#### COMMITTEE ON NATURAL RESOURCES

# 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Energy and Mineral Resources Legislative hearing on:

**HR** \_\_ (Hastings of WA), To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes.

"Offshore Energy and Jobs Act"

June 6, 2013

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Michael J. Conathan
2. Name of Organization(s) You are Representing at the Hearing: Center for American Progress
3. Business Address: [Information redacted for privacy]
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: [Information redacted for privacy]

#### For all Witnesses

Name/Organization: Michael J. Conathan / Center for American Progress

**Title/Date of Hearing**: Legislative hearing on: **HR (Hastings of WA)**, To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. "Offshore Energy and Jobs Act" / June 6, 2013

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Master of Arts in Marine Affairs, University of Rhode Island, 2005

- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Director of Ocean Policy, Center for American Progress (Feb. 2011 – present)

Professional Staff, Senate Committee on Commerce, Science, and Transportation, Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard (Feb. 2007 – Feb 2011)

Sea Grant Fellow, Senate Committee on Commerce, Science, and Transportation, Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard (Feb 2006 – Feb 2007)

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

#### N/A

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

#### N/A

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

#### N/A

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

#### **Witnesses Representing Organizations**

Name/Organization: Michael J. Conathan / Center for American Progress

**Title/Date of Hearing**: Legislative hearing on: **HR (Hastings of WA),** To amend the Outer Continental Shelf Lands Act to increase energy exploration and production on the Outer Continental Shelf, provide for equitable revenue sharing for all coastal States, implement the reorganization of the functions of the former Minerals Management Service into distinct and separate agencies, and for other purposes. "Offshore Energy and Jobs Act" / June 6, 2013

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

#### N/A

i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

#### N/A

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

#### N/A

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

#### N/A

l. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

#### Attached

### <sub>Form</sub> 990

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)

2009

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning and endin	9			
В	Chack if applicate	le: Plasso C Name of organization	D Employer ide	ntificati	ion number	
	Addr					
	Nem chan	typn	30-	019270	18	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone nur	nber		
	Term			2)682-	-1611	
	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$		8,998,678.	
	Appli	WASHINGTON, DC 20005	H(a) Is this a grou	ip retur	п	
	pend	F Name and address of principal officer: JOHN PODESTA	for affiliates?	<i>}</i>	Yes X No	
		SAME AS C ABOVE	H(b) Are all affiliate	s include	ed? Yes No	
		empt status: 🗓 501(c) ( 4 ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	If "No," attac	ch a list.	. (see instructions)	
		te: > WWW.AMERICANPROGRESSACTION.ORG	H(c) Group exem	ption ni	umber 🕨	
			Year of formation: 2002	M St	ate of legal domicile; DC	
P	art I	Summary				
ė	1	Briefly describe the organization's mission or most significant activities: SHAPE THE N	ATIONAL POLICY DEP	ATE		
Activities & Governance		AND TRANSFORM IDEAS INTO POLICY.				
e.	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its ne	et asset	S.	
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7	
৺	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5	
ies	5	Total number of employees (Part V, line 2a)		5	0	
₹	6	Total number of volunteers (estimate if necessary)		6	0	
Ac	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	138,428.	
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	79,319.	
•	1_		Prior Year		Current Year	
ne	8	Contributions and grants (Part VIII, line 1h)	8,653,39	99.	8,839,425.	
Revenue	9	Program service revenue (Part VIII, line 2g)				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,3		2,285.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187,4	<del></del>		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,855,265. 8,966,9		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	127,0	<del>30.</del>	212,000.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,968,7		4,465,569.	
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	121,7			
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)  86,499.				
	177	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,362,9		2,789,243.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,580,50		7,466,812.	
- S	19	Revenue less expenses, Subtract line 18 from line 12	1,274,70		1,500,131.	
and Since			Beginning of Current Ye		End of Year	
SSE	20	Total assets (Part X, line 16)	3,445,24		3,970,349.	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1,092,98		117,958.	
_	art li	Net assets or fund balances, Subtract line 21 from line 20	2,352,26	10.	3,852,391.	
	<del>,</del> 11. 6 . 16	Under ponalties of pertury, I declare that I have exemined this return, including accompanying schedules and statem	ents and to the heat of my kno	wladaa aa	al hadiad it la taux assault	
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	edge.	widege an	d bellet, it is true, correct,	
Sig	n		1			
Her		Signature of officer	Date			
,,,,,		NEERA TANDEN TREASURER/COO	00.0			
		Type or print name and title				
		Preparer's Date	Check if Pro	eparer's ic	lentifying number	
Paie		signature Tender ulsko	self- employed > (se	e instructi	ions)	
	parer's	Film's name (or Lab SONALLEN LLD	EIN >			
use	Only	self-employed), 2900 SOUTH OUINCY ST. SUITE 150	L-III			
		address, and ZIP+4 ARLINGTON VA 22206	Phone no.	703-0	198-5160	
May	/ the IS	RS discuss this return with the preparer shown above? (see instructions)	Frione iid.	,,,,,,		
					X Yes No	

Form 8868 (Rev. 4-2009)		Pag
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	his box	<b>▶</b> 🗓
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously	y filed Forn	n 8868.
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original	(no copies	needed).
Type or Name of Exempt Organization	Em	ployer identification numb
print CENTER FOR AMERICAN PROGRESS ACTION FUND		30-0192708
Number, street, and room or suite no. If a P.O. box, see instructions.  1333 H STREET, NW 10TH FLOOR		IRS use only
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20005		
Check type of return to be filed (File a separate application for each return):  X Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		Form 5227
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a pr	eviously fi	led Form 8868.
THE ORGANIZATION  • The books are in the care of   1333 H STREET, NW, 10TH FLOOR - WASH	INGTO	N, DC 20005
Telephone No. ► (212)682-1611 FAX No. ►		
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> </ul>		<b>&gt;</b>
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
box . If it is for part of the group, check this box and attach a list with the names and EINs	of all mem	bers the extension is for.
4 I request an additional 3-month extension of time until NOVEMBER 15, 2010.	_	
5 For calendar year 2009, or other tax year beginning, and end	ing	1
6 If this tax year is for less than 12 months, check reason: Initial return Final return 7 State in detail why you need the extension	L	Change in accounting perio
7 State in detail why you need the extension  MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECE.	O O A D IZ	MO DOOLLDE
A COMPLETE AND ACCURATE RETURN	SSARI	TO PROVIDE
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		T
nonrefundable credits. See instructions.	8a	s
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	02	Ψ
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid		
previously with Form 8868.	8b	<b>†</b> \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		- T
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instruct		s N/A
Signature and Verification		
Inder penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and t is true, correct, and complete, and that I am authorized to prepare this form.	to the best	of my knowledge and belief,
Signature > County Title > STAFF ACCOUNTANT	Date	e ►08/12/10
10		Form <b>8868</b> (Rev. 4-20)

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

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).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only	▶□
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file on noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 99 you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, viswww.irs.gov/efile and click on e-file for Charities & Nonprofits.	t the additional 30-T. instead,
Type or Name of Exempt Organization Employer identif	ication number
CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192	708
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  1333 H STREET, NW 10TH FLOOR	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20005	
Check type of return to be filed (file a separate application for each return):  X Form 990	
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole g box</li> <li>If it is for part of the group, check this box</li> <li>and attach a list with the names and EINs of all members the externation.</li> </ul>	roup, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   calendar year 2009   or   tax year beginning   , and ending   .	n
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in ac	counting 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.  3a \$	
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. 3b \$	
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. 3c \$	N/A

	n 990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND	30-019270	Page
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	TO IMPACT THE NATIONAL DEBATE AND TRANSFORM PROGRESSIVE IDEAS INTO		
	POLICY THROUGH RAPID RESPONSE COMMUNICATIONS, PUBLIC EDUCATION,		
	GRASSROOTS ORGANIZATION AND ADVOCACY IN PARTNERSHIP WITH AMERICAN		
	CITIZENS, EXECUTIVE AND LEGISLATIVE BRANCH POLICYMAKERS AND		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?		Yes X No
	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 service	s?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 4,767,893. including grants of \$ 212,000.)	(Revenue S	
	TO IMPACT THE NATIONAL DEBATE AND TRANSFORM PROGRESSIVE IDEAS INTO	<b>(</b>	
	POLICY THROUGH RAPID RESPONSE COMMUNICATIONS, PUBLIC EDUCATION,		
	GRASSROOTS ORGANIZING AND ADVOCACY IN PARTNERSHIP WITH AMERICAN		
	CITIZENS EXECUTIVE AND LEGISLATIVE BRANCH POLICYMAKERS AND PROGRESSIVE		
	LEADERS THROUGHOUT THE COUNTRY AND THE WORLD,		
	NAME OF THE PARTY		
4b	(Code: ) (Expenses \$ 1,847,931. including grants of \$ )	/D	
ur	(Code: )(Expenses \$ 1,847,931. including grants of \$ ) TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS	(Revenue \$	
	PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS		
	EMAIL OUTREACH, AND NEW MEDIA.		
	Maria Correct, IND Alla Millia.		···
		<del> </del>	<del></del>
4c	(Code: ) (Expenses \$ including grants of \$	(Revenue \$	
	Management and the second seco		
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	ì	
4e	Total program service expenses ►\$ 6,615,824.		
		***************************************	Form <b>990</b> (2009

# Form 990 (2009) CENTER FOR AMERICAL Part IV Checklist of Required Schedules

			Υe	s 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										
2											
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	. <u>  3</u>	х								
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	. 4									
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		1								
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	. 5		х							
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	/ 6		х							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,										
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		х							
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1								
	Schedule D, Part III	, 8		х							
9	Did the organization report an amount in Part X, line 21; 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 term, permanent, or quasi-endowments?	·	T	`							
	ff "Yes," complete Schedule D, Part V	. 10	-	x							
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X										
	as applicable	.   11	x								
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	7.5	T.								
	Part VI.	1									
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			: h							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	1.50		1							
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total										
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.										
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in										
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	•	1 -	Jane							
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	-	de:								
•	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? If "Yes," complete Schedule D, Part X.			1							
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	2.5									
	Schedule D, Parts XI, XII, and XIII.	12	x								
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	<b>5</b>	1-11	- 22							
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	7									
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х							
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х							
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.		T								
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x							
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		$\top$	1							
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	х							
16	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, Part III										
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX		1	<b>-</b>							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х							
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	1	1							
	1c and 8a? If "Yes, complete Schedule G, Part II	18	х	1							
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	-	1	1							
	complete Schedule G, Part III	19		x							
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		x							

Form **990** (2009)

30-0192708

# Form 990 (2009) CENTER FOR AMERICAN PROGRES Part IV Checklist of Required Schedules (continued)

<del></del>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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		х
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			İ
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
1	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	054		х
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	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	-20		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			112
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	_30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Х
	Schedule N, Part II	30		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	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, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			*****
	If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2009)

Form	990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708		٩	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
		_		Yes	No
ta	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			: "	
	U.S. Information Returns. Enter -0- if not applicable	33			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		[ .	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reporta	ble gaming			
	(gambling) winnings to prize winners?		1c	х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			-1:41	
	filed for the calendar year ending with or within the year covered by this return 2a	0	: - <u>.</u> .		į.
d	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instru	ctions)	n 1/40	Tyt v.	100
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		За	х	•
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other author				
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		х
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	and		- 4,7	Signal .
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	·	5b		х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the org	anization solicit			
	any contributions that were not tax deductible?	,	6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r gifts			
	were not tax deductible?		6b	х	
7	Organizations that may receive deductible contributions under section 170(c).	[			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	provided to the payor?	,,,,,	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	uired			
	to file Form 8282?		7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person				
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	For all contributions of qualified intellectual property, dld the organization file Form 8899 as required?		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as re	quired?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	ations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess but	siness holdings		1 1	
_	at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
р	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	i.			
a	Initiation fees and capital contributions included on Part VIII, line 12		111.0		( <del>-</del>
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b				i. Sv
11	Section 501(c)(12) organizations. Enter:	ľ			**,
а	Gross income from members or shareholders				:
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	į.			."
40-	amounts due or received from them.)				
ı∠a ⊾	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041?	' <u>[ </u>	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year12b				
			orm	990 (:	2009)

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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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	7		
b		5	1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ī		
	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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 organizational documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6		х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		х
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		_	
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			:
12a	and the state of t	12a	х	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	х	
14	Does the organization have a written document retention and destruction policy?	14	х	
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?		5 · 1	arti i
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule 0. (See instructions.)	3153		100
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	- "	X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			7.X.E.
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	i and		
	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 ▶DC, AL, AK, AZ, AR, CA, 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 (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	NEERA TANDEN - (212)682-1611			
	1333 H STREET, NW 10TH FLOOR, WASHINGTON, DC 20005			
		Form !	990 (2	2009)

SEE SCHEDULE O FOR FULL LIST OF STATES

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with cr within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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.

(A) Name and Title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN PODESTA										
DIRECTOR/PRESIDENT/CEO	9,00	X		Х				59,840.	0.	5,612
PETER EDELMAN										
DIRECTOR	1,00	x						0.	0.	0
JUDITH FEDER	1									
DIRECTOR	1.00	x			_	L.		17,404.	0.	0
BRODERICK JOHNSON			ļ							
DIRECTOR	1.00	х		<u> </u>		<u> </u>		0.	0.	0
TOM PEREZ	-									
DIRECTOR	1.00	Х	<u>L</u> .					0.	0.	0
HILARY ROSEN										
DIRECTOR	1.00	х						0.	0.	0
DANIEL ZINGALE	İ		ĺ	İ						
DIRECTOR	1.00	X				L		0.	0.	0
CHRISTIE HEFNER	İ									
DIRECTOR	1.00	Х						0.	0.	0
SARAH ROSEN WARTELL						:				
TREASURER/EXECUTIVE VP	1,00			X				8,330.	0.	805
DEBORAH FINE										
SECRETARY/GEN. COUNSEL	14.00			X				56,943.	0.	5,174
JENNIFER PALMIERI										
SVP FOR COMMUNICATIONS	23,00					Х		111,978.	0.	12,793
DAVID MADLAND										·
DIR AMERICAN WORKER PROJ	40.00		,			X		107,905.	0.	16,057
TARA MCGUINNESS										i
DIRECTOR, PROGRESSIVE ME	40.00					х		130,757.	0.	12,793
FAIZ SHAKIR										
DIRECTOR OF RESEARCH	40.00					х		110,894.	0.	11,497
ILIA V RODRIGUEZ										
DIRECTOR GOVERNMENT AFFA	40.00					x		101,584.	0.	10,955
										<u> </u>

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Form 990 (2009)

Part VII   Section A. Officers, Directors, Tru		mple	oyee			High	iest		í			
(A) Name and title	(B)			۱) Pos	C) ition			(D) Reportable	(E) Reportable	^	(F Estima	
Ivallie and title	Average hours	(c)	hecl				ıly)	compensation	compensati		amou	
	per	-				Ϊ	Ϊ	from	from relate	:d	oth	
	week	diec	:	l		E .		the	organization (W-2/1099-M		compen	
	<u> </u>	Stee	rustee			ESISSI		organization (W-2/1099-MISC)	(44-27 1099-1411	30)	from organiz	
		E E	l kuoi		ploye	E S		',			and re	
	<u> </u>	Individual Irustee or director	Institutional trustee	Officer	Хсу атрюуее	Highest compensated employee	orme				organiz	₃tions
		-	F	H		H	<u> </u>		<u>-</u>			
		$\vdash$				┢						
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		1										
1b Total						$\blacktriangleright$		705,635.		0.	7	5,686.
2 Total number of individuals (including but n	ot limited to th	ıose	liste	d al	DOV	e) wh	no re	eceived more than \$100	1,000 in reportab	ole		
compensation from the organization											Lv-	- 1 31-
3 Did the organization list any former officer,	director or tru	stee	kov	, em	volov		orb	inhest compensated or	nnlavaa on	i	Ye	s No
line 1a? If "Yes," complete Schedule J for s			_								3	х
4 For any individual listed on line 1a, is the su			mpe	ensa	ıtion	anc	otl	her compensation from	the organization			1
and related organizations greater than \$150	),000? If "Yes,	° co	mple	ete S	che	dule	JI	or such individual	***************************************		4	х
5 Did any person listed on line 1a receive or a												vi.
the organization? If "Yes," complete Schede Section B. Independent Contractors	ule J for such	pers	on .								5	Х
	mnenested in	done	ndo	nt o	onte		t	that recolued were there	£100.000 - £		.45	
<ol> <li>Complete this table for your five highest co the organization.</li> </ol>	inhensared kir	ache	HIUE	ant Ç	Ottr	acic	ns t	mai received more man	9100'non ot cot	npens	ation from	
(A)							T	(B)			(C)	
Name and business								Description of s	ervices	C	ompensat	ion
CHRIS WAYNE & ASSOCIATES, 1111 19TH S	TREET						-					
NW, STE. 406, WASHINGTON, DC 20036 VAN NESS, FELDMAN, P.C., 1050 THOMAS	<del></del>		•		_		_	EVENT PLANNING		<u> </u>	40	2,584.
JEFFERSON STREET, NW , WASHINGTON DO	i						ļ	WHITE PAPER		1	10	
, , , , , , , , , , , , , , , , , , , ,							$\dashv$	WHILE FAFER		$\vdash$	1.2	0,000.
							-			1		
							7					
											<u> </u>	
2 Total number of independent and a "	-11:- 1 2	-4 **							·	. 1,	. ee .eue Sinning	1011111111
2 Total number of independent contractors (ir \$100,000 in compensation from the organiz		OT III	nited	o to		se lis 2	ted	above) who received m	ore than			\$ N
4.00,000 in compensation noil the organiz	autil									<u> </u>	tyre) Lari	-

	11 000					r	1	, ago -
Pa	rt VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1 a	Federated campaigns	1a				医髓性质 把自由	
Contributions, gifts, grants and other similar amounts		Membership dues						
		Fundraising events		160,060.				
		Related organizations		,				
			·····					
	4	All other contributions, gifts, gran	·····,					
		similar amounts not included abo		8,679,365.				
불탕				0,079,303.				
등림	g	Noncash contributions included in lines						
<u> </u>	h	Total. Add lines 1a-1f			8,839,425.	Annual State	The second second second	
				Business Code		Mark to Mick		
ice	2 a	·	<del></del>					
Program Service Revenue	b							
	C	·						
<u>&amp; 3</u>	d							
8	е	·						
죠	f	All other program service reve	enue					
j		Total. Add lines 2a-2f			1			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		-	2,285.			2,285
	4	Income from investment of ta						,
	5	Royalties						
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Real	(ii) Personal			2711 1 Av. 1. W	HTCT TO LUCK
	6 2	Gross Rents		(II) I CISORIAI				
		Less: rental expenses						
i						(1) 电测量色谱。		
Į		Rental income or (loss)		<u> </u>		は 別籍時 おんげき	Alle on the second	
l		Net rental income or (loss)			14.8. 5.1.5 pt. 12. pe	Address Control of the Control		argum i militar
ŀ	/ a	Gross amount from sales of	(i) Securities	(ii) Other				謝 护力原本
l		assets other than inventory						
ŀ	ь	Less: cost or other basis					쌀대 그런 첫	
		and sales expenses		<u></u>				
		Gain or (loss)		İ				
	d	Net gain or (loss)						
ā	8 a	Gross income from fundraising						1.
Revenue		including \$160	,060. of			is its existing in		
è		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а	18,540.				la de la Secución de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de La companya de la Companya de
ŧ	b	Less: direct expenses		31,735,				
١	С	Net income or (loss) from fund	draising events		~13,195.		1 . 2 1 1 1	-13,195.
- 1	9 a	Gross income from gaming ac	tivities. See		\$70 line (AHV C.)	Street Land Comp	Argignation in Late	24. 0. 1. 4. 1. 1. 1.
		Part IV, line 19	а					
	b	Less: direct expenses			外事事的 工具			
		Net income or (loss) from gam			** ** ** * * * * * * * *	Alliani e anti-		
		Gross sales of inventory, less					1.171.9 1 0.2	
		and allowances						
ı	h	Less: cost of goods sold	b:					
ļ		Net income or (loss) from sale						
t		Miscellaneous Revenu		Duainana Cada		i garilan hirinda see jeg	NATIONAL PROPERTIES	
ŀ	11 ~	WEBSITE ADVERTISING RE		Business Code 541800	120 420	psym+numman au Mi		
- 1		RDVDATIBING RE	<del></del>	247000	138,428.		138,428.	
	b		<del></del>					
ŀ		All athermalian	<del></del>					
J	ď	**. A.1 A.3.1" da da t						
1					138,428.			
93200	12	Total revenue. See instructions.			8,966,943.	0.	138 428	-10,910.
93200 02-04-	10							Form 990 (2009)

#### 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) but are not required to complete columns (B), (C), and (D). (C) Management and general expenses (A) (B) Do not include amounts reported on lines 6b, Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 ...... 212,000 212,000 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees \_\_\_\_\_ 154,108 91,488. 62,620 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 3,547,784, 3,146,881. 341.955 58,948. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 217,401. 190,131. 23,573 3,697. Other employee benefits 281,785. 249,091. 28,582 4,112. 264,491. 231,259. 28,726, Payroll taxes 4,506. 11 Fees for services (non-employees): a Management 137,186 120,347 b Legal 16,839 16,682, Accounting 16,682 22,500 Lobbying 22,500. Professional fundraising services. See Part IV, line 17 Investment management fees \_\_\_\_\_ 357,623. 288,264 Other \_\_\_\_\_ 69 359 g 12 Advertising and promotion 16,190 16,154 31 5. 10,786 13 Office expenses 95,936 83,674. 1,476. Information technology 14 15 Royalties 668,893, 584,850. Оссирапсу 16 72 648 11,395. 81,866. 81,748. 17 Travel \_\_\_\_\_ 201. -83. Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 651,787. 651,787 20 Payments to affiliates \_\_\_\_\_ 21 22 Depreciation, depletion, and amortization ..... 1,496 3,055 -1,619 60. 17,924 23 15,672 1.947 305. ..... Other expenses, Itemize expenses not covered 24 above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) OTHER 345,380, 247,742 94.798 2,840, OPERATIONAL OVERHEAD 179,505 160,982, -15,740 -2,783. WEB HOSTING PEES c 73,962, 73,962 n d FURNITURE & EQUIPMENT E 66,260. 57,969 7,184. 1,107. PROPERTY TAX 53,743 e 46,912 5,917 914, f All other expenses 20,833. 20,833 Total functional expenses. Add lines 1 through 24f 25 7,466,812. 6,615,824 764,489 86,499. Joint costs. Check here | if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

932010 02-04-10

Part X Balance Sheet (A) Beginning of year End of year Cash - non-interest-bearing 2,148,129 2,593,308, 1 Savings and temporary cash investments 2 344,629 2 346,121. Pledges and grants receivable, net 931,596 3 3 1,023,048. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net \_\_\_\_\_\_ 7 Inventories for sale or use 8 2,739. Prepaid expenses and deferred charges ..... 9 10a Land, buildings, and equipment: cost or other 18 233 basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 11,403 10c 7,872. Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11 6 750 n 15 3,445,246, 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,970,349. 16 17 Accounts payable and accrued expenses 1,092,986 117,958, 17 18 Grants payable 18 Deferred revenue \_\_\_\_\_ 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 1,092,986. 26 117,958. Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 1,589,705 27 2,106,211. Temporarily restricted net assets 762,555. 28 1,746,180. Permanently restricted net assets ...... 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund ..... 31 31 Retained earnings, endowment, accumulated income, or other funds ...... 32 Total net assets or fund balances 33 2,352,260. 33 3,852,391. Total liabilities and net assets/fund balances ... 3,445,246. 3,970,349.

Form 990 (2009)

Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother	77.00		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			1.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2¢	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			1
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis	10.00		i .
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
,	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (	2009)

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2009

Name of the organization	on	Employer identification number
	CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708
Organization type(chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)( 4 ) (enter number) organization	
	4947(a)(1) ποπεχετηρή 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	
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	tule. See instructions.
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r	noney or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (ii) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	gulations under sections e greater of (1) \$5,000 or (2) 2%
aggregate contri	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contibutions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary for uelty to children or animals. Complete Parts I, II, and III.	ributor, during the year, , or educational purposes, or
contributions for If this box is che purpose. Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not a cked, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	ggregate to more than \$1,000.  ely religious, charitable, etc.,  it received nonexclusively
Caution. An organization	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	B (Form 990, 990-EZ, or 990-PF)
HA For Privacy Act an		B (Form 990, 990-EZ, or 990-PF) (2009

	form 990, 990-EZ, or 990-PF) (2009)		Page 1 of 5 of Part I		
Name of org	ganization	Emp	Employer identification number		
CENTER F	OR AMERICAN PROGRESS ACTION FUND		0-0192708		
Part I	Contributors (see instructions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution		
2		\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
3		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
4		\$26,000,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
5		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
6		\$ 801,690.	(Complete Part II if there is a noncash contribution.)		
23452 02-01-	10	Schedule B (Form	990, 990-EZ, or 990-PF) (2009)		

Schedule 9 (F	om 993, 990-EZ, or 990-PF) (2009) ganization	Emplo	yer identification number
		Ī	
	ÓR AMERICAN PROGRESS ACTION FUND		-0192708
Part I	Contributors (see instructions)		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$5,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$\$	Person x Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$\$.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$ 10,000,	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$\$	Person x Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
923452 02-01-	10	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2009)

Name of or	anization	Fmolo	yer identification number
	Anneadon	Emplo	you recommended in the inper
CENTER F	FOR AMERICAN PROGRESS ACTION FUND	30	-0192708
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
13	,	\$ \$	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$ 12,500.	Person x Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$\$5,000.	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$10,000,	Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$\$	Person X Payroli  Noncash  (Complete Part il if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$, 	Person X Payroll
923452 02-01-	-10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)

30	-0192708
tributions	
	(d) Type of contribution
<u> 25,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
tributions	(d) Type of contribution
25,000,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.
tributions	(d) Type of contribution
5,000,	Person x Payroll   Noncash   (Complete Part II if there is a noncash contribution.
tributions	(d) Type of contribution
5,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.
tributions	(d) Type of contribution
<u>415,050.</u>	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
tributions	(d) Type of contribution
	Person x
_	tributions  5,000,  tributions

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2009)		Page 5 of 5 of Parti
Name of org	ganization	Етр	loyer identification number
CENTER F	OR AMERICAN PROGRESS ACTION FUND		0-0192708
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 100,509	Person x Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$ 230,000	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$\$	Person x Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$125,714.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
923452 02-01-	-10	Schedule B (Form	1 990, 990-EZ, or 990-PF) (2009)

#### SCHEDULE C

Department of the Treasury

(Form 990 or 990-EZ)

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

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

Complete if the organization is described below.

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

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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(n)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga	inization			Emp	loyer identification number
		AMERICAN PROGRESS ACTIO			30-0192708
Part I-A	Complete if the or	ganization is exempt und	ler section 501(c	) or is a section 527 c	rganization.
1 Provide	a description of the organi	zation's direct and indirect politic	cal campaign activities	s in Part IV.	
2 Political	expenditures			▶\$	869,989.
3 Voluntee	r hours		• • • • • • • • • • • • • • • • • • • •		0.
re-					
Part I-B		ganization is exempt und			
1 Enter the	amount of any excise tax	incurred by the organization und	der section 4955		
2 Enter the	e amount of any excise tax	incurred by organization manag	ers under section 495	5	
3 If the org	ganization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
					Yes No
Part I-CI	Gomplete if the or	ganization is exempt und	er section 501/c	event section 501	(a)(2)
		d by the filing organization for se nization's funds contributed to ot			869,989.
					•
		s. Add lines 1 and 2. Enter here a			0.
				•	869,989.
4 Didthet	iling organization file Form	1120-POL for this year?	•••••		X Yes No
5 Enter the	names addresses and e	mployer identification number (El	Aft of all postion EG7 m	colitical examinations to whi	LAJ TES LINO
For each	organization listed, enter	the amount paid from the filing o	roanization's funds. A	lso enter the amount of polit	in payments were made.
that wer	e promptly and directly del	ivered to a separate political org	anization, such as a se	eparate segregated fund or	a political action committee
		d, provide information in Part IV.	,		2 pointer construction
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(=)	(5), (21.000	(0) =	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0
For Privacy A	ct and Paperwork Reduc	tion Act Notice, see the Instru	ctions for Form 990 o	or 990-EZ. Schedule C	(Form 990 or 990-EZ) 2009

932041 02-04-10

LHA

Schedule C (Form 990 or 990-EZ) 2009 Part II-A   Complete if the org	CENTER FOR AME	RICAN PROGRESS AC	TION FUND	30-019 led Form 5768	2708 Page 2
(election under sec		mpt aridor doore	corrogo, and n		
A Check   if the filing organiza	ation belongs to an af	iliated group. and "limited control" pro	ovicione annh		
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to inf					
c Total lobbying expenditures (add					
d Other exempt purpose expenditure					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	\$1,000,000.			
g Grassroots nontaxable amount (enter 25% of line 1f)				During the Arthurst Arthur	PROPERTY OF THE PROPERTY OF TH
h Subtract line 1g from line 1a. If zei	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zer	o or less, enter-0-				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?	***************************************			Yes No
	4-Year Av zations that made a s	eraging Period Under section 501(h) election se instructions for line	Section 501(h) a do not have to com	plete all of the five	
	Lobbying Expe	nditures During 4-Ye	er Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					, , , , , , , , , , , , , , , , , , , ,
f Grassroots lobbying expenditures			<u> </u>	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708

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)).

		(-	(a)		0)
		Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?			64. 1. 4 1. 5.	<u> </u>
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	.			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			
Ī	Other activities? If "Yes," describe in Part IV		N. 10 T. T.		
j	Total. Add lines 1c through 1i	-			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
D.	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	. <u> </u>			
Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), sec	.   tion 501/a	(E) 05 00		
	501(c)(6).	tion sorte,	(a), or se	cuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
Par	till-B Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ection	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if F "Yes."	art III-A, II	ne 3 is a	nswered	
1					
2	Dues, assessments and similar amounts from members	······································			
_	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid).	itical			
9	· · · · · · · · · · · · · · · · · · ·				
h	Current year		2a		
c	Carryover from last year Total		2b		
3	Total	••••••	2c		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the $\epsilon$		3		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	excess			
	expenditure next year?	pointical	7.33		
5	Taxable amount of lobbying and political expenditures (see instructions)		4		
	IV Supplemental Information		5		
Comi	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and Dart II.D	lino 1i Alea		Alala u a A
	y additional information.	and alt no.	mie 11. Alsc	, complete	uns pan
	I-A, LINE 1:				
** 17	ACTION DOLLA NOW INTRODUCT CANADATTA TO A TOTAL TO A TO				
.AE	ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OFFICE, RUN CANDIDATE				
ADVE	RTISING OR EXPLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF				
PART	CULAR CANDIDATES, HOWEVER, AT VARIOUS TIMES DURING THE TAX YEAR,				
CAP	ACTION MADE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRITICIZING	···.,			·
ART	CULAR PUBLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES. THESE				
		Schedul	e C (Form	990 or 990	-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708	Page 4
Schedule C (Form 990 or 990-EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND  [Part IV   Supplemental Information (continued)		
POLICY ASSESSMENTS TOOK THE FORM OF POSITION PAPERS, BLOG POSTS, PRESS		
RELEASES, AND OTHER SIMILAR PUBLIC COMMUNICATIONS.		
· · · · · · · · · · · · · · · · · · ·		
W		
THE PARTY OF THE P		
· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	

#### 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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

Employer identification number Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds □No are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified 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 conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) \_\_\_\_\_\_\_ 2c d Number of conservation easements included in (c) acquired after 8/17/06 \_\_\_\_\_\_ 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 📂 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

Sche	edule D (Form 990) 2009 CENTER FOR	AMERICAN PROGRE	ess action funi	)	;	30-0192	708	P	age 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Ot	her Simil	ar Asse	ts (con	tinued	1)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that are a	significant	use of its	collectio	n iten	ns
	(check all that apply):		_						
a	Public exhibition	c	ol Loan orex	change programs					
b	Scholarly research	e	e L Other						
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's e	xempt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simi	lar assets				
	to be sold to raise funds rather than to be m						Yes		□Nο
Pai	rt IV Escrow and Custodial Arran						9, or		
	reported an amount on Form 990, Pa		•						
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contributio	ns or other assets n	ot included				
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIV								
			J				Amoun	ıt	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year					•			
f	Ending balance	***************************************			1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	217			1	Yes		No
	If "Yes," explain the arrangement in Part XIV			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		- /		
_	rt V Endowment Funds. Complete		nswered "Yes" to Fe	orm 990. Part IV. line	10.				
<b>L</b>	***************************************	(a) Current year		(c) Two years back		ears back	(e) Fou	r vears	
1a	Beginning of year balance	(-,	(, ,		1,47	. 7 70	(0).00	Jours	
								<u> </u>	7.5
	Net investment earnings, gains, and losses			86. A 1 AA 1		N GB			
d						era era era era era era era era era era	11		<del></del>
	Other expenditures for facilities				1 11 11 11 11 11	The state of	8 3 4 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	<del></del>	1
•	and programs					1965 4 19 3 3			4. 4:
f	Administrative expenses						<u> </u>	<del></del>	<del></del>
	End of year balance				<del></del>		# f /	<del>ara.</del> Arjan	
2	Provide the estimated percentage of the year			1 2 2 2 2					· ·
	Board designated or quasi-endowment		95. 04						
	Permanent endowment	%							
		^%							
	Are there endowment funds not in the posse	· -	ation that are hold	and administrated for	the evenuing	+1			
- Ou	by:	sosion of the organiza	anon mai are neio	and administered for	rine organiz	ation	i	37	
							0.0	Yes	No
	(i) unrelated organizations					• • • • • • • • • • • • • • • • • • • •	3a(i)		
h	(ii) related organizations	a listed on required a	n Cobodula DO	***************************************		•••••••	3a(ii)		├
4	If "Yes" to 3a(ii), are the related organization:					•	3b		<u> </u>
	Describe in Part XIV the intended uses of the tVI Investments - Land, Building	s organization's endo	ent Con Ferra 00'	2 Dad V Bas 10					
	Description of investment								
	Description of silvestment	(a) Cost or o basis (investr			Accumulate epreciation	q	(d) Boo	k valu	e
1a	Land			1.6.	1 1/2 1 1 1/2 1	. 14			
b	Buildings				· · · · · · · · · · · · · · · · · · ·				
c	Leasehold improvements			-	7.4				
	Equipment			18,233.	10,	361.		7	872.
	Other				<u> </u>				
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)		<b>&gt;</b>		7.	872.

Part VII Investments - Other Securities. See (a) Description of security or category	(b) Book value	(c)	Method of valuation:
(including name of security)	(b) Book value		end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
		-	
		<del> </del>	
			<del></del>
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. See	e Form 990, Part X, line	13.	
(a) Description of investment type			Method of valuation:
(a) beautiphon of investment type	(b) Book value		end-of-year market value
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)		18 4 17 17 18 4 4 4 4 4 4 4 4 1 4 4 1 4 4 1 4 4 4 4	
Part IX Other Assets. See Form 990, Part X, line 1	5		The second section of the second seco
	escription		(b) Book value
	<u></u> .		(a) = 00 × value
		7-1	
			·
-1-1/0-1			
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. See Form 990, Part X, lir	5.)		<b>&gt;</b>
4.15	1E 25.	(h) Amount	
ederal income taxes	<u> </u>	(b) Amount	
ederal income taxes		**************************************	
			하는 얼마는 그 얼마 보았다며 하다
otal. (Column (b) must equal Form 990, Part X, col (B) line 2	e		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUN			30-0192708	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		8,966,943.
2	Total expenses (Form 990, Part IX, column (A), line 25)				7,466,812.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,500,131.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		····		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				0.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar			· .	1,500,131,
10	t XII   Reconciliation of Revenue per Audited Financial Statements.	onte With	Pevenue per	Peturn	1,500,151,
1	Total revenue, gains, and other support per audited financial statements				8,015,053.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				0,013,033.
2		ا ما			
а	Net unrealized gains on investments			-	
þ	Donated services and use of facilities				
C	Recoveries of prior year grants			4 1	
d	Other (Describe in Part XIV.)		2,509,672	<b>→</b>	
е	Add lines 2a through 2d				2,509,672.
3	Subtract line 2e from line 1			. 3	5,505,381.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, ,			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	3,461,562	2.	
С	Add lines 4a and 4b			4c	3,461,562.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		*******	. 5	8,966,943.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With	n Expenses pe	r Return	
1	Total expenses and losses per audited financial statements			1	7,498,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			#4 × 4)	
а	Donated services and use of facilities	2a		· •	
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIV.)	2d	31,735	<u>,                                      </u>	
	Add lines 2a through 2d				31,735.
3	Subtract line 2e from line 1			3	7,466,812.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************		<del>                                   </del>	.,,
	Investment expenses not included on Form 990, Part VIII, line 7b	1 45 1			
b	Other (Describe in Part XIV.)				
	A CAMPAGE A CAMP			1.1	٥
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·····	4c	7,466,812,
	t XIV Supplemental Information	***************************************		5	7,400,012,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II				
x, iine	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	plete this pai	rt to provide any a	dditional informat	ion.
					<del></del>
חומ גמ	VIT LINE OF ANTHOMERIMO				
FARI	XII, LINE 2D - OTHER ADJUSTMENTS:		·		
MEN	ASSETS RELEASED FROM RESTRICTIONS: 2477937.				
MEL .	ASSETS REDEASED FROM RESTRICTIONS: 2417331.				
SPEC	IAL EVENT EXPENSES: 31735.				
	AND DADAY MALEGODO. 31/33.				
PART	XII, LINE 4B - OTHER ADJUSTMENTS:				
	,				<del></del>
CONT	RIBUTION: 3461562,				
				Schodule D./F	Nam (000) 0000
227064				Schedule D (Fo	arin 990) 2009 -

Schedule D (Form 990) 2009 CENTER FOR AMERICAN FROGRESS ACTION FORD	30-0192708	Page 5
Part XIV Supplemental Information (continued)		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES: 31735.		
		•

#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open To Public Inspection

Name of the organization						Employer ide	ntification number
	AMERICAN PROGRESS ACTION F					30-0192708	
Part Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answer.</li> </ul>	ered "`	es" to	o Form 990, Part IV,	line 1	7. Form 990-EZ	! filers are not
1 Indicate whether the organization rais a	e Solicita s f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p	tion of tion of fundra (inclu	non-g gover alsing ding o ional 1	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
compensated at least \$5,000 by the		ount t	o agro	cinera ander winer	1116 1	uliulaisel is to	DE
(i) Name of individual or entity (fundralser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
		•••					
		_					
Total  3 List all states in which the organizatio	n is registered or licensed to solicit f	unds	r has	been notified it is ex	empt	from registration	on or licensing.
				· · · · · · · · · · · · · · · · · · ·			
HA For Privacy Act and Paperwork Re	duction Act Notice, see the Instruc	tions	for Fo	orm 990 or 990-EZ.	S	chedule G (Form	990 or 990-EZ\ 2009

<u>`</u>	17 L	on Form 990-EZ, line 6a. List events with	_		, m.o .o, or reported	
			(a) Event #1  ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
d)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Вev	1	Gross receipts	178,600.			178,600.
	2	Less: Charitable contributions	160,060.			160,060.
	3.	Gross income (line 1 minus line 2)	18,540.			18,540.
	4	Cash prizes				
Ses	5	Noncash prizes				
Expen	6	Rent/facility costs	25,060.			25,060.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,675.			6,675.
	10		19 in column (d)			31,735 <sub>1</sub> -13,195.
Pa	irt	Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	20,230.
	1	\$15,000 on Form 990 EZ, line 6a.		T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>"</u>	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	£	Volunteer labor	Yes%	Yes%	Yes%	
		Direct expense summary. Add lines 2 through		NU	□ No ►	()
	8	Net gaming income summary. Combine line 1	, column (d), and line 7			
_	F		-			Yes No
		er the state(s) in which the organization operat he organization licensed to operate gaming act		states?		9a
		No," explain:				38
10a	We	re any of the organization's gaming licenses re	10a			
		Yes," explain:				
			, , , , , , , , , , , , , , , , , , , ,			
11		es the organization operate gaming activities w				11
12		he organization a grantor, beneficiary or trustee	e of a trust or a member	of a partnership or other	entity formed to	
93208		ninister charitable gaming?				m 990 or 990-EZ) 2009

Schedule G (Form 990 or 990 EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708		Page 3
		Υe	s No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility 13b	%		1:-
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:		
Name ►			
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		5a	in Lamb in a
	75		
b if "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt 🗔		
of gaming revenue retained by the third party > \$	1.		
c If "Yes," enter name and address of the third party:	" 		
	[.		
Name		- 4	
Adduses N			
Address >			
16 Gaming manager information:			
To Carring manager mornation.			
Name >	lud.	1	
	<del></del>		
Garning manager compensation > \$			
Description of services provided			
			1.
		Sala je	
Director/officer Employee Independent contractor	4.5		
47. M. J. J. J. J. J. J. J. J. J. J. J. J. J.			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		7a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Open to Public 2009

Inspection

OMB No. 1545-0047

2 [ Schedule I (Form 990) 2009 Employer identification number HEALTH CARE FOR AMERICA EDUCATIONAL ACTIVITIES PO SUPPORT EDUCATIONAL IDUCATIONAL ACTIVITIES EDUCATIONAL ACTIVITIES SDUCATIONAL ACTIVITIES EDUCATIONAL ACTIVITIES (h) Purpose of grant 30-0192708 SUPPORT CHARITABLE UPPORT CHARITABLE SUPPORT CHARITABLE SUPPORT CHARITABLE SUPPORT CHARITABLE or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ROJECT Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ö ö ö Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 000 000 5,000. 100,000 30,000 000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 30 25 21 (c) IRC section CENTER FOR AMERICAN PROGRESS ACTION FUND if applicable 501(C)(3) 501(0)(3) 501(c)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 501(c)(3) 501(C)(3) criteria used to award the grants or assistance? STREET, #211 - MILWAUKEE, WI 53202 34-1246311 35-2332813 20-5806345 General Information on Grants and Assistance 41-1734880 95-1642394 26-4680984 (b) EIN Enter total number of other organizations SULTE 312 1 (a) Name and address of organization or government STREET NW SUITE 400 - WASHINGTON WORKING WOMEN - 207 EAST BUFFALO USC UNRUCH INSTITUTE OF POLITICS AMERICA EDUCATION FUND - 1825 K 3518 TROUSDALE PARKWAY, VKC 263 734 15TH STREET, NW, SUITE 600 AFFIRMATIVE OPTIONS COALITION 9TO5, NATIONAL ASSOCIATION OF TIDES CENTER/HEALTH CARE FOR 555 PARK STREET, SUITE 420 1120 CONNECTICUT AVENUE, COALITION ON HUMAN NEEDS LOS ANGELES, CA 90089 SAINT PAUL, MN 55103 ARABELLA LEGACY FUND WASHINGTON, DC 20005 WASHINGTON, DC 20036 Name of the organization DC 20006 Part Part II

30-0192708 Schedule I (Form 990) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule F1 (Form 990) if additional space is needed.

Page 2

Schodule 1 (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant WILL ALLOW CAPAF STAFF OR REPRESENTATIVES TO CONDUCT EVALUATIONS AND AUDITS WILL USE GRANT FUNDS SOLELY FOR PURPOSES CONSISTENT WITH CAPAF'S TAX-EXEMPT PORTION OF GRANT FUNDS WILL BE USED DIRECTLY OR INDIRECTLY TO EXPRESSLY OR OF THE USE OF GRANT FUNDS, WHICH MAY INVOLVE VISITS TO OBSERVE, REVIEW AND REQUIRES GRANTEE ORGANIZATIONS TO REPRESENT, WARRANT AND AGREE: THAT IT OFFICE OR PROVIDE A BENEFIT TO ANY POLITICAL PARTY OR CANDIDATE; THAT IT IMPLICITLY SUPPORT OR OPPOSE ANY CANDIDATE SEEKING ELECTION TO PUBLIC SCHEDULE I, PART I, LINE 2: CENTER FOR AMERICAN PROGRESS ACTION FUND STATUS UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE; THAT NO (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10 Part IV

(Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury internal Revenue Service Employer identification number Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROGRESSIVE LEADERS THROUGHOUT THE COUNTRY AND THE WORLD, FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE AMENDED AS OF JUNE 11, 2009, IN RELEVANT PART, TO INCREASE THE NUMBER OF AUTHORIZED DIRECTORS FROM SEVEN TO EIGHT FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE DEPARTMENT WORKED DIRECTLY WITH AN INDEPENDENT ACCOUNTING FIRM ENGAGED TO PREPARE THE 990 ON BEHALF OF THE ORGANIZATION. THE FINANCE DEPARTMENT MANAGED THE PROCESS WITH CLOSE COORDINATION WITH THE LEGAL DEPARTMENT. PROVIDED A DRAFT 990, WHICH WAS REVIEWED AND COMMENTED ON BY THE FINANCE ADMINISTRATION AND LEGAL TEAMS. CERTAIN PORTIONS OF THE 990 WERE REVIEWED AND COMMENTED ON BY OUTSIDE TAX COUNSEL, THE CORPORATE OFFICERS AND THE COO AS WELL, AFTER REVIEW AND COMMENT BY THE COO AND CHAIR, THE COMPLETE 990 AND SUMMARY MATERIALS WERE PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW AND CONSIDERATION ON BEHALF OF THE FULL BOARD. THE AUDIT COMMITTEE WAS OFFERED THE OPPORTUNITY TO DISCUSS THE MATERIALS WITH CORPORATION STAFF AND THE ACCOUNTING FIRM THAT PREPARED THE 990. THE AUDIT COMMITTEE APPROVED THE FORM 990 AND THE FULL BOARD RECEIVED THE APPROVED VERSION BEFORE IT WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE CORPORATION IS COMMITTED TO PREVENTING OUTSIDE FINANCIAL INTERESTS OF ITS BOARD MEMBERS OR EMPLOYEES LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

Department of the Treasury internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 FROM INFLUENCING ITS ACTIVITIES. TO THAT END. IT HAS ADOPTED AND ENFORCES POLICIES TO PREVENT CONFLICTS OF INTEREST AND THE APPEARANCE OF CONFLICTS OF INTEREST, INCLUDING SEPARATE POLICIES (1) GOVERNING OFFICERS AND DIRECTORS, AND (2) EMPLOYEES. COMPLIANCE WITH POLICIES GOVERNING OFFICERS AND DIRECTORS UNDER THE TERMS OF THE CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD OF THE CORPORATION, AN INTERESTED BOARD MEMBER OR OFFICER IS DEFINED AS ANY BOARD MEMBER, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A FINANCIAL INTEREST IN A PARTICULAR TRANSACTION OR ARRANGEMENT. BOARD MEMBER OR OFFICER HAS A FINANCIAL INTEREST IF HE/SHE OR A MEMBER OF HIS/HER IMMEDIATE FAMILY HAS OR WILL HAVE WITHIN A MATERIAL PERIOD OF TIME (1) A CONTROLLING OR MATERIAL OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH CAP ACTION HAS A TRANSACTION OR ARRANGEMENT; OR (2) A COMPENSATION ARRANGEMENT WITH CAP ACTION OR WITH ANY ENTITY OR INDIVIDUAL WITH WHICH CAP ACTION HAS A TRANSACTION OR ARRANGEMENT, AN INTERESTED BOARD MEMBER OR OFFICER MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT WITH WHICH HE OR SHE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIALS FACTS, AND AFTER DISCUSSION WITH THE INTERESTED PERSON, THE DISINTERESTED BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS WITHOUT THE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 INTERESTED PERSON BEING PRESENT FOR THOSE DELIBERATIONS A VOTING MEMBER OF ANY COMMITTEE WHOSE JURISDICTION INCLUDES COMPENSATION MATTERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CAP ACTION FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT MEMBER'S OWN COMPENSATION, AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. IF APPROPRIATE, THE BOARD OR COMMITTEE WILL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AND TO COMPILE SUCH DATA AND INFORMATION ABOUT WHAT ORGANIZATIONS SIMILAR TO CAP ACTION ARE PAYING FOR COMPARABLE GOODS OR SERVICES AS MAY BE APPROPRIATE, AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE WILL DETERMINE WHETHER CAP ACTION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE WILL DETERMINE BY A MAJORITY VOTE OF THE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

Supplemental Information to Form 990

(Form 990)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT (1) IS IN THE BEST INTEREST OF CAP ACTION AND FOR ITS OWN BENEFIT, AND (2) WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO CAP ACTION. THE BOARD OR COMMITTEE WILL DECIDE WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION, IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A PERSON HAS FAILED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. IT WILL INFORM THE PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF AFTER HEARING THE RESPONSE OF THE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE ARRANGED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT WILL TAKE APPROPRIATE DISCIPLINARY OR CORRECTIVE ACTION, COMPLIANCE WITH POLICIES GOVERNING EMPLOYEES ALL EMPLOYEES HAVE A DUTY TO DISCLOSE IMMEDIATELY TO THEIR SUPERVISOR. THE CEO OR THE EVP THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED IF APPROPRIATE. UPON ANY SUCH DISCLOSURE, THE SUPERVISOR, CEO OR EVP INFORMS THE GENERAL COUNSEL AND A DECISION IS MADE BY THE RELEVANT PARTIES, WHICH WILL INCLUDE IN EACH CASE AT LEAST THE EVP AND GC, REGARDING WHETHER AN ACTUAL OR POTENTIAL CONFLICT EXISTS AND, IF SO, WHAT SAFEGUARDS CUGHT TO BE PUT IN PLACE. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Employer identification number Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 FORM 990, PART VI, LINE 15: CAP ACTION OPERATES UNDER A COST SHARING AGREEMENT WITH CENTER FOR AMERICAN PROGRESS, APPROVED BY THE BOARDS OF EACH ORGANIZATION, UNDER WHICH CAP EMPLOYS ALL THE ORGANIZATIONS' STAFF AND PAYS FOR GENERAL AND ADMINISTRATIVE EXPENSES, AND CAP ACTION REIMBURSES CAP FOR ITS SHARE OF THESE EXPENSES. COMPENSATION FOR STAFF AND FELLOWS IS SET BY THE COMPENSATION COMMITTEE OF CAP'S BOARD OF DIRECTORS AND CAP ACTION RELIES ON THE PRACTICES PUT IN PLACE BY CAP'S BOARD OF DIRECTORS TO ENSURE EMPLOYEE COMPENSATION IS NOT EXCESSIVE FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: DC, AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, RI, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI FORM 990, PART VI, SECTION C, LINE 19: CAP ACTION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. CAP ACTION'S GOVERNING DOCUMENTS ARE INCLUDED IN ITS FORM 1024, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(4). CHANGES TO ITS GOVERNING DOCUMENTS ARE FILED WITH ITS ANNUAL FORM 990. BOTH FORMS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUESTS RECEIVED AT ITS WASHINGTON, D.C. OFFICE. CAP ACTION'S ANNUAL FORM 990 IS ALSO MADE AVAILABLE TO THE PUBLIC BY WAY OF THE ONLINE INFORMATION SERVICE. GUIDESTAR.ORG. CAP ACTION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS WASHINGTON, D.C. OFFICE. CAP ACTION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service

(Form 990)

## Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708
ON AN ANNUAL BASIS. CAP ACTION'S AUDIT COMMITTEE, ACTING WITH DELEGATED	TOTAL A Market
AUTHORITY ON BEHALF OF THE FULL BOARD OF DIRECTORS, OVERSEES ALL ASPECTS OF	
THE ORGANIZATION'S FINANCIAL STATEMENT AUDIT. EACH YEAR, THE AUDIT	
COMMITTEE APPROVES THE ORGANIZATION'S AUDITOR. AT ANY STAGE OF THE AUDIT,	-
THE AUDIT COMMITTEE HAS THE OPPORTUNITY TO MEET WITH THE AUDITOR WITH OR	
WITHOUT CAP ACTION MANAGEMENT OR STAFF PRESENT. AT THE CONCLUSION OF THE	
AUDIT, THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORT, WHICH INCLUDES	
COMMUNICATIONS TO THE AUDIT COMMITTEE REQUIRED UNDER STATEMENT OF AUDITING	
STANDARDS \$114. AFTER ITS REVIEW AND DISCUSSION WITH THE AUDITOR, THE	
AUDIT COMMITTEE VOTES TO ACCEPT OR REJECT THE AUDIT.	

## \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection

<u>A</u> F	or the	2010 calendar year, or tax year beginning and	ending		
B c	heck if oplicable:	C Name of organization		D Employer identific	cation number
	Address change	CENTER FOR AMERICAN PROGRESS ACTION F	UND		
	Name change	Doing Business As		30-0	192708
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
<u></u>	]Termin- ated ]Amende	1333 H STREET, NW, 10TH FLOOR			682-1611 9 576 501
X	Jamende Jreturn ∏Applica	City or town, state or country, and ZIP + 4		G Gross receipts \$	9,576,501.
Ц.	tion pending	WADITINGTON, DC 20005		H(a) Is this a group re for affiliates?	eturn Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	`
	ay-eyei	mpt status:	or 527		list. (see instructions)
JV	Vebsite	WWW.AMERICANPROGRESSACTION.ORG		H(c) Group exemptio	•
		organization: X Corporation Trust Association Other	L Year		A State of legal domicile: DC
	rtl	Summary			
Э.	1 E	riefly describe the organization's mission or most significant activities: $\frac{\text{TO S}}{\text{TO S}}$	HAPE I	HE NATIONAL	POLICY
Activities & Governance	-	DEBATE AND TRANSFORM IDEAS INTO POLICY.			
ern		check this box  if the organization discontinued its operations or dispo		1	
Gov				3	8 7
8		lumber of independent voting members of the governing body (Part VI, line 1b)			0
ties		otal number of individuals employed in calendar year 2010 (Part V, line 2a)			<del>0</del>
χį		otal number of volunteers (estimate if necessary)  otal unrelated business revenue from Part VIII, column (C), line 12			97,433.
¥		let unrelated business taxable income from Form 990-T, line 34			54,615.
_		ot different second second from the first of the second from t		Prior Year	Current Year
on.	8 (	Contributions and grants (Part VIII, line 1h)		8,839,425.	9,358,653.
Revenue		Program service revenue (Part VIII, line 2g)		0.	93,282.
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,285.	677.
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125,233.	38,291.
_	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,966,943.	9,490,903.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,000.	580,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 4,465,569.	0. 4,341,291.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,465,569.	92,699.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	50	ing with some profit plants in the co	72,037.
Ä	D 1	Total fundraising expenses (Part IX, column (D), line 25) 438,3	<u> </u>	2,789,243.	2,985,522.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,466,812.	7,999,512.
	ŀ	Revenue less expenses. Subtract line 18 from line 12		1,500,131.	1,491,391.
or	<u></u>	intering is a superious. Substitute for from line 12		eginning of Current Year	End of Year
Assets or Balances	20 7	otal assets (Part X, line 16)		3,970,349.	5,683,067.
ASS	21 7	otal liabilities (Part X, line 26)		117,958.	189,285.
Net A Fund	22 1	Net assets or fund balances. Subtract line 21 from line 20		3,852,391.	5,493,782.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is
true	, correct	, and complete Declaration of preparer (other than officer) is based on all information of w	nich prepare	r nas any knowledge.	2/11
C:	_	Signature of officer		Date 11/2	1//1
Sig Her	- 1	Dalant I File SUP GC C		ala Sacrala	my Treasurer
пе		Type or print name and title	- POI	20,00	
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		FRANK H. SMITH Frank H. Smit	<u> </u>	11/29/11 if self-employ	red
Pre		Firm's name RAFFA, P.C.		Firm's EIN ▶	
Use	Only	Firm's address 1899 L STREET NW, SUITE 900			
_		WASHINGTON, DC 20036		Phone no. 2	02-822-5000
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes

4d	Other program	services. (Describe in	Schedule O.)
	(Expenses \$	1,543,015.	including grants of \$

Total program service expenses ▶

6,916,960.

Form 990 (2010)

) (Revenue \$

CENTER FOR AMERICAN PROGRESS ACTION FUND Form 990 (2010) 30-0192708 Page 3 Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 Х 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 X q credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ..... Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Х 10 If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional...... X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, Х 14b and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 Х 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X

Form 990 (2010)

X

X

X

X

18

19

20a

17

located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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

complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) Page 4 Part IV Checklist of Required Schedules (continued) Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No", go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L, Part I 25h Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Х 27 Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? X If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 X Is any related organization a controlled entity within the meaning of section 512(b)(13)? a 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 \_\_\_\_\_\_ Yes X No 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

> Х Form 990 (2010)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

# Form 990 (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u></u>		<u></u>		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming			
	(gambling) winnings to prize winners?		•••••	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_	The.		
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	• • • • • • • • • •		3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	Saute 1	X
b	If "Yes," enter the name of the foreign country: ▶		<del>_</del>			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
	Was 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 transa	action?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	:	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				7.7	
	any contributions that were not tax deductible?			6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions c	r gifts		v	
	were not tax deductible?	•••••		6b	X	OF STREET
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		<del> </del>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uirea			
	to file Form 8282?	 I – .	 	7c	\$80,8512	1400000
d	If "Yes," indicate the number of Forms 8282 filed during the year		-+0		Likit.i.	in physical
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of a con			7g		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				és Paj	antifek.d
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	School of the Lyl	AMERICAN PROPERTY PA
9	Sponsoring organizations maintaining donor advised funds.	uny un	io during the your.			G-ROW
a	Did the organization make any taxable distributions under section 4966?			9a	Elia Luddia	List Market
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:				***	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				2	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		t		<u> </u>	
	organization is licensed to issue qualified health plans	13b		1		
С	Enter the amount of reserves on hand	13c			Milia.	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	X
b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		<u></u>
				Form	990	(2010)

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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.

Sac	Check if Schedule O contains a response to any question in this Part VItion A. Governing Body and Management			X
<u> </u>	ation A. Governing body and Management		V	NI-
4.	Enter the number of voting members of the reversion heads at the and of the toxicon	8	Yes	No
b	Enter the number of voting members of the governing body at the end of the tax year  Enter the number of voting members included in line 1a, above, who are independent  1b	위		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
_	officer, director, trustee, or key employee?	2	eni escibilio	X
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	<del></del> -
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			T 2 6
а	The governing body?	8a	X	annound have
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			
	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	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>X</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	i		
	to conflicts?	12b	X	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?		X	<u> </u>
14	Does 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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
h	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b	in and second in	niana harisi
Sec	exempt status with respect to such arrangements? tion C. Disclosure	1100		
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, I	L.KS	.KY	ME
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab		,	
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:	•	
	JOSEPH W. SMOLSKIS - 202-741-6276			
	1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 20005			
	_	Form	990	(2010)

SEE SCHEDULE O FOR FULL LIST OF STATES

Page 7

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

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

- 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 organizat	(B)	orga	II IIZ	(C		nper	isal	(D)	(E)	(F)
Name and Title	Average			Posi	•	1		Reportable	Reportable	Estimated
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hours per	(cł				арр	ly)	compensation	compensation	amount of
	week	ē						from	from related	other
	(describe	ndividual trustee or director				œ.		the	organizations	compensation from the
	hours for related	tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	l frus	Institutional trustee		Key employee	Highest compensated employee		(***-27 1000-141100)	-	and related
	in Schedule	iyida	ig i	Officer	y emp	ploye	Former			organizations
	O)	<u>=</u>	罩	튱	Ke	E H	Ē			
ANNA BURGER								_	_	
DIRECTOR	1.00	X						0.	0.	0.
PETER EDELMAN										0
DIRECTOR	1.00	X						0.	0.	0.
JUDITH FEDER								4 000		0
DIRECTOR (AND CONSULTANT)	1.00	X	_					4,332.	.0.	0.
CHRISTIE HEFNER	1									0
DIRECTOR	1.00	X				ļ		0.	0.	0.
BRODERICK JOHNSON	1									0
DIRECTOR	1.00	X	ļ	_				0.	0.	0.
HILARY ROSEN	1 1 00								0.	0
DIRECTOR	1.00	X	_	<u> </u>	<u>.</u>	_		0.	<u> </u>	0.
DANIEL ZINGALE	1 00								0.	0
DIRECTOR	1.00	X	_	<u> </u>	_	┝		0.	0.	0.
JOHN PODESTA	7.00	٦,		3,7				40 700	ο.	4,729.
PRESIDENT, CHAIR & DIRECTOR	7.00	X	ļ	X	-	ļ		49,709.		4,149.
SARAH WARTELL	1.00	l		X				6,845.	0.	590.
TREASURER/EXECUTIVE VP	1.00	⊢	├	<u> </u>				0,043.	0.	370.
JENNIFER M. PALMIERI	18.00			x				101,277.	0.	13,357
PRESIDENT	10.00		┢	1				101,211.	0.	13,337
DEBORAH FINE SECRETARY/GEN. COUNSEL	16.00			X	l			69,334.	0.	7,780.
NEERA TANDEN	10.00	$\vdash$	┼-	122	┈	-	-	05,554.		,,,,,,,,,,
TREASURER/COO	6.00			x	ļ.			24,611.	0.	3,629.
TARA MCGUINNESS	0.00	$\vdash$	╁╾	122	-	-	-	24,011.		3,023
VP & DIR. THINKPROGRESS	40.00				1	x		149,998.	0.	12,905.
JOSEPH ROMM	±0.00	$\vdash$	╁╌	$\vdash$	┢	123		145,5500		
FELLOW	40.00		1			x		136,241.	0.	8,186.
FAIZ R. SHAKIR	10,00	t	+	+	T	+==	-			,
VP & EDITOR THINKPROGRESS	40.00					X		119,998.	0.	11,309
DAVID MADLAND		I	T	1	T	† <u> </u>				-
DIRECTOR, AME WORKER	40.00				-	x		108,898.	0.	15,320
		1	1	$\top$	†	1	Γ			
	İ						1		1	[

Form 990 (2010)

Part VII Section	A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)		·	
·	(A)	(B)				C)			(D)	(E)		(F)	
Na	ime and title	Average			Pos				Reportable	Reportable		Estimate	∍d
		hours per week	(cl	neck	c all	that	арр	ly)	compensation	compensation		amount	of
		(describe	흉		İ				from the	from related organizations		other compensa	ation
		hours for	rejie				pa Ed			(W-2/1099-MIS		from th	
		related	stee (	fruste	ŀ		beusa		(W-2/1099-MISC)	,		organizat	ion
		organizations in Schedule	lual tri	tional		ploye	yee yee	_				and relat	
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E E			l	organizati	ons
		-,				-	-	<del>-</del>			$\dashv$		
				_							_		
										, , , , , , , , , , , , , , , , , , , ,			
							<u>                                     </u>						
							ļ						
							┢	-			-		<del></del>
								┢					
							1						
	···												
									771,243.		0.	77,8	
	ontinuation sheets to Part V								0.		0.	77,8	0.
	es 1b and 1c)								771,243.			11,0	05.
	of individuals (including but r	of limited to tr	ose	liste	ed a	bove	e) wi	no r	received more than \$100	J,000 in reportable	8		5
compensation	from the organization	1.0.00										Yes	No
3 Did the organi	ization list any former officer,	director or tru	stee	. ke	v en	olan	vee	or l	highest compensated e	mplovee on	F	The balls	
	s," complete Schedule J for s											3	X
	dual listed on line 1a, is the su												Jan 1
	ganizations greater than \$15											4 X	
	n listed on line 1a receive or								ted organization or indiv	idual for services	Ì	in in the second	
	ne organization? If "Yes," com	plete Schedul	e J 1	or s	uch	pers	son					5	X
	ndent Contractors									***************************************			
	table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors :	that received more than	\$100,000 of com	ipensi	ation from	
the organization	·								(B)			(C)	
	(A) Name and business	address							Description of	service <b>s</b>	С	ompensatio	n
BONNER GRO	OUP. INC.								PROFESSIONAL				
	23523, SPRINGF	IELD, V	Α :	22:	15:	2			FUNDRAISING			129,5	73.
GERSTEIN A	NGE STRATEGIC,	10 G S'	rr.	EE'	Г,	N	Ε,		COMMUNICATIO	NS			
	WASHINGTON, D								RESEARCH			104,5	00.
										İ			
												. ,	
2 Total number	of independent contractors (	including but r	not l	imite	ed to	the	nse li	iste	d above) who received r	nore than			
	composition from the ergon		.0.1	.,,,,,,	. u . t		2		, mio 1000ivou i				

Pa	rt VII	Statement of Reven	ue				- <del></del>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines Total. Add lines 1a-1f	1b	454,300. 904,353.	9,358,653.			
Service anue	2 a b c	CONFERENCE REGI	STRATIO	Business Code 900099	93,282.	93,282.		,
Program Service Revenue		All other program service reve	nue		93,282.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and	677.	Constitution Constitution in the Constitution of the Constitution		677.
	6 a b c	Gross Rents	(i) Real	(ii) Personal				
د	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$ 454,3 contributions reported on line	g events (not 00 • of 1c). See					
Other	С	Part IV, line 18  Less: direct expenses  Net income or (loss) from func  Gross income from gaming ac  Part IV, line 19	traising events tivities. See	85,598. ▶	<69,398.	<b>&gt;</b>		<69,398.
	c 10 a	Less: direct expenses  Net income or (loss) from gam Gross sales of inventory, less and allowances  Less: cost of goods sold	returns a	<b>&gt;</b>				
	11 a	Miscellaneous Revenu ADVERTISING REV	s of inventory .	Business Code 541800 900099	97,433. 5,256.		97,433.	5,256.
		TIONOD A DITTIM		900099	5,000.	5,000.		
0320 12-2	<b>12</b>	Total revenue. See instructions.			9,490,903.	98,282.	97,433.	<63,465. Form <b>990</b> (2010)

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com	plete column (A) but are (A)	not required to complet (B)	e columns (B), (C), and (L	O). <b>(D)</b>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	580,000.	580,000.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			198 (F) (198 (198 (198 (198 (198 (198 (198 (198	
4	Benefits paid to or for members			faction factor in the last of the	Kerco creating results and an including the reality of the control
5	Compensation of current officers, directors,	276 150	182,353.	88,298.	5,508.
	trustees, and key employees	276,159.	102,333.	00,490.	3,300.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,374,744.	3,001,070.	299,405.	74,269.
8	Pension plan contributions (include section 401(k)				
=	and section 403(b) employer contributions)	150,308.	134,965.	12,243.	3,100.
9	Other employee benefits	281,609.	248,466.	28,688.	4,455. 6,347.
10	Payroll taxes	258,471.	224,503.	27,621.	6,347.
11	Fees for services (non-employees):				
	Management				
	Legal	36,608.	12,677.	23,931.	
	Accounting	36,157.		36,157.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	92,699.			92,699.
f	Investment management fees				
g	Other	178,169.	165,625.	12,544.	
12	Advertising and promotion	650,913.	650,807.	106.	
13	Office expenses	97,275.	29,190.	67,574.	511.
14	Information technology				
15	Royalties				
16	Occupancy	710,500.		710,500.	
17	Travel	78,549.	72,769.	297.	5,483.
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	410,810.	402,010.		8,800.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,036.		2,036.	
23	Insurance	22,370.		22,370.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.) UBI TAXES	13,078.	er delle film et de e	13,078.	
a	MISCELLANEOUS	369,947.	179,965.	188,435.	1,547.
b	OTHER FUNDRAISING COSTS	202,905.	0.	0.	202,905
C	OPINION ANALYSIS POLL	115,000.	115,000.		2027300
d	COMMISSIONED PAPERS	32,374.	32,374.		
e	<del></del>	28,831.	885,186.	<889,081.	> 32,726.
f OF	All other expenses  Total functional expenses. Add lines 1 through 24f	7,999,512.	6,916,960.	644,202.	438,350
25	Joint costs. Check here if following SOP	1,000,014.	0,510,500	011,202.	
26	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			·	5 <b>990</b> (0010)

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	,				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,593,308.	1	2,426,396.
	2	Savings and temporary cash investments			346,121.	2	346,314.
	3	Pledges and grants receivable, net			1,023,048.	3	2,185,242.
	4	Accounts receivable, net				4	48,390.
	5	Receivables from current and former officers, di				ale en Lightig	
		employees, and highest compensated employee					
		of Schedule L			The state of the s	5	
	6	Receivables from other disqualified persons (as	defined ur	nder section			
i		4958(f)(1)), persons described in section 4958(c	(3)(B), and	l contributing			
		employers and sponsoring organizations of sect	ion 501(c)	(9) voluntary			
		employees' beneficiary organizations (see instru				6	
Assers	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use				8	
`	9	- · · · · · · · · · · · · · · · · · · ·				9	
	10a	Land, buildings, and equipment: cost or other	•				
		basis. Complete Part VI of Schedule D	10a	148,295.			
l	b	Less: accumulated depreciation		142,459.	7,872.	10c	5,836.
	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			0.	15	670,889.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		3,970,349.	16	5,683,067.
	17	Accounts payable and accrued expenses			117,958.	17	189,285.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ន	21	Escrow or custodial account liability. Complete	Part IV of S	Schedule D		21	
≣	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi	ed person	s. Complete Part II			
'		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			117,958.	25	189,285.
	26	Total liabilities. Add lines 17 through 25		▼	111,900.	26	109,200
		Organizations that follow SFAS 117, check he	ere 🕨 L	- ∆ and complete			
Sec		lines 27 through 29, and lines 33 and 34.			2,106,211.		2,718,071.
lan	27	Unrestricted net assets			1,746,180.	27 28	2,775,711.
Ва	28				1,740,100.	29	2,773,7111
pur	29					29	
Ľ		Organizations that do not follow SFAS 117, c	песк пеге	and			
<b>-</b>		complete lines 30 through 34.			Martines at a series of a few association and a series of a series	30	and the annihilation of the control of
IS OF	200	Capital stock or trust principal, or current funds				31	+
sets or	30		ulinmant f	und	1		
t Assets or	31	Paid-in or capital surplus, or land, building, or ed					
Net Assets or Fund Balances			come, or	other funds	3,852,391.	32	5,493,782.

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X Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

За

X

### Schedule B (Form 990, 990-EZ.

or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Organization type (check one): Filers of: Section: 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(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% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. → For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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. 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. An organization 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), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to 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) (2010)

Employer identification number

## CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$1,365,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
023452 12-23		\$ 5,415,677.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

Name of organization

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FU	CRMITH LOW	VIII DIT CVIII	COUTODA	TO T T OW	T. OTAT
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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$ 25,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$150,000.	Person X Payroll

Employer identification number

משייונים יי	다스교	AMERICAN	DDUCDEGG	$\Delta \subset T \subset T \subset M$	רוואדוים

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$ 286,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$ 6,563.	Person X Payroll

Name of organization

Employer identification number

CENTER F	'OR	AMERICAN	PROGRESS	ACTION	FUND

30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$100,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

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Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$ 90,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		* 7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$ 650,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$ 40,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)  990, 990-EZ, or 990-PF) (2010

of Part II

Name of organization

Employer identification number

## CENTER FOR AMERICAN PROGRESS ACTION FUND

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
022452 10 2		\$Shedule B/Farm	990 990-FZ or 990-PF) (2010)

Name of org	anization		Employer identification number
CENTER	R FOR AMERICAN PROGRESS	S ACTION FUND	30-0192708
Part III	Exclusively religious, charitable, etc., i	ndividual contributions to sect te columns (a) through (e) and th jous, charitable, etc., contributio	ction 501(c)(7), (8), or (10) organizations aggregating the following line entry. For organizations completing ons of
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}		(e) Transfer of g	gift
-	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 g	gift
	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 g	gift
	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,	and ZIP + 4	Relationship of transferor to transferee

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **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

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 35a (Proxy Tax), then

• :	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of organization				ployer identification number
	CENTER	FOR AMERICAN PRO	GRESS ACTIO	N FUND	30-0192708
Pa	irt I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b>	\$679,375 <b>.</b>
Pa	rt I-B Complete if the org	anization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
	Was a correction made?				
h	If "Yes." describe in Part IV.				<u> </u>
Pe	art I-C Complete if the org	janization is exempt und	der section 501(c)		
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	679,375.
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527	
	exempt function activities			<b>&gt;</b>	* \$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POl	<b>-</b> 1	470 075
	line 17b			<b>&gt;</b>	\$ 679,375.
	Did the filing organization file Form	1120-POL for this year?			No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	ition listed, enter the amount pa comptly and directly delivered to	id from the filing organ a separate political org	ization's funds. Also ente ganization, such as a sep	r the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and
	h. A Fine to a				

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010  Part II-A Complete if the ord (election under sec	ganization is exe	AMERICAN P	ROGRESS ACT n 501(c)(3) and fil	ION FUNB0-0 led Form 5768	192708 Page 2		
A Check   if the filing organiza	ation belongs to an affi ation checked box A ar	- ·	ovisions apply	***************************************			
Lim	its on Lobbying Expenditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to inf	luence public opinion (	grass roots lobbying)			-		
b Total lobbying expenditures to inf	luence a legislative boo	dy (direct lobbying)					
c Total lobbying expenditures (add							
d Other exempt purpose expenditu							
	e Total exempt purpose expenditures (add lines 1c and 1d)						
f Lobbying nontaxable amount. Ent		e following table in bot	h columns.				
If the amount on line 1e, column (a)		bying nontaxable am					
Not over \$500,000							
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.			Park Company (SI)			
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.			miski kupupat laga ta 1918 bilang Laga tang bahasi				
Over \$17,000,000 \$1,000,000.							
i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organi)	h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  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						
	olumns below. See th	nditures During 4-Ye					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	( <b>d)</b> 2010	(e) Total		
2a Lobbying nontaxable amount		renters a salas a secondo	an autorian servici sur orisserii si olga sa.	conferming the control of the contro			
b Lobbying ceiling amount		Ange spilates as					
(150% of line 2a, column(e))							
c Total lobbying expenditures		1					
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
f Grassroots lobbying expenditures	8			0.1-1.1-0/5	000 or 000 EZ\ 2010		

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 Page 3

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)).

		(6	(a) (b)		)
		Yes	No	, Amo	unt
1,	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?  Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
i	Total. Add lines 1c through 1i	A Property of the second secon			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912	To Avid a Hill as Outstanders	interest		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	on 501(c	(5), or se	ection	
	501(c)(6).			Yes	No
			<u> </u>	162	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	on E01/o	3	otion	<u> </u>
Par	t III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines III-A, lin	art III-A, li	ne 3 is a	nswered	
	"Yes."	•			
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		40.7 m 12 40.7 m 12 40.7 m 12		
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		l		
С	Total		1 _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		1		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		3,77		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4_		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
for a	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; any additional information. ${\tt RT\ I-A}$ , ${\tt LINE\ 1}$ :	and Part II-B	, line 1i. Als	o, complete	this part
<u>CA</u> :	ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OF	FICE,	NOR DO	ES IT	
EX.	PLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF PA	RTICUL	AR		· 
CA	NDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR,	CAP A	CTION	
MA:	DE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRIT	ICIZIN	G PARI	'ICULA	З
PU	BLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES.		E POLI		0-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 Page 4  Part IV Supplemental Information (continued)
ASSESSMENTS TOOK THE FORM OF POSITION PAPERS, BLOG POSTS, PRESS
RELEASES, AND OTHER SIMILAR PUBLIC COMMUNICATIONS.

Schedule C (Form 990 or 990-EZ) 2010

## **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, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space	Treservation of a cer	uned historic structure
2	Complete lines 2a through 2d if the organization held a qualit	find concentation contribution in the form	of a consequation easement on the last
_	day of the tax year.	ned 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
_	Total number of concentation ecoments		* * * * * * * * * * * * * * * * * * * *
a	Total correge restricted by conservation assembles		
b	Total acreage restricted by conservation easements	The state of the s	
ا C	Number of conservation easements on a certified historic str		******
a	Number of conservation easements included in (c) acquired		[ [
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
4	year ▶Number of states where property subject to conservation ea	noment is located	
4		•	
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements is Staff and volunteer hours devoted to monitoring, inspecting,		
6			
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		***************************************
9			
	include, if applicable, the text of the footnote to the organizar	tion's imancial statements that describes	the organization's accounting for
Pai	conservation easements. t III   Organizations Maintaining Collections o	f Art Historical Treasures or C	ther Similar Assets
	Complete if the organization answered "Yes" to Form		And Chima Access
			most and belence sheet works of art
ıa	If the organization elected, as permitted under SFAS 116 (AS	• •	
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described a secretary place of the control of the con		the second because and second
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	dolic service, provide the following amounts
	relating to these items:		<b>▶</b> •
	(i) Revenues included in Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1		<b>.</b>
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		FOR AMERIC	AN PROGRES	SS ACTIO	N FUNI	30-01	9270	8 Pa	age <b>2</b>		
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or	Other S	imilar Asse	<b>ts</b> (cont	inued)			
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that	are a signifi	icant use of its	collectio	n item	s		
	(check all that apply):										
а	Public exhibition	c	di ∐ Loan or exc	change progran	าร						
b	Scholarly research	€	e LU Other								
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how they further	the organizatior	ı's exempt	purpose in Par	t XIV.				
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or other	similar ass	ets	_		_		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other asse	ets not incli	uded	_	_	,		
	on Form 990, Part X?					L	Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:		-						
							Amoun	<u>t</u>			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year	•••••				1e					
f	Ending balance					1f			<del>,</del>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes		No		
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Yes" to Fo	· · · · · · · · · · · · · · · · · · ·							
		(a) Current year	(b) Prior year	(c) Two years	back (d) T	hree years back	(e) Foul	years	back		
1a	0 0 7							<u> </u>			
b	Contributions				17.52	30.6	Develop.				
	Net investment earnings, gains, and losses										
d	Grants or scholarships				9,7,23				14,161,66		
е	Other expenditures for facilities										
	and programs	-			13 14 6		J Kirtis				
f	Administrative expenses										
g	End of year balance							194- v 520 54-55 3-35			
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administere	ed for the o	rganization	1				
	by:						r	Yes	No		
	(i) unrelated organizations						3a(i)				
b	If "Yes" to 3a(ii), are the related organization	•					3b				
4	Describe in Part XIV the intended uses of the										
Pai	t VI   Land, Buildings, and Equipn										
Description of investment  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation					k value	e 					
1a	Land			: .							
b	Buildings										
С	Leasehold improvements										
d	Equipment			3,990.		3,990.			0.		
	Other			44,305.	138	3,469.		5,8			
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, column (B), line	10(c).)		<b>&gt;</b>		5,8	36.		

Schedule D (Form 990) 2010

Schedule [	(Form 990) 2010	CENTER	FOR	AMERICAN	PROG	RESS	ACTIO	N FUND	30-	0192708	Page 3
	Investments -		ti <b>es.</b> Se	e Form 990, Part	X, line 12						
(a) Description of security or category (including name of security)		<b>(b)</b> Book va	lue		Cos	of valuation ar marke					
(1) Financi	al derivatives										
	-held equity interests										
(3) Other											
(A)											
(B)											
(C)											
(D)								<del></del>		<del></del>	
(E) (F)				,,							
(G)								<del></del>	· · · · · · · · · · · · · · · · · · ·		
(H)											
(1)											
	o) must equal Form 990,						erak wili eak		erina de la composição Estamados estamas		
Part VIII	Investments - I	Program Rela	<b>ated.</b> Se	ee Form 990, Parl	X, line 13	3.					
	(a) Description of inv	restment type		(b) Book va	lue		Cos	(c) Method of tor end-of-ye			
(1)											
(2)											
(3)										·	
(4)											
(5) (6)											
(7)											
(8)											
(9)										·····	
(10)											
Total. (Col (	o) must equal Form 990,				·	AST THE GOVE					
Part IX	Other Assets.	See Form 990, Pa									
	II IDON ADD	TTTAME	(a)	Description	<del></del>					(b) Book v	,889.
	JE FROM AFF	TTTWIR								070	,009.
(2)											
(3)											
(5)										,	
(6)	· · · · · · · · · · · · · · · · · · ·										
(7)											
(8)											
(9)											
(10)											
Total. (Colt	umn (b) must equal Fo Other Liabilitie						<u>.</u>		<u></u> ▶	670	,889.
1.	(a) De	escription of liabil	ity	-		(b) Amo	unt				
	deral income taxes										
(2)											
(3)		·									
(4)											
(5)		······································	·····				-				
(6)											er en frans. En en en en en en en en en en en en en en
(7)					_						
(8)											
(10)				·- · · · · · · · · · · · · · · · · · ·							
(11)											
Total. (Cold	umn (b) must equal Fo	orm 990, Part X, c	ol (B) line	e 25.)	<b>▶</b>						
2. FIN 48 (A	SC 740) Footnote, in Part XIV	, provide the text of th	e footnote to	o the organization's fina	inciai statem	ents that rep	orts the organi	zation's liability fo	r uncertain	tax positions unde	1.
032053 12-20-10									Sched	dule D (Form	990) 2010

	edule D (Form 990) 2010 CENTER FOR AMERICAN PROGRE	SS ACT	'ION FUNI	30-	-0192708 Page 4
1	T 1 1			tatemer	
2	T-4-1				9,490,903.
3		• • • • • • • • • • • • • • • • • • • •	2		7,999,512.
4	Excess or (deficit) for the year. Subtract line 2 from line 1	••••••	3		1,491,391.
5	Net unrealized gains (losses) on investments		4		
6	Donated services and use of facilities		5		
7	Investment expenses		6		150 000
8	Prior period adjustments		7		150,000.
9	Other (Describe in Part XIV.)	••••••	8	<del></del>	150.000
10	Total adjustments (net). Add lines 4 through 8		9		150,000.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and rt XII Reconciliation of Revenue per Audited Financial Stateme	a9 nte With	10   Povenue n	or Dotur	1,641,391.
1	Total revenue, gains, and other support per audited financial statements	IIIS WILLI	nevertue pr	er netur	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		1	9,576,501.
	Net unrealized gains on investments	1.1			
h	Donated services and use of facilities	2a			
	Donated services and use of facilities	2b		- Fain	
4	Recoveries of prior year grants	2c	05 50		
u	Other (Describe in Part XIV.)	2d	85,59		05 500
e 2	Add lines 2a through 2d			2e	85,598.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	9,490,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b			1,000	
	Other (Describe in Part XIV.)				
_	Add lines 4a and 4b			4c	0.
Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XIII Reconciliation of Expenses per Audited Financial Statement	\A/!4!		<u>5</u>	9,490,903.
1 2	Total expenses and losses per audited financial statements			1	8,085,110.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
a	Donated services and use of facilities	2a			
D	Prior year adjustments	2b			
C	Other losses	2c	0 0		
ď	Other (Describe in Part XIV.)	2d	85,59		05 500
e	Add lines 2a through 2d			<b>2</b> e	85,598.
3	Subtract line 2e from line 1			3	7,999,512.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			_
	Add lines 4a and 4b			4c	0.
Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,999,512.
	t XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a ar	nd 4; Part IV, line	es 1b and :	2b; Part V, line 4; Part
X, line	22; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete this pai	t to provide any	additiona	l information.
PAI	T X, LINE 2: IN ACCORDANCE WITH ASC TOPIC	740,	INCOME T	AXES,	THE
7 (7)	ITOM BUND HAG BUALLANDED THE TAXONER TO DOC				_
ACI	'ION FUND HAS EVALUATED ITS INCOME TAX POSI	TIONS	FOR THE	YEAR	S ENDED
חשכ	TEMPED 21 2010 AND 2000 AND DEFENDED				
חשת	EMBER 31, 2010 AND 2009, AND DETERMINED TH	AT TH	ERE WERE	NO M	ATERIAL
TINIC	EDMATN MAY DOCUMENTONG AND ACCORDANGED TO				
OIAC	ERTAIN TAX POSITIONS AND, ACCORDINGLY, THE	ACTI	ON FUND	HAS N	OT
ם היכ	OCNIZED ANY LIADILITY BOD WIDEGOOVERS				
<u> </u>	OGNIZED ANY LIABILITY FOR UNRECOGNIZED INC	OME T	AX.		
					· · · · · · · · · · · · · · · · · · ·
ълπ	m VII IINE 2D OMHED 3D THE				
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
G D E	CTAL EVENIMO EVDENICEO				
221	CIAL EVENTS EXPENSES				85,598.
032054				Sched	ule D (Form 990) 2010
12-20-	U,				

Schedule D (Form 990) 2010 Part XIV Supplemental Info	CENTER FOR	AMERICAN	PROGRESS	ACTION	FUND30-019	2708 <sub>P</sub>	age <b>5</b>
Part XIV Supplemental Info	rmation (continued)						
PART XIII, LINE 2D	- OTHER ADJU	USTMENTS:					
SPECIAL EVENTS EXPE	ENSES					85,5	98.
<u></u>				· · · · · · · · · · · · · · · · · · ·			
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Section 1997		, , , <del>, , , , , , , , , , , , , , , , </del>					
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#### SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public

Internal Revenue Service Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) BONNER GROUP - 729 15TH Yes No STREET, NW, #3, WASHINGTON Х 476,000 92,699 383,301. 476,000. 92,699 383,301. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CT, DC, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through DINNER col. (c)) (event type) (event type) (total number) Revenue 470,500. 470,500. 1 Gross receipts 454,300 454,300. 2 Less: Charitable contributions 16,200. 16,200. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses 8,800. 8,800. Rent/facility costs 7 Food and beverages 77. 8 Entertainment ..... 76,721. 9 Other direct expenses ..... 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes \_\_\_\_\_ Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_ Yes b If "Yes," explain:

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2010.04050 CENTER FOR AMERICAN PROGRES CAPAF 1

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUNDO	0192	708	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	∟ No
13 Indicate the percentage of gaming activity operated in:	13a		%
a The organization's facility b An outside facility			/ <sub>%</sub>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[ 192		
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	□ No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name		.,	
Address ►			<del>,</del>
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided			
Description of services provided >			
Division (Afficial)			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	Ш	Yes	∟ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
organization's own exempt activities during the tax year ► \$  Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	s (iii) and (	v), and	l Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform			
COMEDINE C DADM I IINE OD IIOM OD MEN UICUDOM DAID DINDDAIG	TEDC.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRALS	JEKO.		
(I) NAME OF FUNDRAISER: BONNER GROUP			
(1) Italia of I distribution bottom			
(I) ADDRESS OF FUNDRAISER:			
729 15TH STREET, NW, #3, WASHINGTON, DC 20005-2105			
			,
		<del></del>	
032083 01-13-11 Schedule G (	Form 990	or 99	D-EZ) 2010

SCHEDULE (Form 990) Department of the Treasury

Name of the organization

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

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

CENTER FOR AMERICAN PROGRESS ACTION FUND

OMB No. 1545-0047	2010	Open to Public Inspection

Employer identification number 30-0192708

2 SUPPORT CHARITABLE AND SDUCATIONAL ACTIVITIES SDUCATIONAL ACTIVITIES SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES (h) Purpose of grant 5 F 5 5 먑 SUPPORT CHARITABLE or assistance SUPPORT PROGRAMS SUPPORT PROGRAMS SUPPORT PROGRAMS X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OVERTY. POVERTY OVERTY recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Ö ö 。 ö ٠. ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 15,000, 5,000, 500,000 15,000, 15,000 30,000 (d) Amount of cash grant 3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations ...... 501(C)(3) 501(C)(4) 501(C)(3) 501(C)(3) 501(C)(4) 20-4465717 501(C)(4) 71-0492205 52-1861766 30-0126510 26-4680984 52-0789800 General Information on Grants and Assistance criteria used to award the grants or assistance? (p) EIN 1120 CONNRCTICUT AVE. NW SUITE 312 1 (a) Name and address of organization STREET, NW #1000 - WASHINGTON, DC ARKANSAS ADVOCATES FOR CHILDREN LEADERSHIP CONFERENCE ON CIVIL RIGHTS EDUCATION FUND - 1629 K 1825 K STREET, NW, SUITE 400 CAMPAIGN FOR AMERICAS FUTURE CENTER FOR AMERICAN PROGRESS 1333 H STREET NW, 10TH FLOOR 1400 W MARKHAM, SUITE 306 COALITION ON HUMAN NEEDS or government SAN FRANCISCO, CA 94110 LITTLE ROCK, AR 72201 WASHINGTON, DC 20005 WASHINGTON, DC 20006 WASHINGTON, DC 20036 60 29TH STREET #664 NETROOTS NATION Part Part II 20008 0

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Schedule I (Form 990) (2010)

30-0192708

Page 2

CENTER FOR AMERICAN PROGRESS ACTION FUND

Schedule I (Form 990) (2010)

PartIII

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) WILL ALLOW CAPAF STAFF OR REPRESENTATIVES TO CONDUCT EVALUATIONS AND AUDITS WILL USE GRANT FUNDS SOLELY FOR PURPOSES CONSISTENT WITH CAPAF'S TAX-EXEMPT OR OF THE USE OF GRANT FUNDS, WHICH MAY INVOLVE VISITS TO OBSERVE, REVIEW AND Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. OFFICE OR PROVIDE A BENEFIT TO ANY POLITICAL PARTY OR CANDIDATE; THAT IT PORTION OF GRANT FUNDS WILL BE USED DIRECTLY OR INDIRECTLY TO EXPRESSLY WARRANT AND AGREE: THAT IMPLICITLY SUPPORT OR OPPOSE ANY CANDIDATE SEEKING ELECTION TO PUBLIC LINE 2: CENTER FOR AMERICAN PROGRESS ACTION FUND STATUS UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE; THAT NO (d) Amount of non-cash assistance (c) Amount of cash grant REQUIRES ANY GRANTEE ORGANIZATION TO REPRESENT, (b) Number of recipients (a) Type of grant or assistance Η PART SCHEDULE 032102 01-13-11

Scheen (2010) (2010)

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND Employer identification number 30-0192708

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person list	ted in Form 990	res	NO
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these iter	The second secon		
First-class or charter travel  Housing allowance or residence	I + √ +		
	- 1999		
Tax indemnification and gross-up payments  Health or social club dues or in	with their		
Discretionary spending account Personal services (e.g., maid,	chaurieur, chei)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding pay			2000
reimbursement or provision of all of the expenses described above? If "No," complete Part III to exp			<del> </del>
Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	L.		
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	2 5 5 5 5 5	
	1 년 1일 전 참 사람들		
Indicate which, if any, of the following the organization uses to establish the compensation of the or	rganization's		
CEO/Executive Director. Check all that apply.			
Compensation committee Written employment contract		4	
Independent compensation consultant Compensation survey or study	y familiar	AP .	
Form 990 of other organizations Approval by the board or com	pensation committee		
	in the second se		
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the fil	ling Section 1995		
During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the fill organization or a related organization:			
Receive a severance payment or change-of-control payment from the organization or a related organization.	nization? 4a	,	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		İ	X
Participate in, or receive payment from, an equity-based compensation arrangement?		<u> </u>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	le et e-	Feb. 25	12.00
If fes to any or lines 4a-c, list the persons and provide the applicable amounts for each term in the			
Only continue 501(a)(2) and 501(a)(4) argonizations must complete lines 5.9			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	ompensation	1000 mg	
·	Ontpensation		
contingent on the revenues of:	5a	. 14214214 . 1. 1	X
a The organization?			X
Any related organization?	30		1
If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	i like		
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any c	ompensation		
contingent on the net earnings of:		A. Fellow	
The organization?			X
b Any related organization?			X
If "Yes" to line 6a or 6b, describe in Part III.			
For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	ed payments		
not described in lines 5 and 6? If "Yes," describe in Part III			X
Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	subject to the		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Par	I -		X
If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described i			
Regulations section 53.4958-6(c)?			1

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€	149,998.	0	0	7,500.	5,405.	162,903.	0
1 TARA MCGUINNESS	: (3)	0	0	0	0	0	0	0
	<u> </u>							
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	Ξ							
3	Ξ							
	Ξ	-						
4	Ξ							
	Ξ	·						
5	Ξ							
	Θ							
6	(E)							
	(i)							
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Schedule J (Form 990) 2010 COPY

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND   30-0192708
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRESSIVE LEADERS THROUGHOUT THE COUNTRY AND THE WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ONLINE COMMUNICATIONS
EXPENSES \$ 521,587. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
POLICY - ECONOMIC
EXPENSES \$ 397,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
POLICY - DOMESTIC
EXPENSES \$ 228,881. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
EXECUTIVE OFFICE
EXPENSES \$ 170,213. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
DEVELOPMENT
EXPENSES \$ 95,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ENOUGH PROJECT
EXPENSES \$ 50,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CALIFORNIA OFFICE
EXPENSES \$ 34,363. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAMPUS PROGRESS

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

EXPENSES \$ 34,014. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

POLICY - INTERNATIONAL/NATIONAL SECURITY

EXPENSES \$ 10,490. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S BOARD APPROVED

AMENDMENTS TO THE BYLAWS IN AUGUST 2010. AMENDMENTS INCLUDED THE FOLLOWING

NEW POSITIONS: CHAIR OF THE BOARD AND CHAIR OF THE CORPORATION WHICH ARE

NEW OFFICER POSITIONS. IN ADDITION, THE BYLAWS WERE REVISED TO INCREASE

THE NUMBER OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE DEPARTMENT WORKED

DIRECTLY WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE 990 ON BEHALF

OF THE CORPORATION. THE FINANCE DEPARTMENT MANAGED THE PROCESS, WITH CLOSE

COORDINATION WITH THE LEGAL DEPARTMENT. THE ACCOUNTING FIRM PROVIDED A

DRAFT 990, WHICH WAS REVIEWED AND COMMENTED ON BY FINANCE, LEGAL AND THE

CORPORATE OFFICERS.

THE COMPLETE 990 AND SUMMARY MATERIALS WERE PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW AND CONSIDERATION ON BEHALF OF THE FULL BOARD. THE AUDIT COMMITTEE WAS OFFERED THE OPPORTUNITY TO DISCUSS THE MATERIALS WITH CORPORATION STAFF AND THE ACCOUNTING FIRM THAT PREPARED THE 990. THE AUDIT COMMITTEE APPROVED THE FORM 990 AND THE FULL BOARD RECEIVED THE APPROVED VERSION BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CORPORATION IS COMMITTED TO

PREVENTING OUTSIDE FINANCIAL INTERESTS OF ITS BOARD MEMBERS, OFFICERS OR

EMPLOYEES FROM INFLUENCING ITS ACTIVITIES. TO THAT END, IT HAS ADOPTED AND

032212

Schedule O (Form 990 or 990-EZ) (2010)

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

ENFORCES POLICIES TO PREVENT CONFLICTS OF INTEREST AND THE APPEARANCE OF

CONFLICTS OF INTEREST, INCLUDING SEPARATE POLICIES GOVERNING (1) OFFICERS,

DIRECTORS, AND KEY EMPLOYEES; AND (2) ALL EMPLOYEES.

COMPLIANCE WITH POLICIES GOVERNING OFFICERS, DIRECTORS AND KEY EMPLOYEES

OFFICERS, DIRECTORS AND KEY EMPLOYEES RECEIVE A COPY OF THE CONFLICT OF
INTEREST POLICY ANNUALLY, AND ARE ASKED TO REVIEW THE POLICY AND SIGN AN
ACKNOWLEDGEMENT AFFIRMING RECEIPT, REVIEW AND AGREEMENT TO COMPLY WITH THE
POLICY, AS WELL AS UNDERSTANDING THAT THE CORPORATION IS A CHARITABLE
ORGANIZATION. IN ADDITION, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ASKED
TO COMPLETE AN ANNUAL INDEPENDENCE QUESTIONNAIRE, WHICH SEEKS DISCLOSURE OF
CERTAIN RELATIONSHIPS, ARRANGEMENTS AND TRANSACTIONS IN ORDER TO DETERMINE
INDEPENDENCE AND THE EXISTENCE OF CONFLICTS OF INTEREST.

THESE POLICIES DESCRIBE POTENTIAL CONFLICTS, PROVIDE MEANS FOR DISCLOSURE, AND PROVIDES PROCESSES FOR INVESTIGATING AND RESOLVING POTENTIAL CONFLICTS.

FORM 990, PART VII, SECTION A, LINE 1A: CAP ACTION OPERATES UNDER A COST SHARING AGREEMENT WITH CENTER FOR AMERICAN PROGRESS, APPROVED BY THE BOARDS OF EACH ORGANIZATION, UNDER WHICH CAP EMPLOYS BOTH ORGANIZATIONS' STAFFS AND PAYS FOR GENERAL AND ADMINISTRATIVE EXPENSES, AND CAP ACTION REIMBURSES CAP FOR ITS SHARE OF THESE EXPENSES. COMPENSATION FOR STAFF AND FELLOWS IS SET BY THE COMPENSATION COMMITTEE OF CAP'S BOARD OF DIRECTORS AND CAP ACTION RELIES ON THE PRACTICES PUT IN PLACE BY CAP'S BOARD OF DIRECTORS TO ENSURE EMPLOYEE COMPENSATION IS NOT EXCESSIVE.

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MN, MS, RI, NJ, NM, NY, NC, ND, OH, OK, OR, PA

SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: CAP ACTION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. CAP ACTION'S GOVERNING DOCUMENTS ARE INCLUDED IN ITS FORM 1024, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(C)(4). CHANGES TO ITS GOVERNING DOCUMENTS ARE FILED WITH ITS ANNUAL FORM 990. BOTH FORMS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUESTS RECEIVED AT ITS WASHINGTON, D.C. OFFICE. CAP ACTION'S ANNUAL FORM 990 IS ALSO MADE AVAILABLE TO THE PUBLIC BY WAY OF THE ONLINE INFORMATION SERVICE, GUIDESTAR.ORG. CAP ACTION'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS WASHINGTON, D.C. OFFICE. CAP ACTION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT ON AN ANNUAL BASIS. CAP ACTION'S AUDIT COMMITTEE, ACTING WITH DELEGATED AUTHORITY ON BEHALF OF THE FULL BOARD OF DIRECTORS, OVERSEES ALL ASPECTS OF THE ORGANIZATION'S FINANCIAL STATEMENT AUDIT. EACH YEAR, THE AUDIT COMMITTEE APPROVES THE ORGANIZATION'S AUDITOR. AT ANY STAGE OF THE AUDIT, THE AUDIT COMMITTEE HAS THE OPPORTUNITY TO MEET WITH THE AUDITOR WITH OR WITHOUT CAP ACTION MANAGEMENT OR STAFF PRESENT. AT THE CONCLUSION OF THE AUDIT, THE AUDIT COMMITTEE REVIEWS THE AUDIT REPORT, WHICH INCLUDES COMMUNICATIONS TO THE AUDIT COMMITTEE REQUIRED UNDER STATEMENT OF AUDITING STANDARDS #114. AFTER ITS REVIEW AND DISCUSSION WITH THE AUDITOR, THE AUDIT COMMITTEE VOTES TO ACCEPT OR REJECT THE AUDIT.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS:

150,000.

)32212 )1-24-11

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)

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

OMB No. 1545-0047

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning an	id ending				
B C	heck if oplicable	C Name of organization		D Employer identifica	tion number		
	Addres change	CENTER FOR AMERICAN PROGRESS ACTION	AMERICAN PROGRESS ACTION FUND				
	]Name  change	Doing Business As		30-01	92708		
	]Initial return Termin ated	Number and street (or P.O. box if mail is not delivered to street address)  1333 H STREET, NW, 10TH FLOOR	Room/suit		82-1611		
	Amend			G Gross recelpts \$	6,923,995.		
	Application	WASHINGTON, DC 20005		H(a) Is this a group retu			
	pendin	F Name and address of principal officer: TOM PERKIELLO		for affiliates?	Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inclu	ded? Yes No		
		empt status:	1) or 52	<b>⊣</b> ``````,	st. (see instructions)		
		e: WWW.AMERICANPROGRESSACTION.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other ►  Summary	L Yea	ar of formation: 2002 M	State of legal domicile: DC		
		Briefly describe the organization's mission or most significant activities: TO	CHADE	THE NATIONAL	POLTCY		
Activities & Governance	' '	DEBATE AND TRANSFORM IDEAS INTO POLICY.	DITTE	THE NATIONAL	FOLICI		
nar	-	Check this box if the organization discontinued its operations or disp	nosed of mo	ere than 25% of its net ass	ets.		
Vel				3	9		
Ğ		Number of independent voting members of the governing body (Part VI, line 1b			8		
es &		Total number of individuals employed in calendar year 2011 (Part V, line 2a)			0		
viti		Total number of volunteers (estimate if necessary)			8		
∖cti	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	109,263.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	66,091.		
			_	Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		9,358,653.	6,795,019.		
len!		Program service revenue (Part VIII, line 2g)		93,282.	0.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		677.	317.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,291. 9,490,903.	77,619.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		580,000.	6,872,955.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	Γ.	0.	40,000.		
'n		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		4,341,291.	4,588,120.		
Expenses				295,604.	39,250.		
per	b	Professional fundraising fees (Part IX, column (A), line 11e)	086.				
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,782,617.	1,811,554.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,999,512.	6,478,924.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,491,391.	394,031.		
or ces				Beginning of Current Year	End of Year		
agar	20	Total assets (Part X, line 16)		5,683,067.	6,052,655.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		189,285.	164,842.		
		Net assets or fund balances. Subtract line 21 from line 20		5,493,782.	5,887,813.		
	rt II	Signature Block   Itles of perjury, I declare that I have examined this return, including accompanying sched	was and state				
		thes of perjury, I declare that I have examined this return, including accompanying sched t, and complete. Declaration of preparer (other than officer) is based on all information of			knowledge and bellet, it is		
uu,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all information of	i willon prepa	er nas any knowledge.	7.7.1		
Sig	n	Signature of officer		Date			
Her		JOSEPH W. SMOLSKIS, TREASURER					
1101							
		Print/Type preparer's name  Preparer's signature  FRANK H. SMITH	. 1.	Date Check	PTIN		
Paid	ı	FRANK H. SMITH Frank H. &	mith	11/1• /12 if self-employed	P00639053		
Pre	oarer	Firm's name RAFFA, P.C.		Firm's EIN	52-1511275		
Use	Only	Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036			(02)-822-5000		
Mav	/ the IF	RS discuss this return with the preparer shown above? (see instructions)		I none no. \ 2	X Yes No		
	01 01-2		ctions.		Form <b>990</b> (2011)		

## Form 990 (2011) CENTER FOR A Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
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		
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		Х
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		Х
9	Did the organization report an amount in Part X, line 21; 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, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	440	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	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7,7	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	128		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			x
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	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,	<del>-:-</del>	ļ <u>.</u>	<del></del>
-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(2011)

Form 990 (2011) CENTER FOR AMERICA
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		100	'''
	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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		İ	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7,7
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>  ^</del> -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>^</u>
31		24		X
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	ļ	122
~_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-02		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			<u> </u>
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		, , , , ,	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		7-0-11	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	<b>6</b> a	X	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_ !		
a	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		ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
a				
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against			
b	· · · · · · · · · · · · · · · · · · ·			
199	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts, is the organization filling Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	IZa	ļ	<del></del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	<del>                                     </del>
u	Note. See the instructions for additional information the organization must report on Schedule O.	108	<del>                                     </del>	<del> </del>
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b> </b>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<del> </del>	<del>                                     </del>
			agn	(2011)

Form 990 (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line da, ob, or rob below, describe the cheumstances, processes, or changes in schedule O. see instructions.			
	Check if Schedule O contains a response to any question in this Part VI	<u>.</u>		X
Sec	tion A. Governing Body and Management			
4_	Estable sometime of the first section of the control of the contro		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year	-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
L				
b	The state of the s	}		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ا ا		х
2	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	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		$\frac{\Lambda}{X}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\Lambda}{X}$
6	Did the organization have members or stockholders?	6	<b></b>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		v
	more members of the governing body?	7a_		X
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7,7
_	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:		٦,	
a	• • • • • • • • • • • • • • • • • • • •	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	_		37
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
360	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)		<del> </del>	
40-	Did the assessment of the bound of the last of the las	T	Yes	No X
10a	• • • • • • • • • • • • • • • • • • • •	10a		
b	, , , , , , , , , , , , , , , , , , , ,	١		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<b></b>
b		١.,	x	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b		
С	, , , , , , , , , , , , , , , , , , , ,	١	x	İ
40	in Schedule O how this was done	12c	X	ļ
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	l		_ v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	<del> </del>	Х
46	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			1 37
	taxable entity during the year?	16a	ļ	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
500	exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure	· ~ +	77.0	723
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, HI			, 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)	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	nd 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 organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:	<b>-</b>	
	JOSEPH W. SMOLSKIS - 202-741-6276			
	1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 20005			

132006 01-23-12

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2011) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)  Name and Title	(B) Average hours per week	(do	not c	Pos heck	C) itior more erson		one th an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other		
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MISC)		the organizations organization (W-2/1099-MISC)	
(1) JOHN PODESTA	0 00	7,		.,				E0 224		6 506		
CHAIR & COUNSELOR	9.00	X	<b> </b>	X	_	<u> </u>		70,334.	0.	6,506.		
(2) ANNA BURGER DIRECTOR	1.00	x								0		
(3) PETER EDELMAN	1.00	<u> </u>	ļ			-		0.	0.	0.		
DIRECTOR	1.00	x						0.	0.	0		
(4) JUDITH FEDER	1.00	<u> </u>				-		U •	U •	0.		
DIRECTOR	1.00	x						0.	0.	0		
(5) CHRISTIE HEFNER	1.00	<del> </del>	├	_		-		U •	U •	0.		
DIRECTOR	1.00	X						0.	0.	0		
(6) BRODERICK JOHNSON	1.00	<u> </u>	├			-		U •	U •	0.		
DIRECTOR	1.00	X						0.	0.	0.		
(7) RON KLAIN	+	<del>  ^</del>	├─			-	-	<b>.</b>	0.	· ·		
DIRECTOR	1.00	x						0.	0.	0.		
(8) HILARY ROSEN			<del> </del>					<u>`</u>	0.			
DIRECTOR	1.00	x						0.	0.	0.		
(9) DANIEL ZINGALE		<del> </del>	<b></b>		_	<b>-</b>						
DIRECTOR	1.00	x						0.	0.	0.		
(10) JENNIFER M. PALMERI	-	<u> </u>	<del> </del>									
PRESIDENT	17.00			х				102,758.	0.	13,078.		
(11) DEBORAH FINE			m					<u> </u>				
SECRETARY & GENERAL COUNSEL	15.00			X				63,820.	0.	6,939.		
(12) NEERA TANDEN												
TREASURER, COO, COUNSELOR	17.00			X				104,152.	0.	13,448.		
(13) JOSEPH W. SMOLSKIS												
CFO AS OF 10/24/11	15.00			X				13,955.	0.	148.		
(14) JOSEPH ROMM												
FELLOW	40.00					X		135,465.	0.	8,030.		
(15) TARA MCGUINNESS												
EXECUTIVE DIRECTOR, COMMUNICATIONS	40.00		<u> </u>	L_	_	X		119,504.	0.	9,884.		
(16) FAIZ R. SHAKIR	10.55					l						
VP & EDITOR, THINK PROGRESS	40.00				L	X		113,460.	0.	10,159.		
(17) DAVID MADLAND	1000							440 405	-			
DIRECTOR, AMERICAN WORKER PROJECT	40.00			<u> </u>	<u> </u>	X		113,128.	0.	15,329.		

132007 01-23-12

									S ACTION FUN		92	708	Pε	ige 8
Pai	t VII   Section A. Officers, Directors, Tru		mple	oyee			High	est	Compensated Employ	rees (continued)				
	(A) Name and title	(B) Average hours per week	offi	not c	Posi Posicheck r ess per nd a dl	tion more	than is bot	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	1	Est am	(F) imate ount o other	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga	m the nizati relate	∍ on ∋d
(18)	JUDD LEGUM		Ē	<u> </u>		×	-1- 65							
VP,	COMMUNICATIONS & EDITOR IN CHIEF	40.00					Х		112,500.		0.	10	, 8	80.
		-												
1b	Sub-total Total from continuation sheets to Part V								949,076.		0.	94	. , 4	01. 0.
d	Total (add lines 1b and 1c)								949,076.		0.	94	, 4	01.
2	Total number of individuals (including but r							ho r	received more than \$10	0,000 of reportable	9	····		
	compensation from the organization											<u> </u>	Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	such individual								***************************************		3		х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15									the organization		4		х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue compe	nsat	ion	from	any	/ uni	elat	ted organization or indiv			5	***************************************	x
Sec	etion B. Independent Contractors	piete cerredar	C 0 ,	07 3	ucii	Ders	3011					2 1		
1	Complete this table for your five highest co the organization. Report compensation for		-								pens	ation f	om	
<u> </u>	(A) Name and business RSTEIN AGNE STRATEGIC	address							(B) Description of		C	(C omper		n
	01 L ST. NW, #300, WAS						36		QUALITATIVE RESEARCH/FOC	US GROUP		104	1,5	00.
						-						stontile s semines o		
2	Total number of independent contractors ( \$100,000 of compensation from the organ		not li	mite	ed to		se li 1	sted	d above) who received i	more than		Form 9	200 /	0014

<b></b>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				· · · · · · · · · · · · · · · · · · ·	
Sa		Membership dues					,	
Am.	С			193,000.				
필급	d							
S, E	е							
함	f	All other contributions, gifts, gran	its, and				·	
혈휲		similar amounts not included abo	ve   1f  6 ,	,602,019.				
텒	g	Noncash contributions included in lines	s 1a-1f: \$		·			
<u>8</u>	h	Total. Add lines 1a-1f			6,795,019.			
				Business Code		**************************************		· · · · · · · · · · · · · · · · · · ·
9	2 a							
e Z	b							
Program Service Revenue	С							
eve	d					· · · · · · · · · · · · · · · · · · ·		
9	е							
ھ	f	All other program service reve	enue			***************************************		
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			317.			317.
	4	Income from investment of ta						
ĺ	5	Royalties						
l			(i) Real	(ii) Personal			***************************************	······································
	6 a	Gross rents			'	-		
	b	Less: rental expenses	,					1
	С	Rental income or (loss)					·	
	d	Net rental income or (loss)						٠
		Gross amount from sales of	(i) Securities	(ii) Other				***************************************
		assets other than inventory			·	*		
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)				-		
<u>o</u>		Gross income from fundraisin						***************************************
en		including \$ 193,0	00 • of					
ě		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	a					
된	b	Less: direct expenses	b	51,040.			S <sub>6</sub>	
		Net income or (loss) from fund	•	<b>&gt;</b>	-32,790.		•	-32,790.
	9 a	Gross income from gaming ac	tivities. See				•	
		Part IV, line 19						
		Less: direct expenses			·			
		Net income or (loss) from gam	•	<u></u>				
	10 a	Gross sales of inventory, less						
		and allowances	a					
*.	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale						
ļ.		Miscellaneous Revenu		Business Code				
		ADVERTISING REV	ENUE	541800	109,263.		109,263.	
	b	OTHER		900099	1,146.			1,146.
	С							
j	d	All other revenue						
	е	Total. Add lines 11a-11d			110,409.			
<b>3900</b>	12	Total revenue. See instructions.		<u></u>	6,872,955.	0.	109,263.	
13200 01-23	- 12							Form <b>990</b> (2011)

#### 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) but are not required to complete columns (B), (C), and (D).

COTT	Charlett Columns (B), (C), and (D).		D. LIV		
	Check if Schedule O contains a respon	se to any question in thi  (A)	s Part IX (B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	40 000	40.000		
	organizations in the United States. See Part IV, line 21	40,000.	40,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			,	
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,	205 120	252 207	100 700	0 200
_	trustees, and key employees	395,138.	253,097.	132,733.	9,308.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	3,464,326.	2 174 706	242 707	46 000
7	Other salaries and wages	3,404,340.	3,174,706.	242,797.	46,823.
8	Pension plan accruals and contributions (include	140 571	120 007	7 024	1 020
_	section 401(k) and section 403(b) employer contributions)	149,571. 301,004.	139,907. 271,488.	7,834. 25,373.	1,830. 4,143.
9	Other employee benefits	278,081.		25,3/3.	4,143.
10	Payroll taxes	4/0,001.	248,188.	25,955.	3,938.
11	Fees for services (non-employees):				
	Management	31,726.	10,172.	21 554	
	Legal	23,667.	3,195.	21,554.	
	Accounting	23,007.	3,193.	20,412.	60.
a	Lobbying	39,250.			30 350
e	Professional fundraising services. See Part IV, line 17	39,430.			39,250.
f 	Investment management fees	306,976.	296,520.	7,145.	2 211
g	Other	19,474.	19,453.	18.	3,311. 3.
12	Advertising and promotion	124,094.	105,833.	15,081.	3,180.
13	Office expenses	93,007.	93,007.	13,001.	3,100.
14 15	Information technology	33,007.	93,007.		· · · · · · · · · · · · · · · · · · ·
16	Royalties	499,611.	434,228.	57,220.	8,163.
17	Occupancy	103,522.	102,440.	374.	708.
18	Payments of travel or entertainment expenses	105,522.	102,440.	3/41	700.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,101.	4,101.		
20	т	4,101.	<b>=</b> , <b>T U T</b> •		
21	Payments to affiliates	<del></del>		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del></del>
22	Depreciation, depletion, and amortization	22,069.	19,181.	2,527.	361.
23	Insurance	22,030.	19,147.	2,523.	360.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			2,000	
а	PUBLIC OPINION ANALYSIS	108,570.	108,570.		
b	BAD DEBT EXPENSE	75,000.	75,000.		
c	UBIT	36,750.	75,000.	36,750.	
d	COMMISSIONED PAPERS	27,524.	27,524.	30,7301	
	All other expenses	313,433.	280,159.	28,626.	4,648.
25	Total functional expenses. Add lines 1 through 24e	6,478,924.	5,725,916.	626,922.	126,086
26	Joint costs. Complete this line only if the organization	.,,	-,, 5201	2501250	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
12201	01-23-12				Form <b>990</b> (2011)

132010 01-23-12

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,426,396.	1	3,613,633.
	2	Savings and temporary cash investments			346,314.	2	346,331.
	3	Pledges and grants receivable, net			2,185,242.	3	1,581,402.
	4	Accounts receivable, net			48,390.	4	68,777.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee	es. Complete Part	:11			
		of Schedule L				5	
	6 1	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c		1			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
d	9	Prepaid expenses and deferred charges				9	
	1	Land, buildings, and equipment: cost or other				- 3	· · · · · · · · · · · · · · · · · · ·
		basis. Complete Part VI of Schedule D	<b>4</b> 1 .	247,392.	•		•
	b	Less: accumulated depreciation		L64,529.	5,836.	10c	82,863.
	11		Same I amount		3,030.		02,003.
	12	Investments - publicly traded securities				11	
	l	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			670,889.	14	350 640
	15	Other assets. See Part IV, line 11			5,683,067.	15	359,649.
-	16	Total assets. Add lines 1 through 15 (must equ			189,285.	16	6,052,655.
	17	Accounts payable and accrued expenses			109,200.	17	164,842.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete		r		21	
Ξ.	22	Payables to current and former officers, director					
<u> </u>		highest compensated employees, and disqualifi	ied persons. Com	plete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			·····	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
	1	parties, and other liabilities not included on lines	s 17-24). Complete	Part X of			
	l	Schedule D			100 005	25	4.5.4.0.4.0
	26	Total liabilities. Add lines 17 through 25			189,285.	26	164,842.
		Organizations that follow SFAS 117, check he	ere 🕨 🔼 and	d complete			
Ses		lines 27 through 29, and lines 33 and 34.			0 010 001		2 150 000
aŭ	27	Unrestricted net assets			2,718,071.	27	3,152,209.
Fund Balances	28	Temporarily restricted net assets		F	2,775,711.	28	2,735,604.
nd	29					29	
٠ <u>٢</u>		Organizations that do not follow SFAS 117, c	heck here	└── and			
õ		complete lines 30 through 34.				• ;	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Pald-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
_	33	Total net assets or fund balances			5,493,782.	33	5,887,813.
	34	Total liabilities and net assets/fund balances	<u></u>		5,683,067.	34	6,052,655.

	1990 (2011) CDIVIDIC I GIV TRIBITIZATION I ROCKEDO TICTION I GIVD	<u> </u>	4/00	rag	je iz
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	6,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,47		
3	Revenue less expenses. Subtract line 2 from line 1	3	39	4,0	31.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,49	3,7	82.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,88	7,8	13.
Pa	rt XII Financial Statements and Reporting	<u></u>			
	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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?			X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	_	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

OMB No. 1545-0047

Name of the organization	Employer identification number				
CE	ENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708			
Organization type (check of	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	$oxed{X}$ 501(c)( $oldsymbol{4}$ ) (enter number) organization	•			
,	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
Note. Only a section 501(c)  General Rule	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in magnetic Parts I and II.	•			
Special Rules					
509(a)(1) and 170(	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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.				
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contr se exclusively for religious, charitable, etc., purposes, but these contributions did not to ted, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because e, etc., contributions of \$5,000 or more during the year.	ital to more than \$1,000. Ely religious, charitable, etc., It received nonexclusively			
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part 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) (2011)

Employer identification number

#### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$ _	4,252,502.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	623,082.	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
3		\$_	350,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	250,000.	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		\$.	220,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Namė, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		<b>\$</b> .	218,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

#### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
<u>8</u>		\$\$_	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
9		\$\$_	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
10		\$75,000.	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
11		\$50,000.	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
12		\$40,000.	Person X Payroll

Employer identification number

#### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	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
15		\$25,000.	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
16		\$ 25,000.	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
17		\$12,000.	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
18		\$10,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

Employer identification number

#### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 10,000.	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
20		\$	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
21		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,250.	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
23		\$5,000.	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
123452 01-2		\$Sphodulo B /Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2011

Employer identification number

### CENTER FOR AMERICAN PROGRESS ACTION FUND

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	90, 990-EZ, or 990-PF) (2011)
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given    S

Employer identification number

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additional	idual contributions to section 501(c)(7) ne following line entry. For organizations s., contributions of \$1,000 or less for the	30-0192708  I, (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter a year. (Enter this information once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gift	of gift  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			
- -	Transferee's name, address, ar	(e) Transfer of gift	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, and ZIP + 4 Relation		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, and ZIP + 4  Relationship of transferor to t					

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

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization				loyer identification number
		FOR AMERICAN PRO			30-0192708
Pa	art I-A   Complete if the org	janization is exempt un	der section 501(c	or is a section 527 o	organization.
2	Provide a description of the organize Political expenditures  Volunteer hours			<b>&gt;</b>	
Pa	rt I-B Complete if the org	janization is exempt un	der section 501(c	)(3).	
	Enter the amount of any excise tax				\$
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	O for this year?		Yes No
4a	Was a correction made?		***************************************		Yes No
b	If "Yes," describe in Part IV.				
	rt I-C Complete if the org			· · · · · · · · · · · · · · · · · · ·	
	Enter the amount directly expended				561,812.
2	Enter the amount of the filing organ		•		
_	exempt function activities				<u> </u>
3	Total exempt function expenditures				EC1 010
4	line 17b  Did the filing organization file Form	4400 POL (			561,812. X Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 p aid from the filing organ a separate political or	olitical organizations to whi ization's funds. Also enter t ganization, such as a separ	ch the fillng organization he amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 CENT Part II-A Complete if the organization	tion is exe	AMERICAN PR	OGRESS ACTI	ON FUN 30-0 ed Form 5768	0192708 Page 2
(election under section 5					
A Check If the filing organization be	ongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's nai	me, address, EIN,
expenses, and share of ex					
B Check if the filing organization ch	ecked box A a	nd "limited control" pr	ovisions apply.		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence p	ublic oninion	(grass roots Johnving)			
b Total lobbying expenditures to influence a					
c Total lobbying expenditures (add lines 1a					
1.00					
e Total exempt purpose expericitures (add		٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠٠			
f Lobbying nontaxable amount. Enter the a					
If the amount on line 1e, column (a) or (b) is:				<del></del>	
		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000		00 plus 10% of the exc			,
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	.000.			·
g Grassroots nontaxable amount (enter 259 h Subtract line 1g from line 1a, If zero or less i Subtract line 1f from line 1c. If zero or less j If there is an amount other than zero on e reporting section 4911 tax for this year?  (Some organizations	s, enter -0- s, enter -0- ther line 1h or 4-Year Av	eraging Period Under	ation file Form 4720		Yes No
columns	below. <b>S</b> ee th	ne instructions for line	es 2a through 2f on pa	age 4.)	
L	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))		Market Street Market Street St	***************************************		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

# Schedule C (Form 990 or 990-EZ) 2011 CENTER FOR AMERICAN PROGRESS ACTION FUN 30-0192708 Page 3 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		No	Amo		
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				<del></del>	
Media advertisements?					
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 similar means?					
i Other activities?				<del></del>	
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6).	on 501(c)	)(5), or se	ction		
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is	
answered "Yes."					
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cal				
expenses for which the section 527(f) tax was paid).		2a			
h Corneyor from leet year	a Current year				
b Carryover from last year					
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>	2c		·		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		3			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	political	4			
5 Taxable amount of lobbying and political expenditures (see instructions)	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)				
Part IV   Supplemental Information		5			
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P this part for any additional information. PART $I-A$ , $LINE\ 1$ :	art II-A; and	Part II-B, lir	ne 1. Also, d	complete	
THE ACTION FUND DOES NOT ENDORSE CANDIDATES FOR PUBLI	C OFF	ICE, N	OR DOE	ES	
IT EXPLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF	PARTI	CULAR	7.7.	on.	
CANDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR,	THE A	CTION		
FUND MADE COMMUNICATIONS TO THE PUBLIC COMMENDING OR	CRITIC	CIZING			
PARTICULAR PUBLIC POLICY POSITIONS TAKEN BY VARIOUS (		ATES.	THESE		

Schedule C (Form 990 or 990-EZ) 2011 CENTER FOR AMERICAN PROGRESS ACTION FUN 30-0192708 Page 4  Part IV   Supplemental Information (continued)
POLICY ASSESSMENTS TOOK THE FORM OF POSITION PAPERS, BLOG POSTS, PRESS
RELEASES, AND OTHER SIMILAR PUBLIC COMMUNICATIONS.

Schedule C (Form 990 or 990-EZ) 2011

### 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

CENTER FOR AMERICAN PROGRESS ACTION FIND

Employer identification number 30-0192708

Pai	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line 6.	
		(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	WP-01
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
-	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	· — —
Pai		
	Purpose(s) of conservation easements held by the organization (check all that apply).	, , , , , , , , , , , , , , , , , , , ,
	Preservation of land for public use (e.g., recreation or education)  Preservation of an historica	lly important land area
	Protection of natural habitat  Preservation of a certified h	
	Preservation of open space	istoric structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a contribution in t	onservation easement on the last
_	day of the tax year.	oriservation easement on the last
	day of the tax your.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	20
u	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	
•	year	rization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ŭ		Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the years.	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l)	
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ement and balance sheet and
-	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	· · · · · · · · · · · · · · · · · · ·
	conservation easements.	gariization s accounting to
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	7,000,0
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or	
	the text of the footnote to its financial statements that describes these items.	public scritics, provide, in rate Air,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	halance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	sivice, provide the following amounts
	•	<b>L</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	•
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain.	n provido
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	, provide
		<b>b</b> •
a	Revenues included in Form 990, Part VIII, line 1	
Ŋ	Assets included in Form 990, Part X	• •

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

132051 01-23-12

		OR AMERIC							92708	
	t III   Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other record	ds, checl	any of the	following tha	t are a sigr	ificant u	se of its	collection i	tems
	(check all that apply):									
а	Public exhibition	C			hange progra					
b	Scholarly research	e	, [	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col							se in Part	XIV.	
5	During the year, did the organization solicit or								7	
	to be sold to raise funds rather than to be mai								Yes	<u>No</u>
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" to Fo	rm 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia								ח	
	on Form 990, Part X?							🖵	Yes	L No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the fo	ollowing	table:						
								·····	Amount	
	Beginning balance						1c		·	······································
	Additions during the year						1d			
	Distributions during the year								· · · · · · · · · · · · · · · · · · ·	
f	Ending balance			••••••			1f		T	·
	Did the organization include an amount on Fol	m 990, Part X, line	217						Yes	L No
Par	If "Yes," explain the arrangement in Part XIV.  To V Endowment Funds. Complete if			\/  1-   -	000 D-d	IV 6 - 40				·
1 41	Endowment Funds: Complete ii						Thronic	ara baal	4 > Faur	aua baali
4.	Designation of year balance	(a) Current year	(a) P	rior year	(c) Two year	s back (a	i mree ye	ars back	(e) Four ye	ars back
	Beginning of year balance		<b></b>							
D	Contributions									
d	Net investment earnings, gains, and losses		ļ	····				1.		
	Grants or scholarships Other expenditures for facilities									
C	. '									
f	and programs Administrative expenses			······································						
g	End of year balance		<del></del>							······································
2	Provide the estimated percentage of the curre	nt year and balan	oo (lino 1	a column (	l hold as:				. ,	
~ a	Board designated or quasi-endowment	ant year end balant	%	g, column (a	ajj Heiu as.					
	Permanent endowment	%	′°							
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c should	<del></del>								
3а	Are there endowment funds not in the posses		ation the	at are held a	ınd administe	ered for the	organiza	ation		
•	by:	olon or the organiz	anon m	at are ricia a	ina aaniiniste	aca for the	organiza	2011	ſ⊽	es No
	(i) unrelated organizations								3a(i)	03 110
	(ii) related organizations	••••••		***************************************					3a(ii)	<del></del>
. b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Scher	dule B?					3b	_
4	Describe in Part XIV the intended uses of the				***************************************				1 30 1	
Pai	t VI   Land, Buildings, and Equipme							<del>- 10.000 - 10.00</del>		
	Description of property	(a) Cost or o	***************************************		or other	(c) Acc	umulated	<u>. T</u>	(d) Book	/alue
_		basis (invest			(other)		eciation	1	, , ,	
1a	Land	.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·				
	Buildings		***************************************			~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	····			
С	Leasehold improvements				<del></del>					
d	Equipment				8,785.		5,68	9.	3	,096.
e	Other			23	8,607.	1	8,84	0.	79	,767.
	l. Add lines 1a through 1e. (Column (d) must eq		X. colur	nn (B). line i	10(c).)	······································		<b>D</b>	82	,863.

Schedule D (Form 990) 2011

Part XI   Reconcilitation of Change in Net Assets from Form 990 to Audited Financial Statements   1   6,872,955.		dule D (Form 990) 2011 CENTER FOR AMERICAN PROGRESS ACTION	FUNI	30-	0192708	Page 4
2 Cold expenses (Form 960, Pert IX, column (N), line 25)	L		iciai S	tatemen		
3	1					
Note unrealized gains (passed) on Investments   4   5   5   6   7   7   7   7   7   7   7   7   7	2	Total expenses (Form 990, Part IX, column (A), line 25)	2			
Note unrealized gains (passed) on Investments   4   5   5   6   7   7   7   7   7   7   7   7   7	3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		394,	031.
5 Donated services and use of facilities   5   6   7   7   8   8   9   7   7   8   8   9   9   9   9   9   9   9   9	4	Net unrealized gains (losses) on investments	4			
6 Investment expenses	5	Donated services and use of facilities	5			
7 Prior period adjustments (	6	Investment expenses	6			
Some   Content	7	Prior period adjustments	7			
9 Total adjustments (nols). Add lines 4 through 6   9   10   394,031.   Part XII   Reconciliation of Revenue per Audited Financial statements With Revenue per Return 1 Total revenue, gains, and their support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments	8	Other (Describe in Part XIV.)	8			
10   Seves or (refertly) for the year per audited financial statements With Revenue por Return   1   Total revenue, gains, and other support per audited financial statements With Revenue por Return   2   Amounts included on line 1 but not on Form 990, Part VIII, line 12:   2   Amounts included on line 1 but not on Form 990, Part VIII, line 12:   3   Not unrealized gains on investments   2a	9	Total adjustments (net). Add lines 4 through 8	9			
1 Total revenue, gains, and other support per audited financial statements		Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		394,	031.
2 A mounts included on line 1 but not on Form 990, Part VIII, line 12:  a Not unrealized gains on investments  b Donated services and use of facilities  c Recoveries of prior year grents  d Other (Describe in Part XIV)  e Add lines 2a through 2d  3 51,040.  4 Amounts included on Form 990, Part VIII, line 12: but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 17: but not on line 1:  1 Total acpresses and losses per audited financial statements  1 Total acpresses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IVII, line 25:  a Donated services and use of facilities  2 Amounts included on line 1 but not on Form 990, Part IVI, line 25:  a Donated services and use of facilities  2 Amounts included on line 1 but not on Form 990, Part IVI, line 25:  a Donated services and use of facilities  4 Amounts included on Form 990, Part IVI, line 25:  a Donated services and use of facilities  4 Amounts included on Form 990, Part IVI, line 25:  a Donated services and use of facilities  4 Amounts included on Form 990, Part IVI, line 25:  a Donated services and use of facilities  4 Amounts included on Form 990, Part IVI, line 25:  a Donated services and use of facilities  4 Amounts included on Form 990, Part IVI, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IVI, line 7b  4 Amounts included on Form 990, Part IVI, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part IVI, line 81, Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b; Part IVI, line 81 band 2b;	Par					
a Net unreatized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2d 51,040. 2e 51,040. 3 Subtract line 2e from line 1 3 6,872,955. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4e, (Filis must equal Form 990, Part III, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4 and 4b f Total expenses and losses per audited financial statements I Total expenses and losses per audited financial statements With Expenses per Return I Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part II, line 2b: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 2b, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 2b, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4e, (This must equal Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4e, (This must equal Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4e, (This must equal Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4e, (This must equal Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4e, (This must equal Form 990, Part IX, line 1b, Part IX, line 1b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, Part IX, line 2b, P	1			1	6,923,	<u>,995.</u>
b Donated services and use of facilities 2 co 1 Recoveries of prior year grants 2 co 2 co 1 country of the Control of the Cont	2					
C Recoveries of prior year grants   2e	а	Net unrealized gains on investments				
d Other (Describe in Part XIV.) 2e 51,040. 3 Subtract line 2e from line 1 3 6,872,955. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 6 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part II, line 12) 7 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part III, line 12) 8 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part III, line 12) 9 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part III, line 12) 9 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part III, line 12) 9 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part III, line 12) 9 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part III, line 25: 9 Donated services and use of facilities 9 De Prior year adjustments 9	b	Donated services and use of facilities				
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b Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Co Other (Describe in Part XIV.) c Other (Describe in Part XIV.) c Add lines 2a through 2d 2 Subtract line 2e from line 1 3 G, 4778, 924. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIV.) c Add lines 4a and 4b 5 Other (Describe in Part XIV.) c Add lines 4a and 4b 6 O. 5 G, 478, 924.  Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 18.)  Complete this part to provide the descriptions required for Part III, lines 2 and 4b. Also complete this part to provide any additional information.  PART X, LINE 2: IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, THE  ACTION FUND HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED  DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT THERE WERE NO MATERIAL  UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THE ACTION FUND HAS NOT  RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENTS EXPENSES	а	Investment expenses not included on Form 990, Part VIII, line 7b				
c Add lines 4a and 4b	_					
State   Incompleted   Incomp	С	, • • • • • • • • • • • • • • • • • • •	***************************************	4c		0.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,872,	,955.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b Prior year adjustments 2b 2c 2c 3d 51,040. c Other (Describe in Part XIV.) 2d 51,040. 3 Subtract line 2e from line 1 3 6,478,924. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 4c 0. 5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 6,478,924. Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2: IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, THE  ACTION FUND HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED  DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT THERE WERE NO MATERIAL  UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THE ACTION FUND HAS NOT  RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENTS EXPENSES  51,040. Schedule D Form 990 2011	Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses	per Retu	irn	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b Prior year adjustments 2b 2c 2c 3d 51,040. c Other (Describe in Part XIV.) 2d 51,040. 3 Subtract line 2e from line 1 3 6,478,924. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses and lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 4c 0. 5 Total expenses. Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.) 5 6,478,924. Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2: IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, THE  ACTION FUND HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED  DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT THERE WERE NO MATERIAL  UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THE ACTION FUND HAS NOT  RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENTS EXPENSES  51,040. Schedule D Form 990 2011	1	Total expenses and losses per audited financial statements		1	6,529	964.
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part Vill, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Add lines 4a and 4b c Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.)  Fart XIV  Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b; Also complete this part to provide any additional information.  PART X, LINE 2: IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, THE  ACTION FUND HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED  DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT THERE WERE NO MATERIAL  UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THE ACTION FUND HAS NOT  RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.  PART XII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENTS EXPENSES  51,040.  Schedule D (Form 990) 2011	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			·	
b Prior year adjustments c Other losses d Other (Describe in Part XIV.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b c Total expenses. Add lines 3 and 4e. (This must equal Form 990, Part I, line 18.)  Part XIV Supplemental Information  Complete this part to provide the descriptions required for Part II, lines 2d and 4b. Also complete this part to provide any additional information.  PART X, LINE 2: IN ACCORDANCE WITH ASC TOPIC 740, INCOME TAXES, THE  ACTION FUND HAS EVALUATED ITS INCOME TAX POSITIONS FOR THE YEARS ENDED  DECEMBER 31, 2011 AND 2010, AND DETERMINED THAT THERE WERE NO MATERIAL  UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THE ACTION FUND HAS NOT  RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED INCOME TAX.  Special Events Expenses 51,040.  Schedule Difform 990) 2011	а					
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## **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**Open To Public** 

Name	of the	organiza	ation

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

Inspection

Part I Fundraising Activities required to complete this part	<ul> <li>Complete if the organization answ</li> <li>t.</li> </ul>	ered "Y	'es" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f Solicita g X Specia  or oral agreement with any individua  Part VII) or entity in connection with providuals or entities (fundraisers) pure	ation of ation of I fundra al (includ profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru- undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundralser)	(ii) Activity	(iii) fundr have con or con contribu	Did alser ustody trol of utlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
THE BONNER GROUP - 729 15TH STREET, NW, #3, WASHINGTON,	GENERAL FUNDRAISING SERVICES	Yes	No X	350,000.	39,250.	310,750.
				**************************************		
						and the state of t
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit		. <b>▶</b> oution:	350,000. s or has been notifie	39,250. d it is exempt from re	310,750. egistration
AL, AK, AZ, AR, CA, CO, CT, NC, ND, OH, OK, OR, PA, RI,			ME,	MD,MA,MI,M	N,MS,MO,NH	YN, MN, UN,
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2011.04040 CENTER FOR AMERICAN PROGRES

Schedule G (Form 990 or 990-EZ) 2011

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011 CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List e	events with gross recei	pts greater than \$5,000.
			(a) Event #1 ANNUAL DINNER	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	211,250.	·		211,250.
	2	Less: Charitable contributions	193,000.			193,000.
	3	Gross income (line 1 minus line 2)	18,250.			18,250.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,894.			3,894.
Direct	7	Food and beverages	13,613.			13,613.
	8	Entertainment				
	9	Other direct expenses		<u> </u>		33,533.
	10	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, colum				(51,040) -32,790.
Pá	rt	III Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	32,730
		\$15,000 on Form 990-EZ, line 6a.		, , , ,		
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev					-	
	1	Gross revenue				
ses	. 2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs			The second secon	
F	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	()
	8	Net gaming income summary. Combine line 1	I, column d, and line 7			
						<del></del>
9		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac	tivities in each of these	states?	•••••	L Yes No
k	) If "	No," explain:				
100	10/6	are any of the organization's gaming licenses w	puokod supponded exte			
		ere any of the organization's gaming licenses re Yes," explain:	evokea, suspended or te		/ear /	Yes No
	_					
1320	B2 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 CENTER FOR AMERICAN PROGRESS ACTION FUND30-	0192708 Page 3	3
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes No	0
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a (	%
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ▶		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No	О
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party:		
Name		
ę.		
Address >		
16 Gaming manager information:		
Name ▶		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes No	l۵
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	163	
organization's own exempt activities during the tax year > \$		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (ii	i) and (v), and Part III	-
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		_
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	RS:	
(I) NAME OF FUNDRAISER: THE BONNER GROUP		
(1) NAME OF FUNDATION. THE BONNER GROUP		
(I) ADDRESS OF FUNDRAISER:		
729 15TH STREET, NW, #3, WASHINGTON, DC 20005-2105		
		<u> </u>
	<del></del>	

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. CENTER FOR AMERICAN PROGRESS ACTION FUND General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part

Open to Public OMB No. 1545-0047 Inspection

Employer identification number 30-0.192708X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

| Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

**≗** 

recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	ion (b) EIN (c) IRC section (d) Amount of rapplicable cash grant assistance assistance or assistance or assistance other)	INITIATE AND COORDINATE	LOST TO THE TOTAL		
5,000. Check this box if no	(b) EIN (c) IRC				
recipient that received more than \$	1 (a) Name and address of organization or government	A MINNESOTA WITHOUT POVERTY 2423 PARK AVENUE MINNEAPOLIS, MN 55404	9 TO 5 NATIONAL ASSOCIATION OF WORKING WOMEN - 207 EAST BUFFALO STREET, SUITE 211 - MILWAUKEE, WI 53202		

COPY

Schedule I (Form 990) (2011)

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

al, other)			·				<b>5</b> 0			Ţ			ro		School (Formaso) (2011)
(book, FMV, appraisal, other)					r additional information.	EE	GRANT FUNDS	PT STATUS	THAT NO PORTION OF	OR IMPLICITLY	OFFICE OR	WILL ALLOW	S AND AUDITS	, REVIEW AND	
(d) Amount of non- cash assistance					l, line 2, and any othe	S ANY GRANTEE	IT WILL USE	'S TAX-EXEMPT		EXPRESSLY O	PUBLIC	TE; THAT IT	TO CONDUCT EVALUATIONS	TO OBSERVE,	
f (c) Amount of cash grant					ion required in Part	ND REQUIRES	AGREE: THAT	ACTION FUND'S	SVENUE CODE;	INDIRECTLY TO	ELECTION TO	OR CANDIDATE;	TO CONDUCT	INVOLVE VISITS	7
(b) Number of recipients					vide the informati	ACTION FUND	AND	THE	INTERNAL REVENUE	OR	SEEKING EI	PARTY		- 1	
(a) Type of grant or assistance		·	,	•	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: THE A	ORGANIZATION TO REPRESENT, WARRANT	SOLELY FOR PURPOSES CONSISTENT WITH	UNDER SECTION 501(C)(4) OF THE IN	GRANT FUNDS WILL BE USED DIRECTLY	SUPPORT OR OPPOSE ANY CANDIDATE SI	PROVIDE A BENEFIT TO ANY POLITICAL	THE ACTION FUND STAFF OR REPRESENTATIVES	OF THE USE OF GRANT FUNDS, WHICH MAY	132102 01-27-12

Schedule   (Form 990) 2011 CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 2 Part IV Supplemental Information
DISCUSS ITS OPERATIONS, FINANCIAL RECORDS, AND OTHER MATERIALS CONNECTED
WITH THE GRANTEE; AND THAT IT WILL SEND THE ACTION FUND FINAL FINANCIAL AND
NARRATIVE REPORTS BY A DATE SPECIFIED IN THE ORIGINAL AWARD LETTER. THE
ACTION FUND REQUIRES DONEE ORGANIZATIONS TO PROVIDE NARRATIVE AND FINANCIAL
REPORTS THAT: ARE SIGNED BY AN OFFICER OF THE ORGANIZATION; DESCRIBE HOW
THE FUNDS WERE SPENT AND WHAT WAS ACCOMPLISHED; AND PROVIDE A REASONABLY
DETAILED ACCOUNT OF THE ACTIVITIES CONDUCTED BY THE GRANTEE IN PERFORMANCE
OF THE AGREED UPON WORK.
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#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

## 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.

2011
Open to Public Inspection

Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CITIZENS, EXECUTIVE AND LEGISLATIVE BRANCH POLICYMAKERS AND PROGRESSIVE LEADERS THROUGHOUT THE COUNTRY AND THE WORLD. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: POLICY - ECONOMIC EXPENSES \$ 515,907. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXECUTIVE OFFICE EXPENSES \$ 365,348. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. ENERGY PROJECT EXPENSES \$ 340,924. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. POLICY- DOMESTIC EXPENSES \$ 107,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CONSTITUENT RELATIONS EXPENSES \$ 37,172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. INTERNATIONAL/NATIONAL SECURITY EXPENSES \$ 30,645. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. CALIFORNIA OFFICE INCLUDING GRANTS OF \$ 0. EXPENSES \$ 6,326. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 CAMPUS PROGRESS EXPENSES \$ 4,831. INCLUDING GRANTS OF \$ 0. REVENUE S 0. ENOUGH PROJECT EXPENSES \$ 1,686. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE DEPARTMENT WORKS DIRECTLY WITH AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990 ON BEHALF OF THE ACTION FUND. THE FINANCE DEPARTMENT MANAGED THE PROCESS, WITH CLOSE COORDINATION WITH THE LEGAL DEPARTMENT. THE ACCOUNTING FIRM PROVIDED A DRAFT FORM 990, WHICH IS REVIEWED AND COMMENTED ON BY FINANCE, LEGAL AND THE CORPORATE OFFICERS. THE COMPLETE DRAFT FORM 990 AND SUMMARY MATERIALS ARE PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND CONSIDERATION ON BEHALF OF THE FULL BOARD OF DIRECTOR. THE AUDIT COMMITTEE IS OFFERED THE OPPORTUNITY TO DISCUSS THE MATERIALS WITH THE ACTION FUND STAFF AND THE ACCOUNTING FIRM THAT PREPARED THE FEDERAL FORM 990. THE AUDIT COMMITTEE APPROVED THE DRAFT FORM 990 AND THE FULL BOARD OF DIRECTORS RECEIVED THE

FORM 990, PART VI, SECTION B, LINE 12C: THE ACTION FUND IS COMMITTED TO PREVENTING OUTSIDE FINANCIAL INTERESTS OF ITS BOARD MEMBERS, OFFICERS OR EMPLOYEES FROM INFLUENCING ITS ACTIVITIES. TO THAT END, IT HAS ADOPTED AND ENFORCES POLICIES TO PREVENT CONFLICTS OF INTEREST AND THE APPEARANCE OF CONFLICTS OF INTEREST, INCLUDING SEPARATE POLICIES GOVERNING (1) OFFICERS, DIRECTORS, AND KEY EMPLOYEES; AND (2) ALL EMPLOYEES.

APPROVED VERSION BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

COMPLIANCE WITH POLICIES GOVERNING OFFICERS, DIRECTORS AND KEY EMPLOYEES

OFFICERS, DIRECTORS AND KEY EMPLOYEES RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY, AND ARE ASKED TO REVIEW THE POLICY AND SIGN AN ACKNOWLEDGEMENT AFFIRMING RECEIPT, REVIEW AND AGREEMENT TO COMPLY WITH THE POLICY, AS WELL AS UNDERSTANDING THAT THE ACTION FUND IS A CHARITABLE ORGANIZATION. IN ADDITION, OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ASKED TO COMPLETE AN ANNUAL INDEPENDENCE QUESTIONNAIRE, WHICH SEEKS DISCLOSURE OF CERTAIN RELATIONSHIPS, ARRANGEMENTS AND TRANSACTIONS IN ORDER TO DETERMINE INDEPENDENCE AND THE EXISTENCE OF CONFLICTS OF INTEREST.

THESE POLICIES DESCRIBE POTENTIAL CONFLICTS, PROVIDE MEANS FOR DISCLOSURE, AND PROVIDES PROCESSES FOR INVESTIGATING AND RESOLVING POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: THE ACTION FUND OPERATES UNDER A COST SHARING AGREEMENT WITH CENTER FOR AMERICAN PROGRESS (CAP), APPROVED BY THE BOARD OF DIRECTORS OF EACH ORGANIZATION, UNDER WHICH CAP EMPLOYS BOTH ORGANIZATIONS' STAFFS AND PAYS FOR GENERAL AND ADMINISTRATIVE EXPENSES, AND THE ACTION FUND REIMBURSES CAP FOR ITS SHARE OF THESE EXPENSES.

COMPENSATION FOR STAFF AND FELLOWS IS SET BY THE COMPENSATION COMMITTEE OF CAP'S BOARD OF DIRECTORS AND THE ACTION FUND RELIES ON THE PRACTICES PUT IN PLACE BY CAP'S BOARD OF DIRECTORS TO ENSURE EMPLOYEE COMPENSATION IS NOT EXCESSIVE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AZ, AR, CA, CT, FL, GA, HI, IL, KS, KY, ME, MD, MN, MO, MS, NJ, NM, NY, NC, ND, OH, OK, OR PA, RI, SC, TN, UT, VA, WA, WV, WI

4-1-10-1-10-10-10-10-10-10-10-10-10-10-10	68 (Rev. 1·2012)	**************************************		~		Page 2	
<ul><li>if you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check thi	s box		<b>▶</b> X	
Note. Or	nly complete Part II if you have already been granted an ε	nutomatic :	3·month extension on a previously f	lled Form 8	868.		
	are filing for an Automatic 3-Month Extension, comple						
Part I	Additional (Not Automatic) 3-Month E	xtensio	of Time. Only file the origin	nal (no co	ppies need	ed).	
		***********************	**************************************			e instructions	
Type or					mployer identification number (EIN) or		
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dua date lo	for the second s			<del></del>	ocial security number (SSN)		
filing your raturn, Sea	" 1222 II Chrock NIII 1046 III			Social sec	only number	(0014)	
Instructions	Oity, town or post office, state, and ZIP code. For a foreign address, see instructions.						
***************************************	Washington, DC 20005						
						المالما	
Enter the	e Return code for the return that this application is for (file	e a separat	te application for each return)			0 1	
		Return					
Application			Application		Return Code		
ls For		Code	Is For				
Form 990 <sup>-</sup>		01					
Form 990·BL			Form 1041-A				
Form 990-EZ			Form 4720				
Form 990-PF			Form 5227				
Form 990·T (sec. 401(a) or 408(a) trust)			Form 6069	**************************************			
Form 990-T (trust other than above)			Form 8870			12	
STOP! D	o not complete Part II if you were not already granted		natic 3-month extension on a prev	viously file	d Form 8868		
	Joseph W. Smol	skis					
	cooks are in the care of > 1333 H Street,	NW,				005	
Telep	hone No. ► 202-741-6276		FAX No. ►			· promoting	
<ul><li>If the</li></ul>	organization does not have an office or place of business	s in the Ur	nited States, check this box			. ▶ 🛄	
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole gr	oup, check this	
box 🕨	. If it is for part of the group, check this box			f all memb	ers the exten	sion is for.	
4 1r	equest an additional 3-month extension of time until	Novem	ber 15, 2012.				
5 Fo	For calendar year 2011, or other tax year beginning, and ending						
	Change in accounting period						
7 State in detail why you need the extension Additional time is needed to gather information necessary to file a							
*****							
8a If	this application is for Form 990·BL, 990·PF, 990·T, 4720,	or 6069, e	inter the tentative tax, less any				
	nonrefundable credits. See instructions.			8a	\$	0.	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	previously with Form 8868.				\$	0.	
and de	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using						
	EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$	0.	
			st be completed for Part II		T		
Under pe	natties of perjury. I declare that I have examined this form, include	ding accom			f my knowledg	e and belief,	
It is true, correct, and complete, and that I am authorized to prepare this form.					× 8/9/1	3	
Signature ► CPA				Date		368 (Pay 1,2012)	