** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2012 calendar year, or tax year beginning OCT 1, 2012 and ending SEP 2013 Check if applicable: C Name of organization D Employer identification number National Committee for Address change Responsive Philanthropy Name change 52-1072749 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1331 H Street, NW 200 202-387-9177 Amended return 1,541,645. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-tion Washington, DC 20005 H(a) Is this a group return pending F Name and address of principal officer; Aaron Dorfman for affiliates? same as C above Yes L H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 501(c) () **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list, (see instructions) J Website: WWW.ncrp.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 1976 M State of legal domicile: DC Part I Summary Briefly describe the organization's mission or most significant activities: Promote philanthropy that serves Activities & Governance the public good, is accountable and benefits vulnerable communities. Check this box leading if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 17 Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) 116 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 1,611,885. 1,499,720. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) 1,698 35,305. 6.390. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19.015. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,585 230 1,634,183 1,541,645. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 956,401. 1,105,995. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 464,649 552,998. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 658,993. 1,421,050 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 213,133 -117,348.Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 1,944,893. 1,844,222. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 71.489 88,166. že E 1,873,404. 756,056. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, declare that 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 probarge (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Aaron Dorfman, Executive Director Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Paid Frank H. Smith 03/26/14 1₽00639053 self-employed Firm's name Raffa, P.C. Preparer Firm's EIN 52-1511275 Firm's address 1899 L Street, NW, Suite 900 Use Only

Form 990 (2012)

X Yes No

202-822-5000

Phone no.

Washington, DC 20036

May the IRS discuss this return with the preparer shown above? (see instructions)

	National Co	Dumitcee ror
990 (2012)	Responsive	Philanthropy
III Statement	of Program Service	Accomplishments

ra	Tim Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	National Committee for Responsive Philanthropy (NCRP)promotes
	philanthropy that serves the public good, is responsive to people and
	communities with the least wealth and opportunity, and is held
	accountable to the highest standards of integrity and openness.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	Increase Discussion and Debate: NCRP provokes thoughtful discussion and
	critical reflection about how philanthropy is practiced. We publish a
	quarterly journal, maintain one of the sector's leading blogs, present
	at dozens of conferences and host monthly webinars. We also spark
	conversation with opinion pieces we contribute to other sector
	publications. We began work on a new initiative this year which sparks
	discussion and debate with assessments of large foundations and a
	platform for broader public input. We focus on important topics like
	general operating support, mission investing, diversity and inclusion,
	democracy and philanthropy, and more.
4b	(Code:) (Expenses \$ 266,301. including grants of \$) (Revenue \$
•	Celebrate Excellence: NCRP highlights and celebrates exemplary
	philanthropy through the NCRP Impact Awards and our Philanthropy's
	Promise initiative.
	In FY13, NCRP launched a new project to highlight grantmakers that are
	leading by example. We took nominations from our members and
	constituents, evaluated the nominees, and presented awards to four
	foundations doing truly exemplary work. The NCRP Impact Awards will be
	given out annually.
	(Continued on page 29)
46	(Code:) (Expenses \$ 255,232. including grants of \$) (Revenue \$
40	Build Knowledge: NCRP works to build knowledge and understanding about
	philanthropy and how it is practiced. We produce reports that help
	grantmakers better serve society and especially communities who have
	been marginalized or left out in some way. We also track and report on
	data for the entire sector and for specific foundations.
	data for the energy sector and for specific foundations.
	During FY13, we produced a key new report: Real Results: Why Strategic
	Philanthropy IS Social Justice Philanthropy. This report is the
	culmination of several years work on our High Impact Strategies for
	Philanthropy report series.
	/Continued on mage 20)
	(Continued on page 29)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 1,384,855.
23200	Form 990 (2012
12-10-	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.		, U2	-8.
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		_
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		 ^
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110	_	<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7,7	
	Schedule D, Parts XI and XII Was the experiential included in acception independent of the first section of the second of the s	12a	Х	\vdash
U	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	401-		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			10
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	\vdash	 ^
·	dispersor to pate and dispersor in dispersor and of "Von " complete Cabadyla I. Dort IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	\vdash	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30	\vdash	ᢡ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	38	X	

Form **990** (2012)

Responsive Philanthropy
Statements Regarding Other IRS Filings and Tax Compliance

				-
	The state of the s	1111-1	Yes	No
1a E	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	KEY		100
b E	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			This is
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			2
(ç	gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	地區		E-17-
fi	iled for the calendar year ending with or within the year covered by this return			Milit
b If	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ex.	acci	700
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a A	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
fi	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	f "Yes," enter the name of the foreign country:	100		188
S	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a W	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c If	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
a	any contributions that were not tax deductible as charitable contributions?	6a		X
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
W	vere not tax deductible?	6b		
7 0	Organizations that may receive deductible contributions under section 170(c).	15	100	me i
	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		X
b If	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	o file Form 8282?	7c		X
	f "Yes," indicate the number of Forms 8282 filed during the year	题	88	38
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		727	106
	rganization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	QTE.		, DI
a D	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:	Dia.		III ISA
	nitiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	William	100	1 3
	Section 501(c)(12) organizations. Enter:		Ф.,	
	Gross income from members or shareholders 11a			ME.
	Gross income from other sources (Do not net amounts due or paid to other sources against	FEE		
	Imounts due or received from them.)	BBS	ESTY.	1000
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	95345	TO SUIT
	"Yes," enter the amount of tax-exempt interest received or accrued during the year			
	section 501(c)(29) qualified nonprofit health insurance issuers.	40-	CH OLD SEL	-
	s the organization licensed to issue qualified health plans in more than one state? lote. See the instructions for additional information the organization must report on Schedule O.	13a		BUS P
	inter the amount of reserves the organization is required to maintain by the states in which the			
		#,811		D.J.C.
ران ان	rganization is licensed to issue qualified health plans 13b	109	2100	
	inter the amount of reserves on hand	140		Х
	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
 11	101 Indiana To the rest to report these partitions: " 101 provide an explanation in scriedule o		000	(2012

Responsive Philanthropy

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI	,,,,,,,	,	X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing			-51.3					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent								
2									
	officer, director, trustee, or key employee?								
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		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			۱					
	more members of the governing body?	7a		X					
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		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		114						
а	The governing body?	8a	X	_					
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			i					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			WE.					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1						
	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							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, CA, CO, CT, FL, GA	,IL	,KS	, KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	ıvailat	ole						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X 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 interest policy, ar	d fina	ncial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza Beth McMaster - (202) 387-9177	tion:	_						
	1331 H Street, NW, Suite 200, Washington, DC 20005								
23200	Coo Cabadula O fam full list of states	Form	000	(2012)					
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 n	or any related	orga	iniza	ation	COL	mper	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per			x, unless person is both an ficer and a director/trustee)			h an	compensation	compensation	amount of
	week	\vdash					100,	from	from related	other
	(list any hours for	iect	l			_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 00	<u>ş</u>			sated		(W-2/1099-MISC)	(***2/10334*1150)	organization
	organizations	individual trustee or director	instillutional trustee		, e	ad un		(** = / ********************************		and related
	below	lenpu	l bg	, a	Key employee	est co	퓰			organizations
	line)	ğ	inst inst	Officer	ě	Highest compensated employee	Form			
(1) Diane Feeney	3.00		l							
Chair		X		X				0.	0.	0.
(2) Sherece West-Scantlebury	2.00									
Vice-Chair		X		Х				0.	0.	0.
(3) Judy Hatcher	2.00									
Treasurer		Х		X			L.,	0.	0.	0.
(4) Russell Roybal	2.00									
Secretary		X	L	X				0.	0.	0.
(5) Dave Beckwith	1.00				Г					
Director		Х						0.	0.	0.
(6) Robert Edgar	1.00									
Director until 04/2013		X			l			0.	0.	0.
(7) Pablo Eisenberg	1.00									
Director		Х						0.	0.	0.
(8) Marjorie Fine	1.00									-
Director		X	<u> </u>					0.	0.	0.
(9) Ana Garcia-Ashley	1.00									
Director		X					L	0.	0.	0.
(10) Trista Harris	1.00									
Director		Х						0.	0.	0.
(11) Priscilla Hung	1.00				l		Г			-
Director		X						0.	0.	0.
(12) Gara LaMarche	1.00									
Director		X						0.	0.	0.
(13) Vivek Malhota	1.00									
Director		X			L			0.	0.	0.
(14) Ai-Jen Poo	1.00					П				
Director		X						0.	0.	0.
(15) Cynthia Renfro	1.00									
Director		Х			L		L	0.	0.	0.
(16) Gary Snyder	1.00									
Director		X			L			0.	0.	0.
(17) Aaron Dorfman	40.00									,
Executive Director				X				121,818.	0.	22,822.

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Form 990 (2012)

Form 990 (2012) Responsi									52-10	<u>727</u>	149	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week (list any	(do box offi	not c	Posi heck ss pe	C) itior more rson		one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	'	Estir amo of	F) mated ount of ther ensation
	hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	C)	from organ and	m the nization related izations
		_			L	L				_		
										\rightarrow		
										_		
		L										
		L										
		L										
1b Sub-total c Total from continuation sheets to Part V								121,818.		0.	22	,822. 0.
d Total (add lines 1b and 1c)			a section			▶		121,818.	000 -4	0.	22	,822.
Total number of individuals (including but compensation from the organization	tot iiriited to tr	1086	uste	eu a	DOV	ej wi	10 F	eceived more than \$100	,000 or reportable		- 1,	1
3 Did the organization list any former officer										Ī	5 74 8	res No
line 1a? If "Yes," complete Schedule J for a 4 For any individual listed on line 1a, is the s	um of reportab	le c	qmo	ensa	atio	n and	d otl	her compensation from	the organization		3	X
and related organizations greater than \$15Did any person listed on line 1a receive or									idual for services	77	4	X
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	le J i	or s	uch	pers	son					5	X
Complete this table for your five highest or the organization. Report compensation for	•									pensa	ation fro	om
(A) Name and business			INC					(B) Description of s		C	(C) ompen	
					-							-
							\exists					
							\dashv					•
2 Total number of independent contractors	-	ot li	mite	d to		se li	stec	d above) who received r	nore than			
\$100,000 of compensation from the organ	ization >						_			14	Form 9	90 (2012)

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (B) (**D)**Revenue excluded from tax under sections 512, 513, or 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 9,570. **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 1f 1,490,150. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$,499,720 h Total. Add lines 1a-1f **Business Code** 900099 2 a Assessments 35,000 35,000 Program Service Revenue Publications 900099 305 f All other program service revenue 35,305 Total. Add lines 2a-2f \triangleright Investment income (including dividends, interest, and 6,390 6,390. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from garning activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 900099 11 a Miscellaneous 230 230. d All other revenue 230. Total. Add lines 11a-11d

6,620.

541

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Total revenue. See instructions.

645.

35,305.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX **(D)** Fundraising Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 26,284. 154,152. 112,192. 15,676. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 719,375. 530,220. 118,448. 70,707. Other salaries and wages 7 Pension plan accruals and contributions (include 57,422. 9,790 41,791 5,841. section 401(k) and 403(b) employer contributions) 109,938. 81,593. 17,783. 10,562. Other employee benefits 9 65,108. 47,386. 11,101. 6,621. Payroll taxes 10 Fees for services (non-employees): a Management _____ 1,599. 1,599. Legal 47,858. 47,858. Accounting Lobbying _____ Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 148,359. 142,172. 6,187. column (A) amount, list line 11g expenses on Sch O.) 25. 25 Advertising and promotion 12 5,885. 22,963. 16,528. 550. 13 Office expenses 48,855. 1,766. 47,086. 3. 14 Information technology 15 Royalties 2,382. 122,607. 120,225. 16 Occupancy 74,566. 61,635. 12,581. 350. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19,947. 19,947. 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 8,654. 8,654. Depreciation, depletion, and amortization 22 15,427. 15,427. 23 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.) 29,850. 21,868. 7,982. Dues and subscriptions State registrations 9,922. 9,922. 539 Training & development 2,366. 1,827. -346,120. d Indirect cost alloc. 304,836. 41,284. e All other expenses 1,658,993. 1,384,855 112,622 161,516. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2012)

if following SOP 98-2 (ASC 958-720)

Check here

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Form 990 (2012)
Part X Balance Sheet

	Check if Schedule O contains a response to any question in this Part X	CARACTER LOSS CONTRACTOR CONTRACT	***********	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	368,640.	1	536
2	Savings and temporary cash investments	946,380.	2	1,297,506
3	Pledges and grants receivable, net	559,850.	3	469,150
4	Accounts receivable, net		4	10,000
5	Loans and other receivables from current and former officers, directors,	EATHS-II FAMILIA	to the same	Marilla Marilla
- 1	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under		T 1 4 1	
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		5 5 0	
.	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Slesser 7	Notes and loans receivable, net		7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	35,693.	9	40,586
108	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 119,390.			
t	Less: accumulated depreciation 10b 112,555.	15,489.	10c	6,835
11	Investments - publicly traded securities	· · ·	11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	18,841.	15	19,609
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,944,893.	16	1,844,222
17	Accounts payable and accrued expenses	53,904.	17	72,034
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	
21 22	Loans and other payables to current and former officers, directors, trustees,		2	STATE OF THE STATE OF
	key employees, highest compensated employees, and disqualified persons.			
5	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	<u>.</u>	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	17,585.	25	16,132
26	Total liabilities. Add lines 17 through 25	71,489.	26	88,166
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		367	
ខ្ល	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,313,404.	27	1,100,863
28	Temporarily restricted net assets	560,000.	28	655,193
29	Permanently restricted net assets	····	29	· · · · · · · · · · · · · · · · · · ·
ē	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	NETOES THE WATER	1551	THE IT SOME
5	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,873,404.	33	1,756,056
34	Total liabilities and net assets/fund balances	1,944,893.	34	1,844,222

Form 990 (2012)

Form	1990 (2012) Responsive Philanthropy	27-10	12149	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,541		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,658	3,99	93.
3	Revenue less expenses. Subtract line 2 from line 1	3	-117		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,873	3,4(04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			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	1,756	5,0!	<u> 56.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1841		
	separate basis, consolidated basis, or both:		1000	400	
	Separate basis Consolidated basis Both consolidated and separate basis				R-TR
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	18		
	consolidated basis, or both:			Щ	
	Separate basis Consolidated basis Both consolidated and separate basis		=30		\$11
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				111
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			/ 63	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	_	36	HIM	
	Act and OMB Circular A-133?		3a		X
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Name of the organization National Committee for Employer identification number Responsive Philanthropy

52-1072749 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.) 3 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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 exempt 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). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), 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 that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III · Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organizátion in col. n col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes Νo Total

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

Schedule A (Form 990 or 990-EZ) 2012

232021

Schedule A (Form 990 or 990-EZ) 2012 Responsive Philanthropy

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			•	• •		
	membership fees received. (Do not						
	include any "unusual grants.")	1468570.	<u>1</u> 531175.	1173278.	1611885.	1499720.	7284628.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	i					
	the organization without charge						
4	Total. Add lines 1 through 3	1468570.	1531175.	1173278.	1611885.	1499720.	7284628.
5	The portion of total contributions				THE STATE OF	011-0-1	
	by each person (other than a						
	governmental unit or publicly		SETT WEST	18	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	supported organization) included						
	on line 1 that exceeds 2% of the	A SECTION AND A			1 - 288		
	amount shown on line 11,						
	column (f)	ar Ballania i	ATT THE TIME	100		NIE WWW	3009481.
	Public support. Subtract line 5 from line 4.		a 107000 or 207				4275147.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009 1531175.	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	1468570.	12311/20	1173278.	1611885.	1499720.	7284628.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	44,421.	30,720.	21,921.	19,015.	6,390.	122,467.
_	and income from similar sources	44,441.	30,740.	41,341.	19,010.	0,390.	144,401.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	960.	240.	1,316.	1,585.	230.	4,331.
44	assets (Explain in Part IV.)	5001	240.	1,510.	1,505+	2501	7411426.
	Gross receipts from related activities,	eta (ese instructio	anal			12	46,733.
	First five years. If the Form 990 is for			d fourth or fifth to			20,7336
	organization, check this box and stop	-			ax year as a sectio		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11. c	olumn (fl)		14	57.68 %
	Public support percentage from 2011					15	58.71 %
	33 1/3% support test - 2012. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	1200201000000			▶ X
b	33 1/3% support test - 2011. If the c						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation	1.11		
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		D
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
						dule A (Form 990	



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

Section A. Public Support	elow, please com	ipiete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		(4/=555	(0)2010	(=) = 0 1 1	(0) 2012	(i) rotai
membership fees received. (Do not						
include any "unusual grants.")		ļ				
2 Gross receipts from admissions,		<u> </u>			-	
merchandise sold or services per-						
formed, or facilities furnished in				1		
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		 			 	_
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-		 		-	-	
ization's benefit and either paid to						
or expended on its behalf				ļ		

5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5			<u> </u>			
7a Amounts included on lines 1, 2, and					į,	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year				_		
c Add lines 7a and 7b	-					
8 Public support (Subtract line 7c from line 6.)		Hawaii in the same of	III SIO S			
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975				ļ		
c 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	· .			-	<u> </u>	
or loss from the sale of capital		i				
assets (Explain in Part IV.)					 	
14 First five years. If the Form 990 is for	the organization'	e firet eacond thir	d fourth or fifth to	l	501(a)(3) argania	otion.
والمراجع وال		3000ma, um				ation,
Section C. Computation of Publi				<u></u>		
15 Public support percentage for 2012 (li			column (fl)		15	9,
16 Public support percentage from 2011					16	9/
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20			ne 13. column (fl)	LOAD, C.	17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 190, check th			_
232023 12-04-12				Sch	edule A (Form 99	v or 990-EZ) <i>2</i>

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization
National Committee for
Responsive Philanthropy

Employer identification number
52-1072749

Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 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
	on is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	(A)
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one mplete Parts I and II.
Special Rules	
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
total contribution	01(c)(7), (8), or (10) organization filing Form 990 or 990·EZ that received from any one contributor, during the year, one on the second of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or of cruelty to children or animals. Complete Parts I, II, and III.
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, or use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions of \$5,000 or more during the year
Caution. An organization	n that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

certify that it does 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, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization National Committee for Responsive Philanthropy Employer identification number

52-1072749

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- \$ <u>400,000</u> .	Person X Payroll Noncash (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 instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-21-			Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2012)

Name of organization National Committee for Employer identification number

52-1072749

Responsive Philanthropy Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I

Name of org	anization (2012)	<u> </u>	Page 4 Employer identification number			
-	nal Committee for		Employer Identification fidiliber			
Respon	sive Philanthropy		52-1072749			
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	ividual contributions to section 501(c)(7), the following line entry. For organizations of \$1,000 or less for the y	(8), or (10) organizations that total more than \$1,000 for the ompleting Part III, enter //ear. (Enter this information once.)			
(a) No.	Use duplicate copies of Part III if additio	nal space is needed.	1			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
			_			
		(e) Transfer of gift	<u>.</u>			
	T					
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
		· · · · · · · · · · · · · · · · · · ·				
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		 -	-			
_						
	(e) Transfer of gift					
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
			-			
F		(e) Transfer of gift				
		•				
 	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee			
(a) No. from						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
1			-			
		<u></u> -				
L						
		(e) Transfer of gift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee			
<u> </u>			The state of the s			
] -						

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

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

• 5	Section 501(c)(4), (5), or (6) organiza				
Nam	-	al Committee for		Emplo	oyer identification number
	Respons	sive Philanthropy	7		52-1072749
Pa	rt I-A Complete if the or	ganization is exempt und	der section 501(c) or is a section 527 or	rganization.
2	Provide a description of the organ Political expenditures Volunteer hours	·		▶\$	
Pa	rt I-B Complete if the or	ganization is exempt und	der section 501(c)(3).	
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	x incurred by organization manag	ers under section 495	▶ \$	
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a correction made?		# 77.222.0		Yes No
ь	If "Yes," describe in Part IV.	a companione	The state of the s		WAS
-	rt I-C Complete if the or	<u> </u>		·· · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expende				
	Enter the amount of the filing orga		•	_	
	exempt function activities				
	Total exempt function expenditure				
	line 17b	4400 DOI (0411/201000			Yes No
	Did the filing organization file Forn Enter the names, addresses and e				
	made payments. For each organiz				
	contributions received that were p				
	political action committee (PAC). If			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(-, ************************************	(2), (23)	(0, 2)	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
			<u></u>		
_					

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

	National Co	ommittee for			
Schedule C (Form 990 or 990-EZ) 2012	Responsive	Philanthropy	y	52-1	072749 Page 2
Part II-A Complete if the or	ganization is exe	empt under section	501(c)(3) and file	ed Form 5768	
(election under sec	ction 501(h)).				
A Check if the filing organization	ation belongs to an at	filiated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,
	re of excess lobbying				
B Check ▶ if the filing organiza	ation checked box A	and "limited control" prov	visions apply.		
	its on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)		1,375.	
b Total lobbying expenditures to infl				0.	
c Total lobbying expenditures (add	lines 1a and 1b)			1,375.	
d Other exempt purpose expenditure		2000	Control of the Contro	1,657,618.	
e Total exempt purpose expenditure	es (add lines 1c and 1	d)		1,658,993.	
f Lobbying nontaxable amount. Ent	er the amount from t			232,950.	
If the amount on line 1e, column (a)	or (b) is: The lo	bbying nontaxable amo	unt is:		
Not over \$500,000	20% o	f the amount on line 1e.			T S K R
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.		The second second	
g Grassroots nontaxable amount (el	nter 25% of line 1f)		7071 (31110 OUALULOUS)	58,238.	
h Subtract line 1g from line 1a. If ze				0.	
i Subtract line 1f from line 1c. If zer		***************************************		0.	<u></u>
j If there is an amount other than ze		r line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this		***************************************			Yes No
	zations that made a plumns below. See t	reraging Period Under S section 501(h) election he instructions for lines	do not have to comp 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Year	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	225,609	232,935.	217,105.	232,950.	908,599.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,362,899.
c Total lobbying expenditures	936	1,055.		1,375.	3,366.
d Grassroots nontaxable amount	56,402	58,234.	54,276.	58,238.	227,150.

1,055.

Schedule C (Form 990 or 990-EZ) 2012

1,375.

340,725.

2,430.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

National Committee for	
Schedule C (Form 990 or 990-EZ) 2012 Responsive Philanthropy	52-107274
Part II-B Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Form 5768
(election under section 501(h)).	

01(c)(5), or s	Amo	ount
1		
1		
1		
1		
1		(March)
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1		AT WELL
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Schedule C (Form 990 or 990-EZ) 2012

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

National Committee for Responsive Philanthropy

Employer identification number 52-1072749

Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		funds
	are the organization's property, subject to the organization's excl		
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
		mor advisor, or for any other purpose co	
Pa	rt II Conservation Easements. Complete if the organiz	ation answered "Yes" to Form 990, Part	IV line 7
1	Purpose(s) of conservation easements held by the organization (
•	Preservation of land for public use (e.g., recreation or educ		ically important land area
	Protection of natural habitat	Preservation of a certifie	
	Preservation of open space	Preservation of a certifie	a historic structure
2	Complete lines 2a through 2d if the organization held a qualified	consequetion contribution in the form of	
_	day of the tax year.	conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of consensation exements		
h	Total number of conservation easements Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic structu	un implicated in (a)	2b
	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired after		
u		•	I I
3	listed in the National Register		2d
Ģ	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the oi	rganization during the tax
4	year ▶ Number of states where property subject to conservation easem	out in Innatasi N	
5			
	Does the organization have a written policy regarding the periodic violations, and enforcement of the conservation easements it holds	1.4	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	***************************************	
7			
8	Amount of expenses incurred in monitoring, inspecting, and enfo		
0	Does each conservation easement reported on line 2(d) above sa		
9	and section 170(h)(4)(B)(ii)?	Control of the Section of the Control of the Contro	Yes U No
9	In Part XIII, describe how the organization reports conservation e		
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes the	e organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections of Ar	t Historical Treasures or Oth	or Similar Assats
ı dı	Complete if the organization answered "Yes" to Form 990.		er Sillillar Assets.
		·	
ıa	If the organization elected, as permitted under SFAS 116 (ASC 9)		
	historical treasures, or other similar assets held for public exhibiti		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes		
b	If the organization elected, as permitted under SFAS 116 (ASC 98)		
	treasures, or other similar assets held for public exhibition, educa	ition, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical treasur	•	ain, provide
	the following amounts required to be reported under SFAS 116 (A		
а	Revenues included in Form 990, Part VIII, line 1		0.000
þ	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2012

basis (investment)

Cabar	tula D	/Earm	OOAL	2011

e Other

1a Land
b Buildings
c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

basis (other)

119,390.

depreciation

112,555.

Part VII Investments - Other Securities. Sec	FITTAIICHT ODY		32-10/2/49 Page 3
(a) Description of security or category (including name of security)	e Form 990, Part X, line 12 (b) Book value		st or end-of-year market value
(1) Financial derivatives	(-) 2001 Talab	(2)	Sila Si your market value
(2) Closely-held equity interests			
(3) Other			
(A)			-
(B)			
(C)			
(D)	-		
(E)			<u> </u>
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)	 	<u> </u>	
(8)			
(9)	 .		
(10) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u>	Interior	
Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(1)			(D) Dook value
(2)	-		
(3)			
(4)			
(5)	<u> </u>		_
(6)			***
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X, Ii			
1. (a) Description of liability		(b) Book value	Marie Marie Dill
(1) Federal income taxes		IVÊ SELÊ	
(2) Deferred rent		16,132.	
(3)			
(4)			
(5)		JUE JULIUS	
(6)		HOTEL TO SE	
(7)		1547,2332	
(8)		1 377	
(9)		salita N	
(10)		V. dy ii	
(11)	05)	16 122	
Total. (Column (b) must equal Form 990, Part X, col. (B) line		16,132.	that reports the organization's

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

National Committee for Responsive Philanthropy

Employer identification number 52-1072749

Form 990, Part III, Line 4b, Program Service Accomplishments:

In FY13, NCRP also expanded Philanthropy's Promise, our signature

initiative that encourages grantmakers to publicly commit to

prioritizing and empowering communities that have been underserved or

marginalized in some way. We closed FY13 with approximately 170

signatories to the initiative, representing 8 percent of market share

in philanthropy when assessed by total annual giving.

Form 990, Part III, Line 4c, Program Service Accomplishments:

During FY13, we also produce a new iteration of The Philanthropic

Landscape, our annual report that examines how philanthropy is doing in relation to key strategies such as: providing general operating support and multi-year funding, intentionally prioritizing marginalized communities, and funding social justice work.

During FY13, we also did substantial work on a new report series,

Smashing Silos in Philanthropy. The first report was released early in

FY14, and a second report is expected to be released later in FY14.

Form 990, Part VI, Section B, line 11: NCRP hires an independent accounting firm to prepare the federal Form 990. Once a draft copy has been received, the Executive Director reviews the federal Form 990 before it is presented to the Board of Directors. A soft copy is circulated to the Board of Directors via email before it is signed and filed with the Internal

Revenue Service.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

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