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Form **991**

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Governance

Activities &

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 20 14 For the 2014 calendar year, or tax year beginning 01/01 2014, and ending C Name of organization Center for Study of Responsive Law D Employer identification number Check if applicable Doing business as 52-6082290 Address change Number and street (or P O box if mail is not delivered to street address) Boom/suite E Telephone number Name change 202-387-8030 Initial return City or town, state or province, country, and ZiP or foreign postal code Final return/terminate G Gross receipts \$ 8.408.680 Washington, DC, 20036 Amended return H(a) Is this a group return for subordinates? Yes Mo F Name and address of principal officer Application pending Ralph Nader P O Box 19367, Washington, DC 20036 H(b) Are all subordinates included? Tyes No. 501(c)(3) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or If "No." attach a list (see instructions) Tax-exempt status Website[,] ▶ H(c) Group exemption number ▶ www csrl org M State of legal domicile Form of organization Corporation 7 Trust Association ☐ Other ▶ L Year of formation 1968 DC Summary Part I Briefly describe the organization's mission or most significant activities: The Center for Study of Responsive Law (Center) supports and conducts a wide variety of research and educational projects to encourage the political, economic and social institutions of this country to be more aware of the needs of citizen-consumer. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 14 6 Total number of volunteers (estimate if necessary) . 6 100 Total unrelated business revenue from Part VIII, column (C), lips 7a -205,703 Net unrelated business taxable income from Form 990 7b 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 8 536,490 546,747 9 Program service revenue (Part VIII, line 2g) 9,169 3,416 Investment income (Part VIII, column (A), lines 3, 4, (A) (7d) 10 1,729,789 -418,120 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c. 10c; -225,408 205,158 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,050,040 -73,115 13 Grants and similar amounts paid (Part IX, column (A), lines 1=3). 415,000 715,000 14 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) 572,685 607,241 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 466,047 467,319 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,788,288 1.455.004 19 Revenue less expenses. Subtract line 18 from line 12 261,752 -1,528,119 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 19,273,892 17,897,498 21 Total liabilities (Part X, line 26) . 411 428 519,724 22 Net assets or fund balances. Subtract line 21 from line 20 18,862,464 17,377,774 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is based on all information of which preparer has any knowledge true, correct, and complete.

Sign Here Ralph Nader, Managing Trustee Type or print name and title Date Print/Type preparer's name Check Paid self-employed P27414441 Beverly Orr Preparer Firm's name
Center for Study of Responsive Law Firm's EIN ▶ **Use Only** Firm's address ▶ PO Box 19367, Washington, DC 20036 Phone no 202-361-2814 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form 990 (2014)

Form 99	90 (2014)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. 🏻
1	Briefly describe the organization's mission: The Center for Study of Responsive Law (Center) supports and conducts a wide variety of research and educational projects tencourage the political, economic and social institutions of this country to be more aware of the needs to citizen-consumer	2
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	 ☑No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 82,819 including grants of \$ 0) (Revenue \$ 0 Library Project Since 2002, the DC Library Renaissance Project has worked to develop local community leaders and community-based study groups that increase citizen participation in advancing broad public concerns about access to public libraries, library collections, and the siting and renovation of libraries)
4b	(Code:) (Expenses \$ 1,135,050 including grants of \$ 415,000) (Revenue \$ 3,416 The Center for Study of Responsive Law supports and conducts a wide variety of research and educational projects to encour the government and corporate institutions to be more aware of the needs of the citizen-consumer. The Center has published a	ge
	variety of books, reports, newsletters and pamphlets on a number of public interest issues. The Center also hosts conferences emerging public policy matters. The Center has also served as a incubator for a variety of projects which have become independent 501(c)(3) organizations. For example, the Center has played a pivotal role in the creation of the Ocean Awareness Project, a 501(c)(3) organization, based in Washington, DC. In addition, Center staff and board members provide free strategic and policy advice to a variety of nonprofit, tax-exempt 501(c)(3) organizations.	on
4c	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	

1,217,869

4e Total program service expenses ▶

	0 (2014)		ا	Page 3
Part	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	√ V	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	_	1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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		✓
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	1 <u>1f</u>		√ _
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		\
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
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 (see instructions)	17		✓
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	0 (2014)			Page 4
Part	Checklist of Required Schedules (continued)		1	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		√
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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		✓
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		1	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	37	√	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		_	ļ
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			-
	gifts were not tax deductible?	6b		
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 services provided to the payor?	7a		✓
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	88		
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		:	
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
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 organization is licensed to issue qualified health plans			
_		-		
C	Enter the amount of reserves on hand	140		/
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		ĺ

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u>····</u>	<u> </u>	<u> </u>
0000	on A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			,
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	✓	l
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Did the account of heart of charters have been as affiliated?	40-	Yes	No 🗸
10a b	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	/	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	,	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	-	1
13	Did the organization have a written whistleblower policy?	13	√	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			_
b	with a taxable entity during the year?	16a		✓
J	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		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(c)(3)s	only)
	Own website Another's website Upon request Other (explain in Schedule O)	•		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interior financial statements available to the public during the tax year.	erest	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and recenter for Study of Responsive Law, (202)387-8030	cords	>	
	Control of the position carry (402) 401-4000			

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Form 990 (2014)

Part VII	Compensation of Officers, Directo	rs, Trustees, Key Employee	s, Highest Compensated	Employees, and
	Independent Contractors			

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any	2 =	5	0	ᇫ	Ϲ	Ţ	from	related	other
	hours for related	흑물	l st	Officer	e e	ng g	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecta	∄	۳	ğ	yee o	4	(W-2/1099-MISC)	(=,	organization
	below dotted	५ है	直	ĺ	Key employee	S S	ĺ	ĺ		and related
	line)	Individual trustee or director	institutional trustee	l	ď	Den				organizations
		o o	6			Highest compensated employee				
					-		-	 		
Layman Allen	0 02									:
Trustee	0	/		ļ	$oxed{oxed}$	ļ	_	0	0	
Edmund Shaker	0 12	,		ļ	l		1] _	_	_
Trustee	0	✓	_		-		-	0	0	0
Ralph Nader	19 23	1			1		1	1	,	
Trustee	0		\vdash	 		 	-	0	0	
Laura Milleron Trustee	0.19 0	1					{	0	0	o
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Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (co	ntınued)		
			1		•	C) sition								
	(A)	(B)	(do n	ot ch			e than	one	(D)	(E)		(F		
	Name and title	Average hours per					is both		Reportable compensation	Reportable compensation from	nm	Estim amou		
		week (list any		T	,	_	or/trus	<u> </u>	from	related		oth	er	
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations (W-2/1099-MIS		comper from		
		organizations	S E	utio	4) j	oyer c	<u> </u>	(W-2/1099-MISC)		٦	organiz		
		below dotted	9 =	nal	İ	ōy	"	ŀ				and re		
		line)	ste	trus		ď	Pen		ļ.		-	organız	ations	
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1b	Sub-total							•	0		0			
С	Total from continuation sheets to Part	VII, Sectio	n A					▶				`		
d	Total (add lines 1b and 1c)							▶	0		0			0
2	Total number of individuals (including but						above	e) w	ho received me	ore than \$100.	.000 of			
	reportable compensation from the organi							•		•				
							,					Y	es l	No
3	Did the organization list any former of	ficer, direc	tor, o	r tr	uste	ee,	key e	emp	loyee, or high	est compens	ated			
	employee on line 1a? If "Yes," complete S	Schedule J	for su	ıch i	ındı	vidu	ıal				. [3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater that	an \$1	50,0	000)? <i>I</i>	f "Ye	s, "	complete Sch	edule J for s	uch			
	ındıvıdual										. [4		✓
5	Did any person listed on line 1a receive of									ation or indivi	dual			
	for services rendered to the organization	If "Yes," c	ompl	ete :	Sch	iedu	ıle J f	or s	uch person		$\cdot \bot$	5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest of													
	compensation from the organization. Rep	ort compe	nsatio	n fo	or th	ne c	alend	ar y	ear ending wit	h or within the	organ	ızatıon	's tax	<
	year.													
-	(A)								(B)			(C)		
	Name and business add	ress							Description of s	ervices	Cor	npensat 	ion	
None														
2	Total number of independent contractor							th	ose listed abo	ove) who				
	received more than \$100,000 of compens	ation from	the or	rgan	ıızat	tion			0					

Part	VIII	Check if Schedule O	nue	onse or note to	any line in this	Part VIII		🗆
		Check if Schedule O	comains a resp	Solise of Hote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns	1a	0				
ons, Gifts, Grants Similar Amounts		Membership dues .		0				
ا ﴿ يُ		Fundraising events .		0				
ig ig		Related organizations		0				
S, E	е	Government grants (con	tributions) 1e	0	ľ			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gr						
the Et		and similar amounts not incl		546,747	1			
Contributic and Other	g	Noncash contributions includ	led in lines 1a-1f \$	0				
	h	Total. Add lines 1a-11	<u>f</u>		546,747			
Program Service Revenue				Business Code				۸
š	2a	Program Service Fees		900099	3,000	3,000	0	0
e B	b	Publication sales		900099	416	416		
Ş.	C							
Se	d			 				
ag.	е					0	0	0
ē	f	All other program sen		D	0	<u> </u>		_
	<u></u> g	Total. Add lines 2a-2			3,416	· · · · · · · · · · · · · · · · · · ·		
	3	Investment income and other similar amo			171,553	اه	o	171,553
		Income from investmen			171,333	0	0	0
İ	4		•		1,868	0	1,868	0
	5	Royalties	(ı) Real	(ii) Personal	1,000			
	C-	Gross rents	(7)	\ \'\'				
	6a]		
	b	Less rental expenses Rental income or (loss)		0				
}	C C	Net rental income or (L			İ		
	d 7a	Gross amount from sales of	(IOSS)	(ii) Other				
	<i>i</i> a	assets other than inventory	7,892,122					
	b	Less: cost or other basis	7,032,122					
		and sales expenses .	8,481,795	. 0			i	
	С	Gain or (loss)	-589,673					
	d	Net gain or (loss) .		▶	-589,673	0	0	-589,673
er Revenue	8a	Gross income from fu events (not including \$ of contributions report See Part IV, line 18	0 ed on line 1c).					
Other		Less direct expenses		<u> </u>				
-		Net income or (loss) f		events . ►				
	9a	Gross income from ga	•					
			а					
	l	Less direct expense	st		1			
	C	Net income or (loss)		iivilles P				
		Gross sales of in returns and allowance	es a	·				
		Less cost of goods	sold k					
	<u>C</u> _	Net income or (loss)		Business Code				
	L				11 662	o	-11,662	0
	11a			900099	-11,662	 		
	b	Partnership Expenses		900099	-195,909			
	C	Other investment inco		523999	545			
	d	All other revenue			-207,026			
	e	Total. Add lines 11a- Total revenue. See					-205,703	-417,575
	12	Total revenue. See	instructions	· · · · · ·	-73,115	3,410	-203,703	Form 990 (2014)

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	ns must complete col	umn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, p, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	415,000	415,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		0	0	
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	447,404	365,682	73,130	8,592
9 10	Other employee benefits	14,000 74,763 36,518	11,443 61,107 29,622	2,288 12,220 6,200	269 1,436 696
11 a	Fees for services (non-employees): Management	0	0	0	
b c d	Legal	100 0	100 0	0	C
e f	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
g 12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	59,766 0	57,764 0	2,002	0
13 14	Office expenses	43,223 0	35,962 0	6,633 0	628
15 16 17	Royalties	0 351,717 1,165	229,948 1,165	116,366 0	5,403 0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	C
19 20	Conferences, conventions, and meetings . Interest	5,504	5,504	0	0
21 22 23	Payments to affiliates	0 1,655 4,189	0 1,352 3,220	0 271 893	32 76
24 a	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.)				
b c d					
25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,455,004	1,217,869	220,003	17,132
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

P	art X				
		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	63,299	1	_85,632
	2	Savings and temporary cash investments	8,900,320	2	9,279,300
	3	Pledges and grants receivable, net	1,500	3	24,700
	4	Accounts receivable, net	11,352	4	4,667
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ts	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
Ž	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	8,034	9	7,630
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 44,682			
	b	Less accumulated depreciation 10b 41,876	3,099	10c	2,806
	11	Investments—publicly traded securities	5,089,681		6,114,398
	12	Investments – other securities See Part IV, line 11	5,193,692		2,375,450
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	2,915		2,915
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,273,892	16	17,897,498
	17	Accounts payable and accrued expenses	3,328	17	62,969
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ľ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	408,100	24	456,755
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	411,428	26	519,724
seo		complete lines 27 through 29, and lines 33 and 34.			
lar	27	Unrestricted net assets	18,862,464	$\overline{}$	17,377,774
Ba	28	Temporarily restricted net assets	0		0
pu	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □ complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds.		32	
N N	33	Total net assets or fund balances	18,862,464	33	17,377,774
	34	Total liabilities and net assets/fund balances	19,273,892	34	17,897,498 Form 990 (2014)

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Page		•

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FOITH 5	50 (2014)					ige iz
Par	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1			-7	3,115
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,45	5,004
3	Revenue less expenses. Subtract line 2 from line 1	3			-1,52	8,119
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			18,86	2,464
5	Net unrealized gains (losses) on investments	5			5	9,213
6	Donated services and use of facilities	6				0
7	Investment expenses	7			-1	5,784
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	_				
	33, column (B))	10			17,37	7,774
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	• •	• •	·;		
	Assessment to the discount of the Fermi OCO TO Cook TO Assessment TO Okhor		г		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expenses the control of the	ر میمام،	_			
	Schedule O	piairi	"'			}
0-				2a		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			<u> </u>		-
	reviewed on a separate basis, consolidated basis, or both:	piica	"			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b		1
U	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	· _			· •
	separate basis, consolidated basis, or both	ou o	~			
	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 or	versial	nt			
·	of the audit, review, or compilation of its financial statements and selection of an independent according			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					<u> </u>
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth :	ın			
	the Single Audit Act and OMB Circular A-133?			3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo th	-			Ė
-3	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
				Forr	990	(2014)
						,

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.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number

Center for Study of Responsive Law 52-6082290 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EiN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing other support (see support (see above or IRC section document? instructions) instructions) (see instructions)) Yes Νo (A) (B) (C) (D) (E)

Total

18

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 329,755 776,193 554,650 536,490 546,960 2,744,048 Tax revenues levied organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 Total. Add lines 1 through 3. 776,193 554,650 329,755 536,490 546,960 2,744,048 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) 1,506,609 Public support. Subtract line 5 from line 4 1,237,439 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 776,193 554,650 536,490 546,960 329,755 2,744,048 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 347,697 383,749 192,396 156,423 1,253,666 Net income from unrelated business activities, whether or not the business is regularly carried on . . . 0 0 0 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 0 11 Total support. Add lines 7 through 10 3,997,714 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 30 95 % Public support percentage from 2013 Schedule A, Part II, line 14 % 16a 331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \square b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,			· · ·
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		<u> </u>				
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		i			,	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b	· 					
8	Public support (Subtract line 7c from						
	line 6.)		L		L,		
	on B. Total Support	() 0040	# \ 0044	() 2010	4 B 0040	() 0044	(0 T-+-1
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources						
h	Unrelated business taxable income (less						
U	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b .	· · · · · · · · · · · · · · · · · · ·					
11	Net income from unrelated business						
'''	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or			-			
-	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re	<u></u>				▶ 🗀
Secti	on C. Computation of Public Suppor	t Percentag	е				
15	Public support percentage for 2014 (line 8	3, column (f) dı	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2013 Sch			<u> </u>		16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (17	%_
18	Investment income percentage from 2013					18	%
19a	331/3% support tests – 2014. If the organ	ization did not	check the box	on line 14, ai	nd line 15 is m	ore than 331/39	%, and line
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2013. If the organiz	ation did not c	neck a box on	line 14 or line 1	isa, and line 16	is more than 3	اکرندی کے ۱/3%, and
	line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, o	neck this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization
--

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation if historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
c	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b 9c		
10a		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		

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Part	Supporting Organizations (continued)		1.4	
44	Lies the expensation appeared a set or contribution from any of the following payages?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls of the release or together with persons described in (b) and (c)			
u	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		•
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s):
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structio	ons)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970. See	
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E.	1 (0) 0
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)	7		
	8		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	_		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI).			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	İ		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ın	tegrated Type III supporti	ng organization (see
instructions)		- ·	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish						
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	nizations					
4	Amounts paid to acquire exempt-use assets		 -				
5	Qualified set-aside amounts (prior IRS approval required)						
<u>6</u>	Other distributions (describe in Part VI). See instructions.	_					
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive				
	(provide details in Part VI). See instructions. Distributable amount for 2014 from Section C, line 6						
<u>9</u> 	Line 8 amount divided by Line 9 amount						
	Line 8 amount divided by Line 9 amount	<u> </u>	(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2014						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2014:			,			
<u>a</u>							
<u> </u>							
<u>c</u>							
<u>d</u>	From 2013 .						
<u>e</u> f	Total of lines 3a through e						
<u>'</u> _	Applied to underdistributions of prior years						
9	Applied to 2014 distributable amount						
-	Carryover from 2009 not applied (see instructions)						
<u>_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2014 from Section						
-	D, line 7. \$						
а	Applied to underdistributions of prior years						
b	Applied to 2014 distributable amount						
<u> </u>	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2015 Add lines 3j and 4c						
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013 .						
е	Excess from 2014		· · · · · · · · · · · · · · · · · · ·				

Schedule A (F	Form 990 or 990-EZ) 20		e {
Part VI	Supplemental Part III, line 12	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and . Also complete this part for any additional information. (See instructions.)	ī
	·		
••			
	·		
· • • • • • • • • • • • • • • • • • • •			
· 			
			

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name o	of the or	ganization		Employ	yer identification number
Cente	r for S	tudy of Responsive Law			52-6082290
Par	t I	Organizations Maintaining Donor Adv		ids or	Accounts.
		Complete if the organization answered			
			(a) Donor advised funds		(b) Funds and other accounts
1		number at end of year			
2		egate value of contributions to (during year)		}	
3		egate value of grants from (during year) .		-	
4		egate value at end of year			
5		he organization inform all donors and donor s are the organization's property, subject to th			
6	only	he organization inform all grantees, donors, a for charitable purposes and not for the bene erring impermissible private benefit? .		or any	other purpose
Par	t II	Conservation Easements.			
		Complete if the organization answered	"Yes" to Form 990, Part IV, line 7.		
1	Purpo	ose(s) of conservation easements held by the			
	□Р	reservation of land for public use (e.g., recrea	tion or education) Preservation o	f a hist	orically important land area
	□ P	rotection of natural habitat	☐ Preservation o	f a cert	ified historic structure
	□ P	reservation of open space			
2	Com	plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in th	e form of a conservation
	easer	ment 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 easement	s		2b
C	Numb	per of conservation easements on a certified h	nistoric structure included in (a)		2c
d	Num	per of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
		3			2d
3		per of conservation easements modified, trans	sferred, released, extinguished, or terr	nınated	by the organization during the
	tax ye				
4		per of states where property subject to conse			
5		the organization have a written policy regions, and enforcement of the conservation ea			
6	Staff	and volunteer hours devoted to monitoring, in	specting, and enforcing conservation	easem	ents during the year
7	Amoi	 int of expenses incurred in monitoring, inspec	ting and enforcing conservation ease	ments	during the year
•	▶ \$	and or expenses incurred in monitoring, inspec	ring, and emoreing conservation east	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	daming the year
8		each conservation easement reported on line	2(d) above satisfy the requirements of	sectio	n 170(h)(4)(B)(ı)
•		ection 170(h)(4)(B)(ii)?			· · · ·
9		rt XIII, describe how the organization reports of	conservation easements in its revenue	and e	
•		ce sheet, and include, if applicable, the text of			
		nization's accounting for conservation easeme			
Part		Organizations Maintaining Collection		Othe	r Similar Assets.
		Complete if the organization answered '			
1a	If the	organization elected, as permitted under SF,		reveni	ue statement and balance shee
		s of art, historical treasures, or other similar			
		service, provide, in Part XIII, the text of the f			
b	If the	organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenu	e statement and balance sheet
	works	s of art, historical treasures, or other similar c service, provide the following amounts relati	assets held for public exhibition, eding to these items:	ducatio	n, or research in furtherance of
	(i) Re	evenue included in Form 990, Part VIII, line 1			. • \$
	(ii) As	sets included in Form 990, Part X .			. ▶ \$
2	If the follow	organization received or held works of art, ing amounts required to be reported under S	historical freasures, or other similar FAS 116 (ASC 958) relating to these it	asset: ems:	s for financial gain, provide the
а	Reve	nue included in Form 990, Part VIII, line 1			. ▶ \$
b					. > \$

Part		Collections of	Art, His	torical T	reasures	, or Ot	ther Similar As	ssets (c	ontinu	ıed)
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, chec	k any of th	e follov	wing that are a s	significan	it use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams			
b	☐ Scholarly research									
c	Preservation for future generation	s								
4										
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Part	IV Escrow and Custodial Arr	angements.								
	Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
				•					′es □] No
b	If "Yes," explain the arrangement in F	Part XIII and compl	ete the fo	ollowing ta	able:		A	mount		
С	Beginning balance	•				10	;	-		
d						10	i i			
е	Distributions during the year					16				
f	Ending balance					11	:			
2a	Did the organization include an amou	ınt on Form 990, P	art X, line	21, for e	scrow or c	ustodia	l account liability	/? Y	es [No
b	If "Yes," explain the arrangement in F]
Par			· · · · · · · · · · · · · · · · · · ·							
	Complete if the organization	n answered "Yes	" to For	n 990, P	art IV, line	10.				
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Fou	ır years	back
1a	Beginning of year balance .						· · · · ·			
b	Contributions .							<u>" </u>		
C	Net investment earnings, gains, and losses .									
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs							-		
f	Administrative expenses			·						
g	End of year balance		ļ					1		
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1a	. column (a)) held	as:			
a	Board designated or quasi-endowme	ent ▶	%		,	,,,				
b	Permanent endowment ►	%								
	Temporarily restricted endowment ▶	- %								
·	The percentages in lines 2a, 2b, and		20%							
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for th	ne		
	organization by								Yes	No
	(i) unrelated organizations							3a(i)	+ - +	
	(ii) related organizations .							3a(ii)		
b	If "Yes" to 3a(II), are the related organ	uzations listed as r	required o	n Schedi	ule R?			3b		
4	Describe in Part XIII the intended use								·	
Part										
			" to Form	n 990. P	art IV. line	11a. S	See Form 990.	Part X.	line 1	0.
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									
		(investm	nent)		ther)		epreciation			
1a	Land	.	0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		. 0		0			0
d	Equipment	ļ	0		15,497		12,691	-		2,806
е	Other		0	Ļ	29,185		29,185			0
Total.	Add lines 1a through 1e (Column (d) i	must equal Form 9	90, Part)	K, column	(B), line 10	JC.)	▶		:	2,806

Part VII,	Investments — Other Securities Complete if the organization ans		m 990. Part IV. line	11b. See Form	990. Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				····
• •	eld equity interests				
	rius XM Holdings		2,375,450	End-of-Year Marke	t Value
(A)					
(B)					
(C)					
(D)					
(E)					
(F)	····				
(G)					
(H)	15				
	n) must equal Form 990, Part X, col (B) line 12)		2,375,450	 	
Part VIII	Investments—Program Related Complete of the organization ans		m 000 Part IV line	11a Saa Form	000 Part V line 13
	(a) Description of investment	wered tes to For	(b) Book value		hod of valuation
	(a) Description of investment		(b) Book value		of-year market value
(1)	·		··· ·· <u> </u>		
(1)		 			
(3)					
(4)		<u></u>			
(5)					
(6)					
(7)		 			
(8)					
(9)			-		
	n) must equal Form 990, Part X, col (B) line 13)			-	
Part IX	Other Assets.				
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	11d. See Form	990, Part X, line 15.
	(a	a) Description			(b) Book value
(1)					
(2)					•
(3)					
(4)		·			
(5)					
(6)					
			····		
(8)					
(9)	nn (b) must equal Form 990, Part X, co	ol (R) line 15)		•	
Part X	Other Liabilities.	51. (B) III (C)			
Tarex	Complete if the organization ansi	wered "Yes" to For	m 990 Part IV line	11e or 11f See	Form 990 Part X
	line 25.	Wered 100 to 101	11 000, 1 411 14, 11110	7 1 10 01 111. 000	1 01111 000, 1 411 74,
1.	(a) Description of liability	(b) Book value			····
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)		-			
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)				
	uncertain tax positions. In Part XIII, provi				
organization's	liability for uncertain tax positions under	FIN 48 (ASC 740). Che	ck here if the text of the	ne footnote has beer	n provided in Part XIII

1			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
•	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	4	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1 1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Keturi	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a	Donated services and use of facilities	1 1	
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII)		
_	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:)]	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII)	1	
b		4c	
5	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.	3	·
2; Par	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2t t XI, lines 2d and 4b Also complete this part to provide any additional ir	formation	
			~
			~
			·

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

Open to Public Inspection

% _

✓ Yes

Donate of the Transition	Altach to Form 990.	
Internal Revenue Service	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspection
Name of the organization		Employer identification number
Center for Study of Responsive Law	sponsive Law	52-6082290
Part I' General	Part It General Information on Grants and Assistance	
1 Does the organ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and

the selection criteria used to award the grants or assistance?

3	zallori s procedu	res for mornioring	mornioring the use of grant furios in the United States	ios in the onlied	olales		
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	sistance to Do y recipient that	received more the	ations and born ian \$5,000. Part	lestic Governir Il can be duplica	ients. Complete il ated if additional s	the organization answispace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered Tes to Form 330, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(9)							
(4)	!						
(8)							
(6)							
(10)							
(11)							
(12)							
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	501(c)(3) and go rganizations lister	vernment organiza d in the line 1 table	tions listed in the l	ıne 1 table			2 . 4
For Paperwork Reduction Act Notice, see the Instructions for I	see the Instruction	ns for Form 990.		O	Cat No 50055P		Schedule I (Form 990) (2014)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needec	als. Complete if the 1.	organization answ	ered "Yes" to Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ဗ						
4						
Ŋ						
9						
7	Sumfemental Information Provide the in	the information r	In Part I In	Part III column	formation required in Part I line 2. Part III. column (h) and any other additional information	onal information
Schedule	Schedule I, Part I, Line 2 - In pursuing our organizational mission, we take all reasonable measures to abide by all laws and regulations applicable to tax-exempt charitable organizations	mission, we take a	Il reasonable measures	to abide by all laws ar	d regulations applicable to	ax-exempt charitable organizations
grantee or	and to ensure grafts made by the board of Trustees are used in an efficient and effective manner. This to making a graft, the Trustees of stail will review the activities of a proposed graft is being made. The Trustees of staff will also conduct a grantee organization and its programs and assess the organization's capacity to undertake the work for which the proposed graft is being made. The Trustees or staff will also conduct a	used in an efficient rganization's capaci	and effective manner ity to undertake the wo	rior to making a gran	sed grant is being made. The	in an efficient and effective manner. Frior to making a grant, the rustees of staff will review the activities of a proposed ation's capacity to undertake the work for which the proposed grant is being made. The Trustees or staff will also conduct a
a grant Ti	review to ensure that the proposed grantee is in compliance with any applicable U.S. Anti-Terorism Financial & Anti-Terorism Finances or staff will require that grantees submit financial and narrative reports during or after the grant term, to ensure compliance with the terms of the grant	ince with any applic it financial and narr	able U.S. Anti-Terroris ative reports during or	m Financing Rules. In	istees or staff will interview of ensure compliance with the	or visit the grantee during the term of terms of the grant
						Schedule I (Form 990) (2014)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Center for Study of Responsive Law	52-6082290
Form 990, Part VI, Section A, Line 2 - Laura Milleron and Ralph Nader are siblings.	

Form 990, Part VI, Section B, Line 11b - The form 990 was reviewed by Managing Trustee and by other	Trustees, upon request.
Form 990, Part VI, Section B, Line 15 - Comparable market data is used from nonprofits in this geogra	phic area.
Form 990, Part VI, Section C, Line 19 - The Center for Study of Responsive Law (CSRL) provides comp	
the public, the media, contributors and government agencies. All solicitation materials accurately repland program. All financial, organizational and program reports are complete and accurate. All informations are complete and accurate.	
policies and practices of the organization Basic information about the CSRL, such as the Form 990, s	
in a timely manner, and with charge to individuals who request it	van so made avandsie, apontrequest,
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990
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Employer identification number

Open to Public

OMB No 1545-0047 2014

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity Yes No Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 52-6082290 (f)
Direct controlling entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete If the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity (a) (a) Address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Center for Study of Responsive Law Part I Part II ଅ ල 9 Ξ ଷ ල € ত 9 Ξ €

Cat No 50135Y

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

Schedule R (F	Schedule R (Form 990) 2014	Pag
Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.	

(k) Percentage ownership									_'.	(I) Section 512(b)(13) controlled entity?	S ₀								0) 2014
			<u> </u>	-	_	┿		-	art IV	ection 5 contri entir	Yes								18 E
(f) General or managing partner?	Yes No		-	-			-	+	1 990, P	(h) Percentage S ownership					-				Schedule R (Form 990) 2014
Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	1								axable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.	(g) Share of end-of-year assets own									Sched
(h) sproportionare allocations?	No No				1		 		swered					-			-		
of-Dspro	Yes			ļ <u>.</u>	-		+-		ion ans year.	(f) Share of total income									i
(g) (h) Share of end-of- year assets allocatons?									organizat og the tax	entity p, or trust)									{
(f) Share of total income									ete if the ust durir	(e) Type of ((C corp, S cor									
					-	-	-		Comple ion or tr	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									r Trust corporat	Direct o		·							
						_		-	ation o	(c) Legal domicile (state or foreign country)									
(d) Direct controlling entity									s a Corpor ons treate	(c) Legal d						-			
(c) Legal domicile (state or foreign					-				Faxable as organizati	(b) Primary activity									 - -
									ations related	Prim									
(b) Primary activity									Organiz or more	, co									
<u></u>									Related had one	ed organizat									
(a) Name, address, and EIN of related organization									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization are line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization									
Name, rela		(1)	(2)	(3)	(4)	(5)	(9)	6	Part IV	Name		(I)	(2)	(3)	(4)	(5)	(9)	(2)	

Page 3

Schedule R (Form 990) 2014

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Comp	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S No
1 During	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organia	zations listed in Parts	3 II–IV?		
a Receip	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			13	-
b Gift, gr					4	
c Gift. ar	Gift, orant, or capital contribution from related organization(s)				2 (-
	Loans or loan quarantees to or for related organization(s)	•			2 3	-
				•	2	-
e Loans	Loans or loan guarantees by related organization(s)				1e	
1 Divide	Dividends from related organization(s)	•			1	
g Sale of	Sale of assets to related organization(s)				10	
	Purchase of assets from related organization(s)	•		•	7 C	1
					=	1
i Exchar	Exchange of assets with related organization(s)	•			=	
j Lease	Lease of facilities, equipment, or other assets to related organization(s)				1.	_
						_
k Lease	Lease of facilities, equipment, or other assets from related organization(s)				¥	
l Perforr	Performance of services or membership or fundraising solicitations for related organization(s)		•		=	
m Perforn	Performance of services or membership or fundraising solicitations by related organization(s)				3	-
Sharing	Sharing of facilities, equipment, mailing lists or other assets with related organization(s)	•			Ş	-
	of recommend deprecially and accommendation of the control of the					1
	oriarrig or bain employees with related organization(s)				9	
	Heimbursement paid to related organization(s) for expenses				c	
d Reimbi	Reimbursement paid by related organization(s) for expenses	•	•		10	_
						-
r Other t	Other transfer of cash or property to related organization(s)				,	
s Other t	Other transfer of cash or property from related organization(s)				= ,	+
	יייייייייייייייייייייייייייייייייייייי				l JS	4
z If the a	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	s line, inclut	ding covered relation	ships and transaction	on thresho	olds
	(a)	(9)	(0)	(p)		
	Name of related organization Trans type	Fransaction type (a-s)	Amount involved	Method of determining amount involved	g amount inv	volved
(1)		_				
(2)		_				
		-				
(3)						
(4)						
(2)						
(9)						
		1		Schedule R (Form 990) 2014	R (Form 99	90) 2014

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Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on 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

(k) Percentage ownership		0 072%	0 011%															Schedule R (Form 990) 2014
General or F managing opartner?	9 N	>	>															4 (Form
Gene mans part	Yes									:								dule F
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		-122,291	-73,147															Sche
ntionate tions?	No	>	>															
(h) Disproportionate allocations?	Yes																	
(g) Share of end-of-year assets		938,111	922,312															
(f) Share of total income		-116,635	111,486															
(e) Are all partners section 501(c)(3) organizations?	Š	>	>															
(e) Are all partners section 501(c)(3) organizations?	Yes No												-					
Predominant income (related, unrelated, excluded from tax under town tax under to	sections 312-314)	Unrelated	Unrelated															
(c) Legal domicile (state or foreign country)		2	ТX															
(b) Primary activity		producer of high-quality,	oil and natural gas															
(a) Name, address, and EIN of entity		(1) Calumet Specialty Products Partners L producer of 2780 Waterfront Parkway East Drive Suite 20 high-quality.	(2) Linn Energy LLC (65-1177591) JP Morgan Chase Tower 600 Travis Suite 510 natural gas	(6)	(4)	(9)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(61)	(14)	(51)	(16)	

Schedule R ((Form 990) 2014	Page
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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Schedule O, Statement 1

Form 990 Page 1 Line Number Center for Study of Responsive Law 52-6082290

Reasonable Cause Explanations

Explanation

The Center for Study of Responsive Law received an approval for the first 990 extension to August 15th, 2015. Our record should reflect that a second extension was filed in a timely fashion, but the preparer inadvertently mailed the second extension without a signature. We were not made aware of this error until September 21, 2015. We promptly worked to file our 2014 form 990. We believe this clerical error by the preparer should not penalize the organization. We have diligently filed all returns within required deadlines or by the extension approval dates. In the future, all filings, including extensions will be filed electronically, in order to avoid this from happening in the future. We take the responsibility of filing this informational return very seriously and we are embarrassed that this error happened. As it was not an intentional mistake, we hope the IRS will not assess a penalty due to our explanation of a reasonable cause.