

**NATIONAL COMMITTEE FOR  
RESPONSIVE PHILANTHROPY**

**990 Public Disclosure Copy**

**Year Ended September 30, 2006**

Form **990**

**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2001 S STREET, NW 620**

City or town, state or country, and ZIP + 4  
**WASHINGTON, DC 20009**

**D** Employer identification number  
**52-1072749**

**E** Telephone number  
**202-387-9177**

**F** Accounting method:  Cash  Accrual  
 Other (specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **▶ N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No  
(If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number **▶ N/A**

**G** Website: **▶ WWW.NCRP.ORG**

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,562,389.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	1a		<b>1,236,408.</b>	
	<b>b</b> Indirect public support	1b			
	<b>c</b> Government contributions (grants)	1c			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>1,236,408.</b> noncash \$ )	1d			<b>1,236,408.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			<b>11,967.</b>
	<b>3</b> Membership dues and assessments	3			<b>65,539.</b>
	<b>4</b> Interest on savings and temporary cash investments	4			<b>18,355.</b>
	<b>5</b> Dividends and interest from securities	5			<b>18,114.</b>
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c			
<b>7</b> Other investment income (describe )	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	205,049.	8a			
	205,049.	8b			
		8c			
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		<b>STMT 1</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	9a				
<b>b</b> Less: direct expenses other than fundraising expenses	9b				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a				
	<b>b</b> Less: cost of goods sold	10b			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11			<b>6,957.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			<b>1,357,340.</b>	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		<b>651,469.</b>	
	<b>14</b> Management and general (from line 44, column (C))	14		<b>230,915.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	15		<b>97,605.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17			<b>979,989.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18			<b>377,351.</b>	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		<b>1,323,801.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>	20		<b>&lt;299.&gt;</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			<b>1,700,853.</b>

523001 02-03-06

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Statement of  
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc. * *	209,920.	152,550.	35,392.	21,978.
26 Other salaries and wages	329,912.	217,910.	82,241.	29,761.
27 Pension plan contributions	28,656.	20,825.	4,831.	3,000.
28 Other employee benefits	60,821.	39,023.	15,747.	6,051.
29 Payroll taxes	36,136.	26,260.	6,093.	3,783.
30 Professional fundraising fees				
31 Accounting fees	14,461.	4,482.	7,330.	2,649.
32 Legal fees	2,652.	822.	1,344.	486.
33 Supplies	10,137.	7,447.	1,598.	1,092.
34 Telephone	9,060.	6,264.	2,219.	577.
35 Postage and shipping	8,757.	6,656.	893.	1,208.
36 Occupancy	47,485.	35,729.	6,725.	5,031.
37 Equipment rental and maintenance				
38 Printing and publications	16,512.	16,512.	0.	0.
39 Travel	15,826.	3,815.	8,251.	3,760.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	8,017.	5,821.	1,178.	1,018.
43 Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <u>SEE STATEMENT 3</u>	181,637.	107,353.	57,073.	17,211.
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	979,989.	651,469.	230,915.	97,605.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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\*\* SEE STATEMENT 4

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**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> SEE STATEMENT 5	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	252,540.
<b>b</b> ACCOUNTABILITY—TO PROMOTE RESEARCH AND DIALOGUE ON FOUNDATION TRANSPARENCY, ACCOUNTABILITY, AND RESPONSIVENESS TO COMMUNITY NEEDS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	209,616.
<b>c</b> SOCIAL JUSTICE—TO ENCOURAGE INFRASTRUCTURE DEVELOPMENT AND EFFECTIVE GIVING STRATEGIES FOR POLICY AND ADVOCACY CHANGE BY THE PHILANTHROPIC SECTOR.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	118,886.
<b>d</b> CONSTITUENT SERVICES—BUILDING CONSTITUENTS NATIONALLY AND INFORMING ORGANIZATIONS ABOUT RESEARCH FINDINGS.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	60,332.
<b>e</b> Other program services (attach schedule) SEE STATEMENT 7	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	10,095.
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	651,469.

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing .....	127,394.	45 477,460.
	46 Savings and temporary cash investments .....	560,130.	46 764,155.
	47 a Accounts receivable .....	47a 419.	47c 419.
	b Less: allowance for doubtful accounts .....	47b	
	48 a Pledges receivable .....	48a	48c
	b Less: allowance for doubtful accounts .....	48b	
	49 Grants receivable .....	240,000.	49 215,000.
	50 Receivables from officers, directors, trustees, and key employees .....		50
	51 a Other notes and loans receivable .....	51a	51c
	b Less: allowance for doubtful accounts .....	51b	
	52 Inventories for sale or use .....		52
	53 Prepaid expenses and deferred charges .....	20,133.	53 20,387.
	54 Investments - securities <b>STMT 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV .....	374,566.	54 275,000.
	55 a Investments - land, buildings, and equipment: basis .....	55a	55c
	b Less: accumulated depreciation .....	55b	
56 Investments - other .....		56	
57 a Land, buildings, and equipment: basis .....	57a 44,372.	57c 20,326.	
b Less: accumulated depreciation .....	57b 24,046.		
58 Other assets (describe <b>▶</b> .....		58	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	1,342,532.	59 1,772,747.	
Liabilities	60 Accounts payable and accrued expenses .....	11,729.	60 69,263.
	61 Grants payable .....		61
	62 Deferred revenue .....		62
	63 Loans from officers, directors, trustees, and key employees .....		63
	64 a Tax-exempt bond liabilities .....		64a
	b Mortgages and other notes payable .....		64b
	65 Other liabilities (describe <b>▶ CAPITAL LEASE OBLIGATION</b> ) .....	7,002.	65 2,631.
<b>66 Total liabilities.</b> Add lines 60 through 65) .....	18,731.	66 71,894.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted .....	1,020,788.	67 1,203,266.
	68 Temporarily restricted .....	303,013.	68 497,587.
	69 Permanently restricted .....		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds .....		70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71
	72 Retained earnings, endowment, accumulated income, or other funds .....		72
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) .....	1,323,801.	73 1,700,853.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	1,342,532.	74 1,772,747.	

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,357,041.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	<299.>
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	<299.>
c	Subtract line b from line a	c	1,357,340.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d	e	1,357,340.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements	a	979,989.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	979,989.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d	e	979,989.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances	
RICK COHEN 2001 S STREET, NW, SUITE 620 WASHINGTON, DC 20009	EXECUTIVE DIRECTOR	35.00	181,732.	28,188.	0.
THE AMOUNT REPORTED IN COLUMN C ALSO INCLUDES \$33,750 OF SEVERANCE PAY.					
SEE ATTACHED LIST OF NON-COMPENSATED OFFICERS AND DIRECTORS.					
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**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued) Yes No

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... 36				
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....			75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? .....			75c	X
<b>Note.</b> Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.				
d Does the organization have a written conflict of interest policy? .....			75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				
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**Part VI Other Information** (See the instructions.) Yes No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....			76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? .....			77	X
If "Yes," attach a conformed copy of the changes.				
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....			78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? ..... N/A			78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....			79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....			80a	X
b If "Yes," enter the name of the organization > N/A				
..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) ..... 81a 0.				
b Did the organization file Form 1120-POL for this year? .....			81b	X

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**Part VII Other Information** (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	82b		N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? .....		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
	84b		N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? .....		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
	85a		N/A
	85b		N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members .....		
	85c		N/A
d	Section 162(e) lobbying and political expenditures .....		
	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		
	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		
	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		
	85g		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		
	85h		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 .....		
	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities .....		
	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders .....		
	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0. .		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....		X
	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		0.
90 a	List the states with which a copy of this return is filed ▶ DC		
b	Number of employees employed in the pay period that includes March 12, 2005 .....	90b	12
91 a	The books are in care of ▶ NCRP Telephone no. ▶ (202) 387-9177 Located at ▶ 2001 S STREET, NW, SUITE 620, WASHINGTON, DC ZIP +4 ▶ 20009		
b	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)? .....		
	89b		X
	If "Yes," enter the name of the foreign country ▶ N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A		
	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year .....	92	N/A

	Yes	No
91b		X
91c		X

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**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a SERVICE AGREEMENTS					5,000.
b PUBLICATIONS					6,967.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					65,539.
95 Interest on savings and temporary cash investments			14	18,355.	
96 Dividends and interest from securities			14	18,114.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					6,957.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		36,469.	84,463.
105 Total (add line 104, columns (B), (D), and (E))					120,932.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 9

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

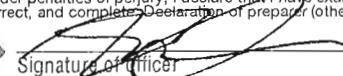
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

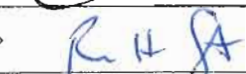
**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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 true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 2/27/07 Type or print name and title: Aaron Dorfman, Executive Director

Paid Preparer's Use Only: Preparer's signature:  Date: 2/26/07 Check if self-employed:  Preparer's SSN or PTIN: Firm's name (or yours if self-employed), address, and ZIP + 4: RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036 EIN: Phone no.: 202-822-5000

Form 990 (2005)

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY** Employer identification number **52: 1072749**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEFFREY P. KREHELY 2001 S STREET NW, WASHINGTON DC 20009	DEPUTY DIR. 35.00	70,999.	12,356.	0.
OMOLARA FATIREGUN 2001 S STREET NW, WASHINGTON DC 20009	S. R. ASSOCIATES 35.00	50,000.	10,530.	0.
ANDREA M. PARKE 2001 S STREET NW, WASHINGTON DC 20009	D. OF FINANCE 35.00	57,083.	11,196.	0.
Total number of other employees paid over \$50,000 ▶	3			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

NATIONAL COMMITTEE FOR RESPONSIVE

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, compensation, and grants.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 [ ] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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). (Also complete the Support Schedule in Part IV-A.)
13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: [ ] Type 1 [ ] Type 2 [ ] Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

NATIONAL COMMITTEE FOR RESPONSIVE

Schedule A (Form 990 or 990-EZ) 2005 PHILANTHROPY

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	610,878.	1,000,420.	1,142,350.	1,309,713.	4,063,361.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	186,583.	145,861.	130,315.	206,008.	668,767.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	20,902.	4,169.	4,509.	1,851.	31,431.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	15,964.		SEE STATEMENT 10		15,964.
23 Total of lines 15 through 22	834,327.	1,150,450.	1,277,174.	1,517,572.	4,779,523.
24 Line 23 minus line 17	647,744.	1,004,589.	1,146,859.	1,311,564.	4,110,756.
25 Enter 1% of line 23	8,343.	11,505.	12,772.	15,176.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 82,215.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,690,783.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,110,756.
d Add: Amounts from column (e) for lines: 18 31,431. 19 1,690,783. 22 15,964. 26b					26d 1,738,178.
e Public support (line 26c minus line 26d total)					26e 2,372,578.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 57.7163%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

NATIONAL COMMITTEE FOR RESPONSIVE

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	289.
38	Total lobbying expenditures (add lines 36 and 37)	38	289.
39	Other exempt purpose expenditures	39	979,700.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	979,989.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
41			171,998.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	43,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
45	Lobbying nontaxable amount	171,998.	175,334.	165,174.	165,413.	677,919.
46	Lobbying ceiling amount (150% of line 45(e))					1,016,879.
47	Total lobbying expenditures	289.	0.	1,852.	2,896.	5,037.
48	Grassroots nontaxable amount	43,000.	43,834.	41,294.	41,353.	169,481.
49	Grassroots ceiling amount (150% of line 48(e))					254,222.
50	Grassroots lobbying expenditures	0.	0.	374.	1,302.	1,676.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: Transfers from reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Schedule table with columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [ ] Yes [X] No
b If "Yes," complete the following schedule: N/A

Schedule table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

**Schedule B**  
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2005**

Name of organization

NATIONAL COMMITTEE FOR RESPONSIVE  
PHILANTHROPY

Employer identification number

52-1072749

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

**General Rule-**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)



Name of organization  
 NATIONAL COMMITTEE FOR RESPONSIVE  
 PHILANTHROPY

Employer identification number

52-1072749

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization  
**NATIONAL COMMITTEE FOR RESPONSIVE  
 PHILANTHROPY**

Employer identification number

52-1072749

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 199,130.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS	205,049.	0.	205,049.	0.
TO FORM 990, PART I, LINE 8	205,049.	0.	205,049.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<299.>
TOTAL TO FORM 990, PART I, LINE 20	<299.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INTERNS	41,459.	41,459.	0.	0.
MISCELLANEOUS	33,326.	16,170.	6,001.	11,155.
CONSULTING	58,501.	19,884.	37,866.	751.
FURNITURE AND EQUIPMENT SOFTWARE DUES AND SUBSCRIPTIONS	13,814.	9,594.	2,431.	1,789.
TEMPORARY HELP	14,211.	13,746.	166.	299.
OTHER PROFESSIONAL FEES	3,680.	1,341.	2,171.	168.
TOTAL TO FM 990, LN 43	16,646.	5,159.	8,438.	3,049.
TOTAL TO FM 990, LN 43	181,637.	107,353.	57,073.	17,211.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RICK COHEN	181,732.	28,188.		209,920.
A. PROGRAM SERVICES	132,065.	20,485.		152,550.
B. MANAGEMENT AND GENERAL	30,640.	4,752.		35,392.
C. FUNDRAISING	19,027.	2,951.		21,978.
TOTAL PROGRAM SERVICES				152,550.
TOTAL MANAGEMENT AND GENERAL				35,392.
TOTAL FUNDRAISING				21,978.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				209,920.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

COMMUNICATIONS--TO ENHANCE THE ORGANIZATION'S VISIBILITY AND PROMOTE THE ORGANIZATION'S MISSION, EXPERTISE AND MATERIALS TO THE GENERAL PUBLIC, THE MEDIA AND PERSONS OF INFLUENCE IN THE PHILANTHROPIC PROCESS; TO COORDINATE THE PRODUCTION AND DISSEMINATION OF OUTREACH MATERIALS AND PUBLICATIONS COVERING THE ISSUES OF TRANSPARENCY, ACCOUNTABILITY, AND SOCIAL JUSTICE PHILANTHROPY.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		252,540.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE AS FOLLOWS: (A) TO CONDUCT CHARITABLE ACTIVITIES PRIMARILY DESIGNED TO IMPROVE THE MORALE AND SENSE OF PUBLIC INVOLVEMENT OF DISADVANTAGED MINORITY GROUPS AND OTHER CITIZENS OF THE UNITED STATES OF AMERICA; (B) TO MONITOR THE OPERATIONS OF PUBLIC AND PRIVATE PHILANTHROPIC INSTITUTIONS AND PROGRAMS TO DETERMINE THEIR RESPONSIVENESS TO PUBLIC NEEDS; (C) TO CONDUCT RESEARCH DIRECTED TOWARD QUESTIONS OF PUBLIC AND PRIVATE SECTOR RESPONSIVENESS TO PUBLIC NEEDS, INCLUDING THE ACCESSIBILITY OF INSTITUTIONS TO DISADVANTAGED MINORITIES AND OTHER GROUPS WITHIN THE CITIZENRY; (D) TO EDUCATE THE PUBLIC AND PERSONS ABLE TO INFLUENCE PHILANTHROPIC PROCESSES AND PRIORITIES OF THE NEEDS OF DISADVANTAGED MINORITIES AND OTHER GROUPS WITHIN THE CITIZENRY, AND HOW THOSE NEEDS CAN BEST BE MET; (E) TO ISSUE PUBLICATIONS, NEWSLETTERS, STUDIES, FILINGS, AND OTHER MATERIALS ON QUESTIONS OF CITIZEN INVOLVEMENT IN PUBLIC AND PRIVATE PROCESSES AND ALL OTHER SUBJECTS RELEVANT TO THE CORPORATION'S CHARITABLE OBJECTIVES; AND (F) TO ESTABLISH A FORUM BROADLY REPRESENTATIVE OF ALL SEGMENTS OF THE PUBLIC TO EXCHANGE INFORMATION AND VIEWS WITH RESPECT TO IMPORTANT PUBLIC ISSUES.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 7

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
WORKPLACE PHILANTROPY		10,095.
TOTAL TO FORM 990, PART III, LINE E		10,095.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITY SECURITIES	FMV	275,000.			275,000.
TO FORM 990, LINE 54, COL B		275,000.			275,000.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ALL ACTIVITIES CONTRIBUTED TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S
93B	EXEMPT PURPOSES BY ASSISTING IN THE MONITORING OF PHILANTHROPIC
94	INSTITUTIONS, EDUCATING THE PUBLIC ON THE NEEDS OF THE DISADVANTAGED,
103A	AND BY PROVIDING TECHNICAL ASSISTANCE TO ORGANIZATIONS SERVING THE DISADVANTAGE.

SCHEDULE A OTHER INCOME STATEMENT 10

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER REVENUE	15,964.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	15,964.	0.	0.	0.

National Committee for Responsive Philanthropy  
 Form 990, Part II, Line 42 - Depreciation  
 Form 990, Part IV, Line 57 - Land, Buildings, and Equipment  
 Year Ended September 30, 2006

52-1072749

ASSETS

	Beginning of Year	Additions	Disposals	End of Year
Computers	\$ 12,578	\$ 4,709	\$ -	\$ 17,287
Furniture and Equipment	23,332	3,753	-	27,085
Total	<u>\$ 35,910</u>	<u>\$ 8,462</u>	<u>\$ -</u>	<u>\$ 44,372</u>

ACCUMULATED  
DEPRECIATION

	Beginning of Year	Current Year Depreciation	Disposals	End of Year
Computers and Furniture and Equipment	\$ 16,029	\$ 8,017	\$ -	\$ 24,046
Total	<u>\$ 16,029</u>	<u>\$ 8,017</u>	<u>\$ -</u>	<u>\$ 24,046</u>

Note: Office furniture and related equipment are stated at cost and depreciated using the straight-line method over the estimated useful lives of the assets, generally three years for computer equipment and five years for other office equipment and furniture, or the terms of the respective capital leases.

**National Committee For Responsive Philanthropy**  
**Form 990, Part V-A -- Current Officers, Directors, Trustees and Key Employees**  
**Year Ended September 30, 2006**

**52-1072749**

First Name	Last Name	Title	Compensation	Address	Average Hours Per Week
David	Jones	Chair	None	2001 S Street NW, Suite 620 Washington DC 20009	3
Larry	Kressley	Vice-Chair	None	2001 S Street NW, Suite 620 Washington DC 20009	2
Rhoda	Karpatkin	Treasurer	None	2001 S Street NW, Suite 620 Washington DC 20009	2
Lana	Cowell	Secretary	None	2001 S Street NW, Suite 620 Washington DC 20009	2
Marilyn	Aguire-Molina	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
James	Abernathy	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Christine	Ahn	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Andrea	Alexander	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Bruce	Astrein	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Gary	Bass	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Dave	Beckwith	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Louis	Delgado	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Mike	Doyle	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Pablo	Eisenberg	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Angelo	Falcon	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Richard	Farias	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Diane	Feeney	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Deborah	Felder	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Angel	Fernandez-Chavero	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Marjorie	Fine	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1



**National Committee For Responsive Philanthropy**  
**Form 990, Part V-A -- Current Officers, Directors, Trustees and Key Employees**  
**Year Ended September 30, 2006**

**52-1072749**

First Name	Last Name	Title	Compensation	Address	Average Hours Per Week
Margaret	Fung	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Bookda	Gheisar	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Cynthia	Guyer	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Judy	Hatcher	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Julianne	Malveaux	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Pete	Manzo	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
William	Merritt	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Nadia	Moritz	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Terry	Odendahl	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Alan	Rabinowitz	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Russell	Roybal	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Gary	Snyder	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Greg	Truog	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Helen	Vinton	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Bill	Watanabe	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1
Jodi	Williams	Board Member	None	2001 S Street NW, Suite 620 Washington DC 20009	1

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY</b>	Employer identification number <b>52-1072749</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2001 S STREET, NW, NO. 620</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20009</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **NCRP**  
 Telephone No. ▶ **(202) 387-9177** FAX No. ▶ \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2005**, and ending **SEP 30, 2006**.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ..... \$ \_\_\_\_\_

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_

**c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ \_\_\_\_\_ **N/A**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.