITION	40.00		$\vdash$			X		167,062.	0.	12,941.
(17) MARGO WOOTAN	40.00	┨	-			v		156 762	0.	21 706
NUTRITION POLICY DIRECTOR 232007 12-10-12	<u> </u>	<u> </u>	1	L	L_	Х	l	156,763.	<u> </u>	21,706. Form <b>990</b> (2012)

232007 12-10-12

Form 990 (2012) . PUBLIC II		101	_	. 14					23-7122	970 p
		<del></del>								879 Page 8
Part VII Section A. Officers, Directors, Trus		ρίου	ees		<u>а ні</u> С)	ghe	st Co			
(A) Name and title	Average hours per week	Average Po (do not check box, unless i				than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) STEPHEN GARDNER	40.00								_	
LITIGATION DIRECTOR		Ш				X		161,454.	0.	19,585.
(19) WILLIAM DUGAN DEPUTY DIRECTOR	40.00					Х		148,687.	0.	5,704.
1b Sub-total						<b>&gt;</b>		1,403,284.	0.	137,407.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,403,284.	0.	137,407.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

X 4 Х

**Section B. Independent Contractors** 

d Total (add lines 1b and 1c)

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
RR DONNELLEY	NEWSLETTER PRINTING	
, LONG PRAIRIE, MN	& PRODUCTION	698,586.
SISK MAILING SERVICES	DIRECT MAIL	
, STEVENSVILLE, MD	PRODUCTION	640,906.
RMI DIRECT MARKETING		
, DANBURY, CT	MAIL LIST BROKERAGE	451,860.
UNITED ENVELOPE		
, CLEVELAND, OH	PRINTER	408,291.
DIRECTMAIL.COM		
, PRINCE FREDERICK, MD	PRINTER	364,757.
2 Total number of independent contractors (including but not limited to those lis \$100,000 of compensation from the organization ▶ 10	sted above) who received more than	- 000

Form **990** (2012)

PUBLIC INTEREST

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 11,834,252. c Fundraising events 1c d Related organizations 1d Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 6,426,074 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 18,260,326 **Business Code** Program Service Revenue 900099 120,460 2 a HONORARIA 120,460 **b** PUBLICATION SALES 900099 26,682 26,682 f All other program service revenue 147,142 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 183,222 183,222. other similar amounts) Income from investment of tax-exempt bond proceeds 371,534. 371,534 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 1,057,002 assets other than inventory b Less: cost or other basis 1,055,850 and sales expenses c Gain or (loss) 1,152 1,152 1,152. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses ▶ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 432,680 432,680. 11 a OTHER INCOME d All other revenue 432,680. e Total. Add lines 11a-11d 19,396,056. 988,588. Total revenue. See instructions

232009 12-10-12

PUBLIC INTEREST

### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	se to any question in the (A) Total expenses	is Part IX (B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			<u> </u>	<del> </del>
4	Benefits paid to or for members		····		•••••••••••••••••••••••••••••••••••••••
5	Compensation of current officers, directors,	786,569.	713,072.	19,006.	54,491.
	trustees, and key employees	700,303.	713,072.	19,000.	34,431
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,358,443.	3,953,442.	104,414.	300,587.
8	Pension plan accruals and contributions (include	2,000,2200		201,0200	55075
•	section 401(k) and 403(b) employer contributions)	249,606.	224,976.	6,553.	18,077.
9	Other employee benefits	278,352.	250,885.	7,308.	18,077. 20,159.
10	Payroll taxes	342,654.	308,708.	9,229.	24,717.
11	Fees for services (non-employees):				
а	Management				
þ	Legal	17,551.	14,015.	3,055.	481.
c	Accounting	39,001.	27,578.	6,005.	5,418.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0)	100 600	100 500		
12	Advertising and promotion	102,638.	102,638.		162 205
13	Office expenses	323,380.	121,757.	38,238.	163,385.
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties	665,880.	464,833.	109,713.	91,334.
16	Occupancy	120,910.	107,076.	396.	13,438.
17	Travel	120,510.	107,070.	370.	13,430.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	84,068.	74,470.	198.	9,400.
20	Interest	02,000			- ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	212,376.	150,170.	32,699.	29,507.
23	Insurance	·		·	
24	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)				
а	POSTAGE AND MAILING	6,786,886.	5,734,246.	794.	1,051,846.
b	PRINTING & PUBLICATIONS	2,682,205.	2,167,429.	505.	514,271.
С	MAIL LIST COSTS	796,149.	547,138.		249,011.
d	OTHER EXPENSES	785,084.	588,426.	164,448.	32,210.
е	All other expenses	950,808.	911,091.	700.	39,017.
25	Total functional expenses Add lines 1 through 24e	19,582,560.	16,461,950.	503,261.	2,617,349.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	6 531 530	4 410 001	<u>,  </u>	0 110 545
	Check here X if following SOP 98-2 (ASC 958-720)	6,531,578.	4,419,031.	0.	2,112,547.

232010 12-10-12

Part X Ralance Sheet

Part X	<b>K</b>	Balance Sheet					
		Check if Schedule O contains a response to any	quest	on in this Part X			
					(A) Beginning of year		(B) End of year
1	t	Cash - non-interest-bearing				1	
2	2	Savings and temporary cash investments			1,683,510.	2	2,513,037.
3	3	Pledges and grants receivable, net .	704,500.	3	834,174.		
4	4	Accounts receivable, net		Ĺ	133,966.	4	152,796.
5	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ited en	nployees. Complete			
		Part II of Schedule L			30,681.	5	23,196.
6	6	Loans and other receivables from other disqualif	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
_		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets 4	7	Notes and loans receivable, net		Ĺ		7	
Ass 8	В	Inventories for sale or use		<u> </u>	576,773.	8	337,686.
9	9	Prepaid expenses and deferred charges			122,533.	9	119,999.
10	0a	Land, buildings, and equipment cost or other			,		
		basis. Complete Part VI of Schedule D	10a	1,738,532.			
	þ	Less accumulated depreciation	10b	685,547.	1,262,800.	10c	1,052,985. 7,873,331.
11	1	Investments - publicly traded securities			8,262,599.	11	7,873,331.
12	2	Investments - other securities. See Part IV, line 1	1 .			12	
13	3	Investments - program-related. See Part IV, line	11			13	
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11	59,486.	15	59,486.		
16	6	Total assets. Add lines 1 through 15 (must equa	al line (	34)	12,836,848.	16	12,966,690.
17	7	Accounts payable and accrued expenses		  -	1,120,162.	17	1,242,236.
18	В	Grants payable	<u> </u>	<u></u>	18		
19	9	Deferred revenue		_		19	
20	0	Tax-exempt bond liabilities		20			
ဖ္မ 21	1	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
≝   22	2	Loans and other payables to current and former	office	rs, directors, trustees,			
Liabilities 52		key employees, highest compensated employee	es, and	disqualified persons.			
_		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
24	4	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	5	Other liabilities (including federal income tax, page	•				
		parties, and other liabilities not included on lines	17-24	). Complete Part X of	1 456 225		1 455 004
		Schedule D		<u> </u>	1,476,335.	25	1,455,294.
26	6	Total liabilities. Add lines 17 through 25		<u> </u>	2,596,497.	26	2,697,530.
		Organizations that follow SFAS 117 (ASC 958		k here ► X and			
Se		complete lines 27 through 29, and lines 33 an	d 34.		0 076 075	[	0 764 401
		Unrestricted net assets	-	9,076,875.		8,764,491.	
E 28		Temporarily restricted net assets	790,645.	28	1,130,838. 373,831.		
P 29	9	Permanently restricted net assets	00 0-	O) ahaalahaan 🏲 🦳	372,831.	29	3/3,031.
로		Organizations that do not follow SFAS 117 (A	SC 95	b), cneck nere			
S OI	_	and complete lines 30 through 34.					
30 Set		Capital stock or trust principal, or current funds			· · · <del></del> · · <del>-</del>	30	
¥ 31		Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in	come,	or other tunos	10,240,351.	32	10,269,160.
34		Total net assets or fund balances		-	12,836,848.		12,966,690.
34	4	Total liabilities and net assets/fund balances			12,030,040.	1 34	Form <b>990</b> (2012)

Form **990** (2012)

Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,			
3	Revenue less expenses. Subtract line 2 from line 1	3				04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,			
5	Net unrealized gains (losses) on investments	5		19	9,4	67.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1.	5,8	46.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	10,	26	9,1	60.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				,,,
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	, [			
	consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	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	). Г			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil		1			1
	Act and OMB Circular A-133?			3a		X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit [			
	or guidte, explain why in Schodule O and describe any stops taken to undergo such guidts			34		

Form **990** (2012)

### **SCHEDULE**:A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service CENTER FOR SCIENCE IN THE Name of the organization **Employer identification number** PUBLIC INTEREST 23-7122879 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

				ity ciciae ( iii diga				.,					
The o	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through <sup>-</sup>	11, check	only one b	юх)					
1	$\square$	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in <mark>se</mark>	ction 170	(b)(1)(A)(i)	).				
2		A school des	cribed in section 17	<b>70(b)(1)(A)(ii).</b> (Attach Sc	hedule E)								
3		A hospital or	a cooperative hosp	ital service organization o	described	ın section	170(b)(1)	(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	prtal desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	e,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	describ	ed in		
		section 170	(b)(1)(A)(iv). (Compl	lete Part II.)									
6		A federal, sta	ate, or local governm	nent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7	X	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	rıbed ır	า
			(b)(1)(A)(vi). (Comple							_			
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		•		ceives: (1) more than 33 1		•	rom contri	butions, n	nembershii	o fees. a	ind aross rea	celots f	rom
		-	-	nctions - subject to certa							_	•	
			•	taxable income (less sect	•	•	•				•		
			509(a)(2). (Complete	· ·		•			,			.,	
10				perated exclusively to te	st for publ	c safety. S	See <b>sectio</b>	n 509(a)(4	<b>\$</b> ).				
11		An organizati	on organized and o	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carn	out the	purposes o	of one c	or
		-	<del>-</del>	ations described in section		•			-				
			· · · · · ·	organization and comple		•	,	•	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		a Type I	· · · · · · · · · · · · · · · · · · ·	·	ype III · Fu	-		c	TVP	e III - No	n-functional	v intea	rated
е				at the organization is not		-	-						
		foundation m	nanagers and other	than one or more publicly	v supporte	d organiza	tions desi	cribed in s	ection 509	)(a)(1) or	section 509	(a)(2).	
f				tten determination from t						( ) ( ) ( )		(-7(-7)	
			rganization, check t			•	. , ,,	, ,,					
g			-	organization accepted ar	nv aift or co	ontribution	from anv	of the follo	owing pers	ons?			
•		_		directly controls, either al			-				1.	Yes	No
				supported organization?	<b>3</b>				(1)	.,	11g(i)		
		-		n described in (i) above?			-				11g(ii)		
		• •	•	a person described in (i) o		∍?					11g(iii)		
h			•	about the supported or									
			<b>J</b>	· ····································	<b>J</b>	<b>(-</b> )							
/i\	Nama	of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Amount	of mon	otanı
(1)		inization	(11) E114	(described on lines 1-9	in col (i) lis				organizatio	in in col	[ ' '	port	etary
	v.g.		ļ		governing	document?	(i) of you	r support?	US	?	000	,,,,,	
				(see instructions))	Yes	No	Yes	No	Yes	No			
											· · · · · · · · · · · · · · · · · · ·	,	_
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	<del>, , , , , , , , , , , , , , , , , , , </del>							"		·			
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Γota													
		anerwork Re	duction Act Notice	e, see the Instructions for	or				Schedule	e A (For	m 990 or 99	0-FZ	2012

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 PUBLIC INTEREST

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) 2008	<b>(b)</b> 2009_	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,672,296.	15,757,734.	17,218,832.	14,853,742.	18,260,326.	80,762,930.
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		İ				
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14,672,296.	15,757,734.	17,218,832.	14,853,742.	18,260,326.	80,762,930.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						80,762,930.
Se	ction B. Total Support				,		
Cale	indar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	14,672,296.	15,757,734.	17,218,832.	14,853,742.	18,260,326.	80,762,930.
8	Gross income from interest,						
	dividends, payments received on			!			
	securities loans, rents, royalties			l			
	and income from similar sources	853,649.	618,462.	486,895.	548,870.	544,756.	3,052,632.
9	Net income from unrelated business						
	activities, whether or not the					ŀ	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital				ļ	-	
	assets (Explain in Part IV.)	841,432.	96,224.	186,761.	87,045.	553,140.	1,764,602.
11	Total support. Add lines 7 through 10						85,580,164.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	81,038.
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>
Se	ction C. Computation of Publ	ic Support Pe	rcentage			, , , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2012 (	line 6, column (f) d	ivided by line 11, c	olumn (f))		14	94.37 %
15	Public support percentage from 2011	I Schedule A, Part	II, line 14			15	94.26 %
16a	a 33 1/3% support test - 2012. If the c	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization			•	<b>▶</b> X
t	33 1/3% support test - 2011. If the	~			l line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶
17a	a 10% -facts-and-circumstances tes	_					
	and if the organization meets the "fac					rt IV how the organ	zation
	meets the "facts-and-circumstances"						▶∟_
ŧ	o 10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						<b>▶</b> ∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	edule A (Form 990	or 990-F71 2012

# Schedule A (Form 990 or 990-EZ) 2012 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 fa	uls to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support	olovi, piodoo com	pioto i dit inj				
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		i i				
5 The value of services or facilities						,
furnished by a governmental unit to			:			
the organization without charge					!	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			:			
c Add lines 7a and 7b	·					
8 Public support (Subtract line 7c from line 6)						_
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		1,		,,		,,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business		-				
activities not included in line 10b,				1		
whether or not the business is regularly carried on			}			•
12 Other income Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)  13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thu	rd, fourth, or fifth to	ax year as a secti	on 501(c)(3) organiz	ation.
check this box and stop here			.,,	,		▶□
Section C. Computation of Publ	ic Support Pe	ercentage			•	
15 Public support percentage for 2012 (			column (f))		15	%
16 Public support percentage from 2011			```	•	16	%
Section D. Computation of Inve					1 - 1	
17 Investment income percentage for 20					17	%
18 Investment income percentage from			, (,,,		18	%
19a 33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a						▶ [ ]
b 33 1/3% support tests - 2011. if the	=	•		• • •		and
line 18 is not more than 33 1/3%, che	-					. —
20 Private foundation. If the organization		•	*		~	• <del>-</del>

### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part 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.

organization answered "Yes " to Form 990. Part IV. line 5 (Proxy Tax), or Form 990-F7. Part V. line 35c (Proxy Tax), then

	rganizations: Complete Part III. TER FOR SCIENCE II	N THE	En	ployer identification numbe
PUB	LIC INTEREST			23-7122879
Part I-A Complete if the	he organization is exempt	under section 501(c	) or is a section 527	organization.
1 Provide a description of the	organization's direct and indirect	political campaign activities	s in Part IV.	
2 Political expenditures			•	*\$
3 Volunteer hours				
Part I-B Complete if the	he organization is exempt	under section 501(c	:)(3).	
1 Enter the amount of any exc	cise tax incurred by the organization	on under section 4955	•	·\$
2 Enter the amount of any exc	cise tax incurred by organization m	nanagers under section 495	55	*\$
3 If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV			\	4(-)(0)
····	he organization is exempt		<u></u>	
•	spended by the filing organization	-		* \$
	g organization's funds contributed	to other organizations for	section 527	
exempt function activities				*\$
·	nditures. Add lines 1 and 2 Enter l	here and on Form 1120-PO	)L,	
line 17b				• <b>S</b>
			_	<u> </u>
	e Form 1120-POL for this year?	(514)) ( 11 ) 507		
5 Enter the names, addresses	s and employer identification numb		=	hich the filing organization
5 Enter the names, addresses made payments. For each c	s and employer identification numb organization listed, enter the amoui	nt paid from the filing organ	nization's funds. Also ente	hich the filing organization the amount of political
5 Enter the names, addresses made payments. For each contributions received that	s and employer identification numb organization listed, enter the amou were promptly and directly deliver	nt paid from the filing organed to a separate political or	nization's funds. Also ente rganization, such as a sep	the amount of political
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly delivere PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	nization's funds. Also ente rganization, such as a sep rt IV.	hich the filing organization the amount of political arate segregated fund or a
5 Enter the names, addresses made payments. For each contributions received that	s and employer identification numb organization listed, enter the amou were promptly and directly deliver	nt paid from the filing organed to a separate political or	nization's funds. Also ente rganization, such as a sep rt IV.  (d) Amount paid fror	hich the filing organization  the amount of political arate segregated fund or a  (e) Amount of political
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly delivere PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	nization's funds. Also ente rganization, such as a sep rt IV.	hich the filing organization  If the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly delivere PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	rization's funds. Also enterganization, such as a seport IV.  (d) Amount paid from filing organization's	hich the filing organization of the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly delivere PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	rization's funds. Also enterganization, such as a seport IV.  (d) Amount paid from filing organization's	hich the filing organization  If the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly delivere PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	rization's funds. Also enterganization, such as a seport IV.  (d) Amount paid from filing organization's	hich the filing organization rethe amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly delivere PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	rization's funds. Also enterganization, such as a seport IV.  (d) Amount paid from filing organization's	hich the filing organization rethe amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly deliver PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	rization's funds. Also enterganization, such as a seport IV.  (d) Amount paid from filing organization's	hich the filing organization rethe amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
5 Enter the names, addresses made payments. For each contributions received that political action committee (F	s and employer identification numb organization listed, enter the amout were promptly and directly deliver PAC). If additional space is needed	nt paid from the filing organ ed to a separate political or I, provide information in Pa	rization's funds. Also enterganization, such as a seport IV.  (d) Amount paid from filing organization's	hich the filing organization of the amount of political arate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.
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•	CENTE:	R FOR SCIENCE IN THE	•	•
Schedule C (Form 99)	or 990-EZ) 2012 PUBLI	C INTEREST	23-7	122879 Page 2
Part II-A Com	plete if the organization	on is exempt under section 501(c)(3) and	d filed Form 5768	
· · · · · · · · · · · · · · · · · · ·	tion under section 501	* - * *		
A Check ▶ ☐ I	f the filing organization belon	gs to an affiliated group (and list in Part IV each affili	ated group member's nam	e, address, EIN,
	expenses, and share of exces			
. —	•	ed box A and "limited control" provisions apply.		
	Limits on Lob	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying e	expenditures to influence pub	lic opinion (grass roots lobbying)	29,924.	
<b>b</b> Total lobbying e	expenditures to influence a le	gislative body (direct lobbying)	59,523.	
c Total lobbying e	expenditures (add lines 1a and	d 1b)	89,447.	_
d Other exempt p	urpose expenditures		16,875,764.	
	urpose expenditures (add line	s 1c and 1d)	16,965,211.	
		unt from the following table in both columns.	998,261.	
If the amount on	line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		, ,
Not over \$500,0	000	20% of the amount on line 1e.		
Over \$500,000	but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,00	o.	
Over \$1,000,00	0 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,0	00.	
Over \$1,500,00	0 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,00	0.	
Over \$17,000,0	•	\$1,000,000.		

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes

249,565

0.

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) Total		
2a Lobbying nontaxable amount	835,951.	898,889.	899,837.	998,261.	3,632,938.		
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,449,407.		
c Total lobbying expenditures	120,637.	159,310.	48,250.	89,447.	417,644.		
d Grassroots nontaxable amount	208,988.	224,722.	224,959.	249,565.	908,234.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,362,351.		
f Grassroots lobbying expenditures	35,000.	93,849.	13,983.	29,924.	172,756.		

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 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)).

Fore	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or			<del>n-</del> 1111 11	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			****	
c	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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				
2 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				-
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u>                                     </u>			
Pa	Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		L
1	answered "Yes."  Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
a	Current year .		2a		
t	Carryover from last year		2b		
•	Total		2c		· ·
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
_5_	Taxable amount of lobbying and political expenditures (see instructions)		5		
$\overline{}$	rt IV Supplemental Information				
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affilia	ated group	list); Part II	·A, line 2
and	Part II·B, line 1. Also, complete this part for any additional information.				
				<del></del>	
			-		

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ 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.

2012 Open to Public Inspection

Name of the organization

CENTER FOR SCIENCE IN THE

PUBLIC INTEREST

 $\begin{array}{c} \textbf{Employer identification number} \\ 23-7122879 \end{array}$ 

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(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	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		-
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	<del>-</del>	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(I)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		other Similar Assets.
	Complete if the organization answered "Yes" to Form	······································	
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X	•	<b>&gt;</b> \$

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Schedule D (Form 990) 2012

Schedule D	Form 990	2012	P	UBL]	[C]

$\overline{}$	t III Organizations Maintaining C		t Historical T	roasiiros c	r Oth	or Sin		ts/contin		aye Z
	Using the organization's acquisition, accessi		_							
3		on, and other record	s, check any or the	ionowing that	lateas	signinca	iii use oi iis	Collection	nem	5
а	(check all that apply):  Public exhibition	A	Loan or ex	change progra	.mc					
b	Scholarly research	e	Other	mange progra	แบร					
C	Preservation for future generations	e	Collei		_			<u></u>		
4	Provide a description of the organization's co	allections and explain	how they further	the organization	on'e ave	amot nu	roose in Par	+ ¥111		
5	During the year, did the organization solicit o	•	<del>-</del>	-			-	CAIII.		
3	to be sold to raise funds rather than to be ma				51 SIIIIIIC	u assett	` _	Yes		No
Par	t IV Escrow and Custodial Arran				'Vec" to	Form 9	ION Part IV		٠	140
<u> X CAI</u>	reported an amount on Form 990, Par		ite ii tile organizati	on answered	165 (0	, i Oilli s	130, 1 alt 14,	iii le 3, 01		
1a	Is the organization an agent, trustee, custodi	<del></del>	lary for contributio	ns or other as	sets no	t include	ed			
	on Form 990, Part X?	and other intermed	idiy ioi ooniiiootio	ins or other as	0010110			Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table				_	03		, 110
•	Tes, explain the arrangement in Fart Air	and complete the for	ioming table					Amount		
c	Beginning balance					10		701100110		
	Additions during the year		•			10		<del>-</del>		
•	Distributions during the year		•	•		10				<del></del>
f	Ending balance		-	•		11	î			
-	Did the organization include an amount on Fe	orm 990. Part X. line	21?				<del>-                                    </del>	Yes		No
	If "Yes," explain the arrangement in Part XIII.			n provided in F	Part XIII					j
Par		•								
نتت		(a) Current year	(b) Prior year	(c) Two year			ee years back	(e) Four	vears	back
1a	Beginning of year balance	372,831.	361,659	<del>                                     </del>	859.		360,159.			159.
	Contributions	7	11,172		800.		700			<u>-</u>
c	Net investment earnings, gains, and losses		· · · · · · · · · · · · · · · · · · ·							
ď	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses		-							
g	End of year balance	372,831.	372,831	. 361	L,659.		360,859.		360	159.
2	Provide the estimated percentage of the curr	· · · · · · · · · · · · · · · · · · ·		•				•		<del></del>
	Board designated or quasi-endowment	· · · · · · · · · · · · · · · · · · ·	%							
	Permanent endowment ► 100.00	%								
	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse		ation that are held	and administe	red for	the orga	anization			
	by.							Γ	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?		_			3ь		
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	<b>nent.</b> See Form 990	, Part X, line 10							
	Description of property	(a) Cost or of	ther (b) Cos	t or other	(c) A	Accumu	ated	(d) Book	valu	е е
		basis (investri	nent) basis	(other)	de	preciati	on			
1a	Land									
	Buildings									
С	Leasehold improvements			23,706.			322.			84.
d	Equipment		5.	14,826.		359,	225.	155	6,6	01.
	Other									0.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c))			<b>&gt;</b>	1,052	9,9	85.
	<del></del>						Cabadul	D /Farm	000	0040

		•	,
CENTER FOR S	SCIENCE IN TH	HE .	•
Schedule D (Form 990) 2012 PUBLIC INTER			-7122879 Page
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			<del></del>
(F)			
(G)			
(H)			·····
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	<del></del>		
(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, line 1			4.5
	Description		(b) Book value
(2)	<del></del>		
(3)			
	<del></del>		
(5)			
(6)	<del></del>		<del></del>
(8)	<del></del>		·
(9)			
(10)	45)		<del> </del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line			<u> </u>
Part X Other Liabilities. See Form 990, Part X, III	ne ∠5.		

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	1,267,992.
(3)	CHARITABLE GIFT ANNUITY LIABILITY	172,045.
(4)	SUBLEASE DEPOSIT	15,257.
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25 )	1,455,294.

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

	edule D (Form 990) 20		INTERES			Will D			/1220/9 Page 4
		tion of Revenue			tements	With Revenu	e per K	eturr	
1	<del>-</del>	, and other support per					- }	1	19,595,523.
2	Amounts included or	n line 1 but not on Forr	n 990, Part VIII, I	ine 12:	1				
а	Net unrealized gains	on investments			26	199	,467.		
b	Donated services an	d use of facilities			21	<u> </u>			
С	Recoveries of prior y	ear grants	-		20	;			
d	Other (Describe in Pa	art XIII.)	·		20	1			
е	Add lines 2a through	2d				_		2e	199,467.
3	Subtract line 2e from							3	19,396,056.
4	Amounts included or	n Form 990, Part VIII, li	ne 12, but not o	n line 1:					
а		s not included on Form			4				
ь	Other (Describe in Pa				41				
_	Add lines 4a and 4b				تنسا	- I		4c	0.
5		ines 3 and 4c. (This mu	1st egual Form 05	90 Part I line 12	1		-	5	19,396,056.
		ation of Expenses				With Expen	ses ner		
					dements	With Expens	Jes pei	1	19,582,560.
1	•	losses per audited fina					ŀ		13,302,300.
2		n line 1 but not on Forr	n 990, Part IX, III	ne ∠5:	م ا	. 1			
a	Donated services an				2				
ь	Prior year adjustmen	its			21				
С	Other losses				_20	<del></del>			
d	Other (Describe in Pa	•			_ 20	3			•
е	Add lines 2a through	1 2d					-	2e	10.500.560
3	Subtract line 2e from	1 line <b>1</b>						3	19,582,560.
4	Amounts included or	n Form 990, Part IX, lin	e 25, but not on	lıne <b>1</b> :		1			
а	Investment expense	s not included on Form	n 990, Part VIII, li	ne 7b	4:	9			
b	Other (Describe in Pa	art XIII.)			41	<u> </u>			
С	Add lines 4a and 4b							4c	0.
5	Total expenses. Add	l lines 3 and 4c. (This n	nust equal Form	990, Part I, line 1	8.)			5	19,582,560.
Pa	rt XIII Suppleme	ntal Information							
Com	plete this part to provi	ide the descriptions re	quired for Part II	, lines 3, 5, and 9	; Part III, line	s 1a and 4; Part	IV, lines 1t	and:	2b; Part V, line 4, Part
X, lın	e 2; Part XI, lines 2d a	and 4b; and Part XII, lin	es 2d and 4b. Al	so complete this	part to provi	de any additiona	al informati	on.	
PAI	RT X, LINE	2: CSPI HAS	ADOPTED	FINANCIA	AL ACCO	UNTING S	TANDA	RDS	BOARD
			•						
INT	TERPRETATIO	N NO. 48, A	CCOUNTING	G FOR UNC	CERTAIN	TY IN IN	COME '	TAX	ES, (FIN
		<del></del>							
48	), AS PERMI	TTED BY FASI	B STAFF	POSITION	(FSP)	FIN 48-3	, WHI	CH	IS CODIFIED
	<del>/ '</del>								
AS	FASB ASC 7	40. FASB A	SC 740 R	EQUIRES C	HANGES	IN RECO	GNITI	ON .	AND
MEZ	ASUREMENT F	OR UNCERTAIN	N TAX PO	SITIONS.	CSPI	HAS ANAL	YZED	TTS	ТАХ
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<u>w 11 .</u>	TCU II DEPT	EAES MITT C	IANGE PIA.	TEKTATEL	TIN THE	WEYT IM			
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Schedule D (Form 990) 2012

### SCHEDULE 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.

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20	40
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Open t	o Public
Insper	tion

Department of the Treasury Internal Revenue Service

Part I

PUBLIC INTEREST

Name of the organization CENTER FOR SCIENCE IN THE

**Employer identification number** 

23-7122879

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (e.g., fundraising, program is a program service, agents, and for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region in region in region NORTH AMERICA NATIONAL LEGAL AFFAIRS (CANADA) 163,877. NORTH AMERICA PUBLIC EDUCATION 241,129. (CANADA) NORTH AMERICA NUTRITION ACTION HEALTHLETTER 829,635. (CANADA) NORTH AMERICA (CANADA) FUNDRAISING 122,113. NORTH AMERICA 139,810. (CANADA) GST/ HST TAXES 0 3 a Sub-total 1,496,564. **b** Total from continuation sheets to Part I 0 0. c Totals (add lines 3a

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Schedule F (Form 990) 2012

1,496,564.

and 3b)

23-7122879

PUBLIC INTEREST Schedule F (Form 990) 2012

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

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
***************************************								
**************************************								
L								
***************************************								
	‡							
:								
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has proper organizations or entitles.	s listed above that are r has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	cempt by		

Schedule F (Form 990) 2012

23-7122879

Schedule F (Form 990) 2012

Part III 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) 2012
(g) Description of non-cash assistance					Schedul
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					<b>-</b>
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

rait	Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes X No

Schedule F (Form 990) 2012

### CENTER FOR SCIENCE IN THE

Schedule F	(Form 990) 2012 PUBLIC INTEREST	23-7122879	_ Page <b>5</b>
Part V	Supplemental Information		
·			
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3		
	amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (account	nting method); and Part I	II, column
	(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional info		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			-
			<del></del>
			<del></del>
			<del></del>
		<del></del>	
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### 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.

2012

Open to Public Inspection

Internal Revenue Service

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

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	ļ i		
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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		ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, but explain in Part III.			1
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations  X Approval by the board or compensation committee			
	Tell 1990 of Other organizations			
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		Х
b	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:			
-	The organization?	5a		x
	Any related organization?	5b		X
-	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
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III	55		<del>                                     </del>
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		ĺ	İ
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		x
o O	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u>'</u>	<del>                                     </del>	<del>  ^</del>
8	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-	<del>                                     </del>	+
9	Regulations section 53 4958-6(c)?	9		
	Bermanons Section 3.3 AM30/00CD			1

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Schedule J (Form 990) 2012

23-7122879

Schedule J (Form 990) 2012

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

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	SC compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) MICHAEL JACOBSON	ε	241,795.	0	0	18,447.	9,206.	269,448.	0
CUTIVE DIRECTOR/SECR	: @	0	0	0	0	0	0	
	8	163,363.	31,000.	0	14,540.	4,200.	213,103.	0
JTY EXECUTIVE DIRECTOR	€	0	0	0	0	0	• 0	
(3) STEPHEN SCHMIDT	€	177,214.		0	12,743.	5,114.	195,071.	• 0
EDITOR, HEALTHLETTER	€	0	0	• 0	0	0		
DEWAAL	(6)	151,812.	0.	4,134.	12,40	816.	169,167.	0
FOOD SAFETY DIRECTOR	€	0	• 0	• 0	• 0	0	0.	0
(5) BONNIE LIEBMAN	Θ	166,005.	0	1,057.	10,949.	1,992.	180,003.	• 0
DIRECTOR OF NUTRITION	€	0	0	0	0	0	• 0	• 0
	Ξ	156,763.	0	0	12,495.	9,211.	178,469.	0
NUTRITION POLICY DIRECTOR	€	0	0	0	0	0	0	0
	ε	161,454.	0	0	12,022.	7,563.	181,039.	0
GATION DIRECTOR	€	0	0	0	0	0	0	0
	ε	146,170.	0	2,517.	4,479.	1,225.	154,391.	0
	(ii)	0.	0	0	0	0	0.0	0
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	<b>(E)</b>							
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Schedule J (Form 990) 2012

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Schedule J (Form 990) 2012

### **SCHEDULE·L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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. ► See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

**Employer identification number** 23-7122879

Part I	Excess Bene	efit Transac	<b>tions</b> (section 50	)1(c)(3	3) and s	section 501(c)(4) orga	anizations only).						
	Complete if the o					art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, lır	<u>ne 40</u>	b			
1 (a) Na	me of disqualified p	person (b)	Relationship betv		· ·	lified (c	) Description of tran	saction	,			$\overline{}$	ted?
			person and or	ganız	ation						Yes	5	No
							· · · · · · · · · · · · · · · · · · ·				+	+	
											+	-	
		-									+		
											+		
	<u>-</u>										<del> </del>	+	
section	the amount of tax on 4958 the amount of tax,	•	-			qualified persons dur	ring the year under	. •	> \$ > \$	-			
Part II	Loans to and	d/or From I	nterested Pers	sons	<b>.</b>						•		
	Complete if the o	organization an	swered "Yes" on F	orm	990-EZ	, Part V, line 38a or F	Form 990, Part IV, lin	e 26; o	r if th	e orgar	nization	า	
	reported an amo	ount on Form 99	90, Part X, line 5, 6	, or 2	2.								
•	a) Name of rested person	(b) Relationsh with organization	of loan	fro	oan to or m the ization?	(e) Original principal amount	(f) Balance due	(g) l defau		(h) App by boa commi	rd or l	(i) Wi	ritten nent?
				То	From			Yes	No	Yes	No '	Yes	No
WILLI	AM DUGAN,		SALARY A		Х	35,000.	23,196.		X	X		Х	
					<u> </u>								
				<u> </u>	<u> </u>								
				<u> </u>									
				<u> </u>			·					1	
					<u> </u>		_			igsquare			
Total						▶ \$	23,196.			<u> </u>			
Part III	٠		enefiting Inter										
			swered "Yes" on I	orm	990, Pa								
(a) N	Name of Interested	person	(b) Relationship interested persecutive organization	on ar		(c) Amount of assistance	(d) Type assistan				Purpo: ssistar		
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2012

<del></del>	(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	person and the organization	transaction	transaction	rever	zation's nues?
					Yes	No
			·	<u> </u>	<del> </del>	
•	·		····		<del> </del>	
	<u></u>			-		
	***					-
					[	
Part V	Supplemental Information		•	<u> </u>		
Part v		al information for responses to questions	s on Schedule L (see	instructions).		
SCHEI	OULE L, PART II, LOANS	TO AND FROM INTERES	STED PERSON	is:		
(A) N	IAME OF INTERESTED PER	SON.				
127/ 1	THIS OF THE BUILDING TEN			··		
WILL	AM DUGAN, DEPUTY DIRE	ECTOR (DIR. OF ON-LI	NE PUBLISH	ING AT 6/30/	12)	
(C) T	NUDDOCE OF LOAM - CALAI	NA A DANA KATE				
(C) E	PURPOSE OF LOAN: SALAF	CI ADVANCE			· · · · · · · · · · · · · · · · · · ·	
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### SCHEDULE O (Form 990 or 990-EZ)

# 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.

2012 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

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) (2012)

**Employer identification number** 23-7122879

DEMANDS OF INDUSTRY MAY UNDERMINE THE PUBLIC-INTEREST MISSION OF SCIENCE; AND SECURE A BALANCE OF VIEWS IN THE SCIENCE POLICY DECISION-MAKING PROCESS WHICH, COMBINED WITH FULL DISCLOSURE, WILL ENABLE SCIENTISTS TO PROVIDE THE PUBLIC, MEDIA, AND POLICY-MAKERS WITH THE BEST ADVICE ABOUT SCIENTIFIC ISSUES;

- ASSESS SCIENTIFIC CONCERNS ABOUT THE RISK AND BENEFITS OF GENETICALLY ENGINEERED PLANTS, ANIMALS, AND OTHER ORGANISMS, ESPECIALLY THOSE USED IN AGRICULTURE; INFORM THE PUBLIC ABOUT THE BENEFITS AND RISKS OF ENGINEERED CROPS AND FOODS; STRENGTHEN THE REGULATORY SYSTEM;
- IMPROVE BOTH HUMAN HEALTH AND THE ENVIRONMENT BY PROMOTING THE CONSUMPTION OF A MORE PLANT-BASED DIET AND REDUCING THE CONSUMPTION OF MEAT, MILK FAT, AND OTHER PRODUCTS THAT HAVE BEEN LINKED TO CANCER, HEART DISEASE, AND OTHER HEALTH PROBLEMS;
- PROMOTE CHANGES IN THE AMERICAN FOOD SUPPLY AND IN FOOD POLICIES THROUGH THE LITIGATION PROCESS, INCLUDING IDENTIFYING DECEPTIVELY LABELED OR ADVERTISED PRODUCTS APPROPRIATE FOR LAWSUITS, PROVIDING EXPERTISE AND RESOURCES TO PRIVATE LITIGANTS, OR INITIATING (OR 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) (2012) Schedule O (Form 990 or 990-EZ) (2012) Page 2 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 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY TRANSLATION ADJUSTMENT

15,846.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT/FINANCIAL COMMITTEE THAT ANNUALLY REVIEWS AND APPROVES THE FINANCIAL STATEMENTS. THIS PROCESS HAS NOT CHANGED

FROM THE PRIOR YEAR.

232212 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 9	<u>990-EZ) (2012) </u>					Page 2
Schedule O (Form 990 or 9 Name of the organization	CENTER PUBLIC	FOR SCIENCE INTEREST	IN	THE		Employer identification number 23-7122879
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SCHEDULE R (Form 990) Department of the Treasury		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.	s and Unrelated Partner: Yes" to Form 990, Part IV, line 33, 3	tnerships ie 33, 34, 35, 36, c ctions.	r 37.	No.	OMB No. 1545-0047 2012 Open to Public Inspection
Name of the	ation CENTER PUBLIC	NCE				Employer identification number, 23-7122879	ation number 79
Part i	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	ete if the organization answered "Yes	" to Form 990, Part IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Partil	Identification of Related Tax-Exempt Organizations (Complete of 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.)	cations (Complete if the organization	answered "Yes" to Form 990,	Part IV, line 34 be	cause it had one or	nore related tax-exen	ıpt
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
INTERNATI	INTERNATIONAL ASSOCIATION OF CONSUMER FOOD	REPRESENTS CONSUMER					<u> </u>

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

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Schedule R (Form 990) 2012

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DISTRICT OF COLUMBIA

FOOD SAFETY & FOOD POLICY

ORGANIZATIONS, 1220 L STREET, NW, SUITE 300, INTEREST IN NUTRITION, WASHINGTON, DC 20005 FOOD FOLL

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Schedule R (Form 990) 2012

part ill 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.)

Page 2

23-7122879

•											
(e)	(q)	(0)	(P)	۳	(e)	(μ)	(6)	(H)	()	9	(K
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomina (related, u excluded fro sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing e partner? 5) Yes No	General or Percentage managing ownership partner?
part ty 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.)	ganizations Taxable	as a Corpo	ration or Trust (Corear.)	emplete if th	e organization	answered "Yes	to Form 990	), Part IV, line	34 because it had	one or mor	e related
(a) Name, address, and EIN of related organization		Prims	(b) Primary activity	(c) Legal domicile (state or foreign)	(d) Direct controlling entity	ling Type of entity (C corp., S corp, or trust)		(f) Share of total income	(g) Share of Pend-of-year cassets	(h) Percentage ownership	Seci 512(t contra
											No S
232162 12-10-12			-	43		_	-		Schedu	ile R (Form	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Page 3

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

	Yes No	×	×	×	×	×	 ×	×	×	×	×	×	×	×	×	×	<b></b>	< >	×	×	×							, in the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
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	C/N :: 3+00	200																				lationships and transaction thresholds.	(d) Method of determining amount involved					
		gated organizations insted i																				his line, including covered re	(c) Amount involved					
	1												nization(s)	nization(s)	(s)uo							no must complete t	(b) Transaction type (a-s)					
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	<ul> <li>Dufflig the tax year, and the organization engage in any or the following transactions with one or more related organizations instead in a day.</li> <li>a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</li> </ul>	<b>b</b> Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	<b>d</b> Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)	f Dividends from related organization(s)	g Sale of assets to related organization(s)		i Exchange of assets with related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)	k Lease of facilities, equipment, or other assets from related organization(s)		m Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists, or other assets with relati	Sharing of paid employees with related organization(s)			<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>	r Other transfer of cash or property to related organization(s)	s Other transfer of cash or property from related organization(s)	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.	(a) Name of other organization	(5)		(4)	(9)	

Page 4

# CENTER FOR SCIENCE IN THE PUBLIC INTEREST

Schedule R (Form 990) 2012 PUBLIC INTEREST

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.

## **Depreciation and Amortization**

990

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

(Including Information on Listed Property) ► See separate instructions. ► Attach to your tax return.

Attachment Sequence No 179

CENTER FOR SCIENCE IN THE

Business or activity to which this form relates

Identifying number

	LIC INTEREST	THE		FOR	M 990 1	PAGE 10		23-7122879
Par	t Election To Expense Certain Prope	erty Under Section 1	79 Note. If you	have any lis	ted property,	complete Part	V before y	ou complete Part I
1 M	laximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property place	ced in service (see	instructions)				2	
3 T	hreshold cost of section 179 propert	y before reduction	in limitation				3	2,000,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, enter	0-			4	
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from lin	ne 1 If zero or less, enter	r-0- If marned filing	separately, see	einstructions		5	
6	(a) Description of p	property		(b) Cost (busin	ess use only)	(c) Electe	d cost	,
							_	
		·						
7 L	sted property. Enter the amount from	n line 29			7			
	otal elected cost of section 179 prop		s ın column (c),	lines 6 and	7		8	
	entative deduction. Enter the <b>smalle</b>	-	• • • • • • • • • • • • • • • • • • • •				9	
10 C	arryover of disallowed deduction from	m line 13 of your 2	011 Form 4562	<u>}</u>			10	
	usiness income limitation. Enter the	•			ro) or line 5		11	1
	ection 179 expense deduction. Add		•		•		12	
	carryover of disallowed deduction to				▶ 13			
	Do not use Part II or Part III below for	<del>_</del>						1.444/
Par	t II Special Depreciation Allow	ance and Other D	epreciation (D	o not inclu	de listed prop	perty.)		·
	pecial depreciation allowance for qua	<del></del>	<del></del>		<del></del>		-	
	ne tax year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	p, , p .		g	14	
	roperty subject to section 168(f)(1) e	lection		-	•		15	
	ther depreciation (including ACRS)	10011011					16	212,377.
	T III MACRS Depreciation (Do n	ot include listed o	roperty ) (See ii	nstructions.				
	ACRS deductions for assets placed you are electing to group any assets placed in se Section B - Asset	ervice during the tax year	e During 2012	neral asset acc	ounts, check here		17 ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see in	stment use	(d) Recovery penod	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
_е	15-year property						<u> </u>	
f	20-year property							
9	25-year property				25 yrs.		S/L	
	Residential rental property	/			27.5 yrs.	MM	S/L	
h	nesidential ferital property	/			27.5 yrs.	MM	S/L	
	No. 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1 and 1	/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 2012	Tax Year U	sing the Alte	rnative Depre	ciation Sys	stem
20a	Class life				<u> </u>		S/L	
b	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs	MM	S/L	
Par	t IV Summary (See instructions.)	)						
21 L	isted property. Enter amount from lir	ne 28				· <del>-</del>	21	
	otal. Add amounts from line 12, lines		nes 19 and 20 i	n column (g	), and line 21			
	nter here and on the appropriate line						22	212,377.
	or assets shown above and placed in							
	ortion of the basis attributable to sec				23			
216251			congrate inst	tiono				Form 4562 (2012)

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art V	Listed Propert	y (Include automobiles,	certain other vehicles,	certain computers	, and property used for	r entertainment, recreation	n, or
	amusement)						

	Section A	Depreciation	on and Other Inf	ormation (Caut	ion: See th	e instruc	tions for lii	nits for passe	nger automo	biles.)		
 24a	Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes	☐ No	24b If "Y	es," is the evi	dence writte	nº 🗀	] Yes [	No
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for d (business/i	nvestment	(f) Recovery period	(g) Method/ Convention	(h) Depreci deduc	ation	Ele: sectio	(i) cted on 179 ost
	Special depreciation alloused more than 50% in		•	perty placed in	service dui	ng the ta	ax year an	d 2	5			
	Property used more that								<u>l </u>		<u> </u>	4/1.11
	roporty about more than	1 00 70 111 4 0	%		T							
			%									
			%									
 27	Property used 50% or l	ess in a qual	fied business us	e <sup>.</sup>								
			%					S/L·				
		<u> </u>	%					S/L·			İ	
	1		%					S/L·				
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on lin	e 21, page	1	•	2	8			
29	Add amounts in column	(i), line 26. E	nter here and on	line 7, page 1					•	29		
			Sec	tion B - Informa	tion on U	se of Vet	icles					

those vehicles

		(á	3)	(t	<b>)</b>	(0	C)	(4	d)	(0	∍)	(1	f)
30	Total business/investment miles driven during the	Veh	ıcle	Veh	ıcle	Veh	icle	Veh	ııcle	Veh	ıcle	Veh	ncle
	year (do not include commuting miles)							ļ					
31	Total commuting miles driven during the year					ļ							
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year.												
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?												
35	Was the vehicle used primarily by a more									;		l	
	than 5% owner or related person?							ļ <u>.</u>					
36	Is another vehicle available for personal	İ											
	use?											<u> </u>	

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. Voc. No.

37	Do you maintain a written policy statement that promotes an personal use of verticles, including commuting, by your	162	NO
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
2 Amortization of costs that begins duri	ng your 2012 tax year:		- <sub>1</sub>		
3 Amortization of costs that began befo	re your 2012 tax year		<u> L</u>	43	
4 Total. Add amounts in column (f). See	the instructions for whe	re to report		44	

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