

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

2008

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 2008 calendar year, or tax year beginning **APR 1, 2008** and ending **MAR 31, 2009**

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

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

C Name of organization
CENTER FOR NATIONAL INDEPENDENCE IN POLITICS
 Doing Business As **PROJECT VOTE SMART**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE COMMON GROUND
 City or town, state or country, and ZIP + 4
PHILIPSBURG, MT 59858

F Name and address of principal officer: **RICHARD KIMBALL**
ONE COMMON GROUND PHILIPSBURG, MT 59858

D Employer identification number
85-0364261

E Telephone number
406-859-8683

G Gross receipts \$ **1,540,423.**

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

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (**3**) (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.VOTE-SMART.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1988** **M** State of legal domicile: **MT**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: VOTER EDUCATION: NON-PARTISAN INFORMATION ABOUT POLITICAL CANDIDATES			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	134
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VII, line 1h)	Prior Year
9 Program service revenue (Part VII, line 2g)		1,538,530.	1,305,923.
10 Investment income (Part VII, column (A), lines 3, 4, and 7d)		3,268.	39,289.
11 Other revenue (Part VII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		129,158.	24,066.
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)		1,670,956.	1,369,278.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	938,084.	1,135,515.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 93,977.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,020,370.	891,648.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,958,454.	2,027,163.	
19 Revenue less expenses. Subtract line 18 from line 12	<287,498.>	<657,885.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	3,593,126.	2,770,290.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,231.	5,314.
		3,574,895.	2,764,976.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: **4/23-2/2/2008** Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **PRACTICAL BUSINESS SERVICES INC. 119 S 16TH STREET - P.O. BOX 1240 PHILMATH, OR 97370-1240** EIN ▶ _____ Phone no. ▶ **541-929-2811**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No