COMMITTEE ON NATURAL RESOURCES 113th 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 Oversight Hearing on "America's Onshore Energy Resources: Creating Jobs, Securing America, and Lowering Prices." March 14, 2013

For Individuals:

- 1. Name:
- 2. Address:
- 3. Email Address:
- 4. Phone Number:

* * * * *

For Witnesses Representing Organizations:

- 1. Name: **Daniel J. Weiss**
- 2. Name of Organization(s) You are Representing at the Hearing: Center for American Progress Action Fund
- 3. Business Address: 1333 H Street NW, Washington DC, 20005
- 4. Business Email Address: [Information redacted for privacy]
- 5. Business Phone Number: [Information redacted for privacy]

For all Witnesses

Name/Organization: Daniel J. Weiss/Center for American Progress Action Fund

Title/Date: Oversight Hearing on "America's Onshore Energy Resources: Creating Jobs, Securing America, and Lowering Prices." March 14, 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.

Please see attached CV.

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.

Please see attached CV.

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.

Please see attached CV.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (*and /or other agencies invited*) 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.

Going to Extremes: The \$188 Billion Price Tag from Climate-Related Extreme Weather

Witnesses Representing Organizations

Name/Organization: Daniel J. Weiss/Center for American Progress Action Fund

Title/Date: Oversight Hearing on "America's Onshore Energy Resources: Creating Jobs, Securing America, and Lowering Prices." March 14, 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

1. 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)).

Daniel J. Weiss 4601 Ellicott St. NW Washington, DC 20016 202-244-4967 (H), 202-481-8123 (O), 202-390-1807 (C) <u>dweiss@americanprogress.org</u> danielweiss2008@gmail.com

Summary

Environmental and political professional with 27 years of experience in public policy, including advocacy and political campaigns. Areas of expertise include: energy, global warming, and environmental policy; legislative strategy and tactics; advocacy communications, including earned media. Seeks policy, legislative, or communications position.

Professional Experience

Senior Fellow and Director of Climate Strategy, Center for American Progress & Center for American Progress Action Fund, Washington, DC, 2007-present

Leads CAP's domestic energy and global warming advocacy efforts, with a focus on renewable energy and efficiency, global warming, auto fuel economy oil and coal industries.

POLICY

• Developed energy and global warming policies, including proposals to increase community resilience to extreme weather, reduce energy costs and oil prices, assist the auto industry, respond to BP Deepwater Horizon disaster.

- ◆ Testified before Congressional Committees.
- ♦ Analyzed energy and global warming policy proposals, and wrote/co-wrote 350 analyses and articles for CAP/CAPAF websites.
- Organized policy forums on "Future of Electric Cars," "Forecast: Storm Warnings."
- Led CAP team, "National Clean Energy Summits," cosponsored with Sen. Harry Reid, Las Vegas, 2008-2011.

MEDIA

- ◆ CAP/CAPAF spokesperson on energy, global warming.
- Appeared on ABC, CBS, NBC, PBS, CNN, MSNBC, CNBC, FNC, NPR, BBC, others. Cited in *New York Times, Washington Post, Wall St. Journal*, Reuters, numerous other publications.
- Published in *Washington Post*, *Politico*, *Cincinnati Enquirer*, other publications.

Senior Vice President, M+R Strategic Services, Washington, DC, 2001-2007

Directed \$12 million Collaborative Environment Campaigns for a coalition of fifteen major national environmental organizations to oppose federal anti-environmental policies.

POLICY

• Developed policy positions on energy, clean air, clean water, other issues.

• Wrote and implemented the coalition's response plan to Bush Administration's energy and clean air proposals.

• Developed strategy and tactics for environmental coalitions' advocacy campaigns, including paid and earned media, and grassroots mobilization.

MEDIA AND POLLING

- Directed paid media program, including production and placement of 75 ads in 30 states.
- Developed earned media events for national and state leaders that generated 5000 news stories.
- Directed opinion research program that included ten national and state polls.

MANAGEMENT

- Raised and managed \$12 million program.
- Managed field program with 30 organizers in 20 states.
- Consulted with other non-profit clients on energy, global warming, and environmental issues.

Sierra Club, Washington, DC, 1985-2001

<u>Political Director</u>, 1993-2001 <u>Director</u>, Environmental Quality Program, 1989-1993 <u>Washington Representative</u>, 1985-1989

PUBLIC POLICY

- Developed policy proposals and chief strategist for advocacy campaigns, including Clean Air Act; Clean Water Act; Food Security Act.
- Advocated polices to administration officials, senators, representatives and their staff.
- Testified before Congressional Committees.

MEDIA

• Spokesperson to national media on environmental issues.

• Generated extensive media coverage of Sierra Club programs, including features in the *New York Times, Washington Post,* and on ABC, NBC, CBS, CNN, and NPR.

- Collaborated with media consultant to produce 100 TV/radio ads for 40 major media markets.
- Managed polling and focus group projects for advocacy and political campaigns.

MANAGEMENT

- Managed \$9 million voter education campaign in 2000.
- Supervised and evaluated staff of SC Political, Environmental Quality programs, including 50 staff campaign organizers.

HONORS

- Received the "Mike McCloskey Award," the highest SC employee award.
- ♦ Named to Roll Call's "Fabulous 50 Political People."
- ♦ Named to "Power 100: 100 Most Influential People in Private Washington," *Regardies* magazine.
- Award of Achievement for Legislation, Natural Resources Council of America.

Other Experience

<u>Federal Commissioner</u>, Interstate Commission on the Potomac River Basin, Rockville, MD, 1995-98. Appointed by President Clinton to serve as one of three Federal Commissioners who oversee water quality in the Potomac River Basin.

Conservation Associate, Izaak Walton League of America, Arlington, VA, 1981-1985.

Education

<u>Master of Public Policy</u>, Institute of Public Policy Studies, University of Michigan, 1980. <u>Bachelor of Arts</u>, With Distinction, University of Michigan, 1979.

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Form	JJU

** 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 benefit trust or private foundation)



		the Treasury ue Service	The organization may have to use a copy of this return to satisfy s	tate reporting requirements.	Open to Public Inspection					
-			lar year, or tax year beginning and endin							
	heck if pplicable		forganization	D Employer identificat	tion number					
بة 										
	⊐Addres]change ⊐Name	CENI	ER FOR AMERICAN PROGRESS ACTION FUND		0.0.7.0.0					
]Name]change]Initial		Business As	30-019	92708					
	_ireturn]Termin- ated		r and street (or P.O. box if mail is not delivered to street address) Room, B H STREET, NW, 10TH FLOOR		82-1611					
	Amend	City or t	town, state or country, and ZIP + 4	G Gross receipts \$	6,923,995.					
	Applica		IINGTON, DC 20005	H(a) Is this a group retu						
	pendin	F Name a	and address of principal officer: TOM PERRIELLO	for affiliates?	Yes X No					
		SAME	AS C ABOVE	H(b) Are all affiliates includ	ded? Yes No					
		mpt status: L	501(c)(3) <u>X</u> 501(c) (<u>4</u>) ◀ (insert no.) <u>4947(a)(1) or</u>		t. (see instructions)					
			AMERICANPROGRESSACTION.ORG	H(c) Group exemption r						
-				Year of formation: 2002 M S	State of legal domicile: DC					
Pa		Summary								
e	1 1	Briefly descril	be the organization's mission or most significant activities: TO SHAP AND TRANSFORM IDEAS INTO POLICY.	E THE NATIONAL	POLICI					
Activities & Governance			were a provide the second of the		-1-					
veri			bx Lift the organization discontinued its operations or disposed of	1 1	ers. Q					
ĝ				3						
s S			Jumber of independent voting members of the governing body (Part VI, line 1b) Z Total number of individuals employed in calendar year 2011 (Part V, line 2a) Z							
itie			0							
ctiv	7a -	Total unrelate		109,263.						
Ă			ed business revenue from Part VIII, column (C), line 12		66,091.					
				Prior Year	Current Year					
ø	8 (Contributions	s and grants (Part VIII, line 1h)	9,358,653.	6,795,019.					
Revenue			rice revenue (Part VIII, line 2g)	93,282.	0.					
leve	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)	677.	317.					
ш	11 (Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,291.	77,619.					
	12 .	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,490,903.	6,872,955.					
			imilar amounts paid (Part IX, column (A), lines 1·3)		40,000.					
			to or for members (Part IX, column (A), line 4)		0.					
ses			er compensation, employee benefits (Part IX, column (A), lines 5-10)		4,588,120.					
Expenses			fundraising fees (Part IX, column (A), line 11e)	295,604.	39,250.					
Ц Д			sing expenses (Part IX, column (D), line 25) ► 126,086.	2 702 617	1 011 554					
-			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,782,617. 7,999,512.	<u>1,811,554.</u> 6,478,924.					
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		394,031.					
r ss	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year						
anci	20	Total assats i	(Part X, line 16)		End of Year 6,052,655.					
Ass Bal	21		s (Part X, line 16)	100 005	164,842.					
Net Assets or Fund Balances	22		r fund balances. Subtract line 21 from line 20	5,493,782.	5,887,813.					
		Signatur								
-	_		, I declare that I have examined this return, including accompanying schedules and	statements, and to the best of my l	knowledge and belief, it is					
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.										
Sig	n	Signatu	re of officer	Date						
Her	e		EPH W. SMOLSKIS, TREASURER							
		Type or	print name and title							

Paid	Print/Type preparer's name FRANK H. SMITH	Preparer's signature Frank H. Smith	Date Check PTIN 11/1• 12 if self-employed P00639053	
Preparer	Firm's name 💊 RAF'FA, P.C.		Firm's EIN 52-1511275	
Use Only	Firm's address 💊 1899 L STREET,		· · ·	
	WASHINGTON, DC	20036	Phone no. (202)-822-500	0
May the If	RS discuss this return with the preparer shown	above? (see instructions)	X Yes N	0
132001 01-2	3-12 LHA For Paperwork Reduction Act N	lotice, see the separate instructions.	Form 990 (201	1)
	*** ELECTRONICA	LLY FILED ON 11/13/12	*** COPY	

	1990 (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Pagert III Statement of Program Service Accomplishments
Fa	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	CENTER FOR AMERICAN PROGRESS ACTION FUND'S (THE ACTION FUND) MISSION
	IS 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
2	Did the organization undertake any significant program services during the year which were not listed on
-	
	the prior Form 990 or 990.EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
9	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
40	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,781,992. including grants of \$) (Revenue \$
4a	(Code:) (Expenses \$ 2,781,992. including grants of \$) (Revenue \$ COMMUNICATIONS: ADVANCED PROGRESSIVE IDEAS AND MESSAGE THROUGH
	TRADITIONAL NEWS MEDIA ALONG WITH ON-LINE REPORTING. ADDRESSED TIMELY
	PUBLIC POLICY AND POLITICAL ISSUES THROUGH RAPID RESPONSE AND ANALYSI MAJOR ACCOMPLISHMENTS INCLUDED PROJECTS ON CLIMATE COMMUNICATIONS AND
	THE JUDICIARY.
	INE UUDICIARI.
	(Code:) (Expenses \$ 892,837. Including grants of \$ 40,000.) (Revenue \$
4b	(Code:) (Expenses \$ 892,837. Including grants of \$ 40,000.) (Revenue \$ EXTERNAL RELATIONS: PROJECTS WERE UNDERTAKEN TO EDUCATE THE PUBLIC,
	ANTICIPATE AND SHAPE THE NATIONAL DEBATE, AND CHALLENGE THE MEDIA TO
	COVER THE ISSUES THAT TRULY MATTER, THROUGH A WIDE ARRAY OF
	DISSEMINATION CHANNELS, INCLUDING FAITH COMMUNITIES, CAMPUS
	ORGANIZATIONS, PRINT, BROADCAST, AND ONLINE MEDIA. EXTERNAL RELATIONS
	WORK ON POVERTY ISSUES THROUGH THE HALF-IN-TEN PROJECT WERE A FOCUS O
	THIS YEAR'S ACTIVITIES.
	INIS IEAR 5 ACTIVITIES.
40	(Code:) (Expenses \$ 641,199. Including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$641,199. including grants of \$) (Revenue \$) (
	STRATEGIC OUTREACH THROUGH WEB SITE DEVELOPMENT AND SOCIAL MEDIA.
	DURING 2011, A MAJOR REDESIGN OF THE THINK PROGRESS WEB SITE WAS
	ACCOMPLISHED.
	ACCOMP DI DI DI DI
1-1	Other program conview (Describe in Schoolule O)
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ 1,409,888 · Including grants of \$) (Revenue \$)
4e	Total program service expenses ► 5,725,916.
13200	2 Form 990 (
02-09-	
<u>/</u> 1	
ΨŤ	113 786783 CAPAF 2011.04040 CENTER FOR AMERICAN PROGRES CAPAF

Form 990 (2011)	CENTER	FOR	AMERICAN	PROGRESS	ACTION	FUND	30-0192708	Page 3
Part IV Checklist of F	Required Sc	hedul	es					

			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	163	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	x	
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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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, VII, 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		x	
b	Part VI	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1 f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u> ^
u	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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	140		- <u>^_</u> _
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
<u>a</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	

Form **990** (2011)

Form 990 (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 4 Part IV Checklist of Required Schedules (continued) Continued) Continued Continued

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	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		<u> </u>
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u>24u</u>		
204	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
	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):			
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		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	000		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
•••	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	ŀ		
	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)?	<u>35a</u>	ļ	X
b				v
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
37	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	36	<u> </u>	
U 1	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?	<u> </u>	1	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		مر <u>م</u> تعد م		

Form 990 (2011)

Part U Statements Regarding Other IRS Filings and Tax Compliance Check If Schedulo Contributis a response are y quastion in the Fart V Image: Check If Schedulo Contributis a response are y quastion in the Fart V 1 Image: Check If Schedulo Contributions and reportable in the IF are V Image: Check If Schedulo Contributions and reportable gammed in the Contribution of the Contributio	Form	990 (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192	708	Pa	age 5
a Enter the number of proms W-2G included in line 1a. Enter 3- if not applicable 1a 31 b Enter the number of froms W-2G included in line 1a. Enter 3- if not applicable 1b 31 c Did the expanization comply with backup withholding rules for reportable payments to vancions and reportable gamming in granuling withow withholding rules for reportable payments to transform reportable gamming in a transformation of the expanization fragment and the set on applicable 1a 31 2a Enter the number of employees reported on form W-3. Transmittal of Wage and Tax Statements. 2a 0 b if a least one is reported on line 2.a, dot the organization file all required federal employment tax returns? 0 2b 3a BL if the organization file 2.a, dot the organization have an interact in, or a signature or other authority over, a financial account? 3a X 3b If Yes, "near the name of the foreign from TD F 99/22.1. Report of Foreign Bain and Francial account? 6a X 5a Was the organization a party to a prohibited tax shells transaction at any time during the tax year? 5a X 5a Was the organization have annual grosser thank are on the party to a prohibited tax shells for transaction? 6a X 5a Was the organization induce the ording country. 5a X 5a Was the organization induce the organization fact from the file organization fact dowetable? 5a X	Pa				
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b	С	Enter the amount of reserves on hand			<u> </u>
			14a		<u> X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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.
 Image: Center of the second second

ecu	Check If Schedule O contains a response to any question in this Part VI				X				
	on A. Governing Body and Management			Vee					
10 [Enter the number of voting members of the governing body at the end of the tax year	1a	9	Yes	N				
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				l				
		44	8						
	Enter the number of voting members included in line 1a, above, who are independent		0						
	Did any officer, director, trustee, or key employee have a family relationship or a business relations				2				
	officer, director, trustee, or key employee?		. 2						
	Did the organization delegate control over management duties customarily performed by or under				2				
	of officers, directors, or trustees, or key employees to a management company or other person?								
	Did the organization make any significant changes to its governing documents since the prior Form								
	Did the organization become aware during the year of a significant diversion of the organization's a								
	Did the organization have members or stockholders?		. 6		+-				
	Did the organization have members, stockholders, or other persons who had the power to elect or				Ι.				
	more members of the governing body?		. 7a						
	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or			Ι.				
	persons other than the governing body?		. 7b						
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ${ m y}$	•							
	The governing body?		. <u>8a</u>	X	ļ				
bl	Each committee with authority to act on behalf of the governing body?		. 8b	X					
	ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9						
ecti	ion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)			_				
	·			Yes					
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>						
	If "Yes," did the organization have written policies and procedures governing the activities of such								
1	and branches to ensure their operations are consistent with the organization's exempt purposes?		. 10b						
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody before filing the form?	11a	X					
bl	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		. 12a	X					
b١	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r	ise to conflicts?	. 12b	X					
сI	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe							
i	in Schedule O how this was done		. 12c	X	Ĺ				
3	Did the organization have a written whistleblower policy?		13	X					
	Did the organization have a written document retention and destruction policy?			X					
5	Did the process for determining compensation of the following persons include a review and appro	oval by independent							
I	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	n?							
а	The organization's CEO, Executive Director, or top management official		15a						
	Other officers or key employees of the organization			1					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	pement with a		1					
	taxable entity during the year?		16a						
	If "Yes," did the organization follow a written policy or procedure requiring the organization to eval								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the or								
	exempt status with respect to such arrangements?	-	16b		1				
	ion C. Disclosure		. 1 100		-				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright m AL$, AK , AZ , AR ,	CA.CT.FL.GA.F	ĪT.TI	KS	Ξ.				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99				57				
	for public inspection. Indicate how you made these available. Check all that apply.		y) avaliai	19					
	Over website Another's website X Upon request								
0		conflict of interest nolicy.	and fina	noial					
	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflict of interest policy,	and 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:								
20									
20	JOSEPH W. SMOLSKIS - 202-741-6276								
20	JOSEPH W. SMOLSKIS - 202-741-6276 1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 20	0005	F	1 990					

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708

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

	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.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) (C) Average (denoted by Position						(D)	(E)	(F)	
Name and Thie	hours per	(do not check more than one box, unless person is both an			h an	Reportable compensation	Reportable compensation	Estimated amount of		
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(describe	irector						the	organizations	compensation
	hours for related	e or d	stee			Isated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		996e	nper		(, (00000)		and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOHN PODESTA	0)	Ind	lnsi	U	Key	EHg	For			
CHAIR & COUNSELOR	9.00	x		x				70,334.	Ο.	6,506.
(2) ANNA BURGER								/0/0011		
DIRECTOR	1.00	x						0.	Ο.	0.
(3) PETER EDELMAN										
DIRECTOR	1.00	x						0.	0.	0.
(4) JUDITH FEDER									· · · · · · ·	· · · · · · · · · · · · · · · · · · ·
DIRECTOR	1.00	Х						0.	0.	0.
(5) CHRISTIE HEFNER										
DIRECTOR	1.00	Х						0.	0.	0.
(6) BRODERICK JOHNSON										
DIRECTOR	1.00	X		ļ		ļ		0.	0.	0.
(7) RON KLAIN	1 00									
DIRECTOR	1.00	X		<u> </u>		<u> </u>		0.	0.	0.
(8) HILARY ROSEN	1 00								0	
DIRECTOR	1.00	X			ļ			0.	0.	0.
(9) DANIEL ZINGALE DIRECTOR	1.00	x						0.	0.	0.
(10) JENNIFER M. PALMERI	1.00	⊨						U •	U •	<u> </u>
PRESIDENT	17.00			x				102,758.	0.	13,078.
(11) DEBORAH FINE	17,000	·						102,7501		10,0,0
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	1 - 00							10 055		140
CFO AS OF 10/24/11	15.00		_	X	ļ			13,955.	0.	148.
(14) JOSEPH ROMM	40.00							125 465		0 0 0 0
FELLOW (15) TARA MCGUINNESS	40.00		 			X		135,465.	0.	8,030.
EXECUTIVE DIRECTOR, COMMUNICATIONS	40.00					x		119,504.	0.	9,884.
(16) FAIZ R. SHAKIR				1	 	1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
VP & EDITOR, THINK PROGRESS	40.00					x		113,460.	0.	10,159.
(17) DAVID MADLAND										
DIRECTOR, AMERICAN WORKER PROJECT	40.00					X		113,128.	0.	15,329.
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Form 990 (2011)

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Form **990** (201

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Page 7

										S ACTION FUN	A REAL PROPERTY AND A REAL	.92	708	Pa	ge 8
Par	rt VII Section A. Officers, Director	s, Tru		nplo	oyee			ligh	est		ees (continued)				
	(A) Name and title		(B) Average hours per week (describe hours for related	box offi	not ci , unles cer an	ss per	ition more rson l lrecto	than c ls both pr/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MIS	5	Esti amo o comp fro	m the	ion
			organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			÷	nizatio relate lizatio	d
(18)) JUDD LEGUM														<u> </u>
VP,	COMMUNICATIONS & EDITOR IN C	HIEF	40.00					X		112,500.		0.	10	,88	30.
							"								
<u></u>															
			·												
<u> </u>															
1b	Sub-total			••••		•••••	•••••			949,076.	•••••••••••••••••••••••••••••••••••••••	0.	94	,4($\frac{1}{0}$
	Total from continuation sheets to P Total (add lines 1b and 1c)									949,076.		0.	94	.,4(
2	Total number of individuals (including							ə) wh	o r		,000 of reportabl			. / _ `	
	compensation from the organization										· · · · · · · · · · · · · · · · · · ·				7
0		<i>(</i> ()	-11	. 1								1		Yes	No
3	Did the organization list any former o line 1a? If "Yes," complete Schedule	,			•			J ,		highest compensated e			3		х
4	For any individual listed on line 1a, is														
	and related organizations greater that	n \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	JI	for such individual			4		X
5	Did any person listed on line 1a receiv														77
Sec	rendered to the organization? <i>If "Yes,</i> tion B. Independent Contractors	" com	plete Schedul	eJI	orsi	icn j	pers	son .	. <u></u> .				5		X
1	Complete this table for your five high	est cor	npensated in	depe	ende	nt c	onti	racto	rs 1	that received more than	\$100,000 of com	pens	ation fr	om	,
<u> </u>	the organization. Report compensation	on for t	he calendar y	ear	endi	ng v	vith	or w	thir	n the organization's tax	year.				
	<i>ا)</i> Name and bus	A)	address							(B)	ondooo	0	(C)		
GEI	RSTEIN AGNE STRATEGI			ימר	PT C)NG			_	Description of s	Sel VICes		ompen	sauor	
	01 L ST. NW, #300, V							36		RESEARCH/FOC	US GROUP		104	.,50	00.
<u></u>											·				
2	Total number of independent contrac \$100,000 of compensation from the c			ot li	mite	d to	tho	se lis 1	tec	d above) who received n	nore than				
13200	8 01-23-12	Jiganiz			đ. 10					<u> </u>			Form 9	90 (2	2011)

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Form 990 (2	2011)	CENTER .
Part VIII	Statement	of Revenue

	****				(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	1 a	Federated campaigns	1a	· · · · · · · · · · · · · · · · · · ·				
lou d				1.0.0.0.0.				
P P		Fundraising events		193,000.				
<u>ia</u> igi	d	Related organizations						
Sins,	е	Government grants (contributi						
Ĕ	f	All other contributions, gifts, grant		602 010	- · · · ·			
<u>Ş</u>		similar amounts not included abov		602,019.				
	g b	Noncash contributions included in lines	Contraction Contraction and Contraction		6,795,019.			
Ť		Total. Add lines 1a-1f		Business Code	0,199,019.			
ė	2 a			Dusiness Code				
Program Service Revenue								
Ser	c	· · · · · · · · · · · · · · · · · · ·						
eve eve	d				- -		·····	
БЩ	е							
בֿן	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			317.			317.
	4	Income from investment of tax						
	5	Royalties						
	~	0	(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)		 				
		Net rental income or (loss)	L	L				
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	() coodinico			а. С		
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)						
e	8 a	Gross income from fundraising						
'enue		including \$ <u>193,0</u>	00. of					
Other Reve		contributions reported on line		10 050				
Jer		Part IV, line 18	а	_				
đ		Less: direct expenses		51,040.	20 700		÷	20 700
-		Net income or (loss) from fund	•	<u> </u>	-32,790.			-32,790.
	9 а	Gross income from gaming ac						
	h	Part IV, line 19 Less: direct expenses						
		Net income or (loss) from gam		L				
		Gross sales of inventory, less	-	[
		and allowances						
	b	Less: cost of goods sold			·			
		Net income or (loss) from sales		•		ι.		
		Miscellaneous Revenue	Ð	Business Code				
		ADVERTISING REV	ENUE	541800	109,263.		109,263.	
	b	OTHER		900099	1,146.			1,146.
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			110,409.		100 075	
1320	12 ⁾⁹	Total revenue. See instructions.		<u> </u>	6,872,955.	0.	109,263.	
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Form 990 (2011)

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 10

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).

	Check if Schedule O contains a respons	se to any question in thi	s Part IX		T
	not include amounts reported on lines 6b,	(A) [(B)	(C)	(D)
	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		experiede	general experiede	САроносо
	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,				
	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)				
7	Other salaries and wages	3,464,326.	3,174,706.	242,797.	46,823.
8	Pension plan accruals and contributions (include				
-	section 401(k) and section 403(b) employer contributions)	149,571.	139,907.	7,834.	1,830.
9	Other employee benefits	301,004.	271,488.	7,834. 25,373.	<u>1,830.</u> 4,143.
10	Payroll taxes	278,081.	248,188.	25,955.	3,938.
11	Fees for services (non-employees):				0,0001
a	Management				
b	Legal	31,726.	10,172.	21,554.	
Č	Accounting	23,667.	3,195.	20,412.	60.
d	Lobbying				
۰ ۵	Professional fundraising services. See Part IV, line 17	39,250.		<u> </u>	39,250.
f	Investment management fees				
g	Other	306,976.	296,520.	7,145.	3,311.
12	Advertising and promotion	19,474.	19,453.	18.	3.
13	Office expenses	124,094.	105,833.	15,081.	3,180.
14	Information technology	93,007.	93,007.		- ,
15	Royalties				w
16	Occupancy	499,611.	434,228.	57,220.	8,163.
17	Travel	103,522.	102,440.	374.	708.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,101.	4,101.		· · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
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.)				
а	PUBLIC OPINION ANALYSIS	108,570.	108,570.		
b	BAD DEBT EXPENSE	75,000.	75,000.		
c	UBIT	36,750.		36,750.	
d	COMMISSIONED PAPERS	27,524.	27,524.		· · · · · · · · · · · · · · · · · · ·
	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	, , , , , , , , , , , , , , , , , , , ,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure 1 if following SOP 98-2 (ASC 958-720)				
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Form 990 (2011) Part X Balance Sheet

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0

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i ai	נג						
					(A) Beginning of year		(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, d					
	-	employees, and highest compensated employe					
		of Schedule L				5	·
	6	Receivables from other disqualified persons (as					
	-	4958(f)(1)), persons described in section 4958(
		employers and sponsoring organizations of sec					·
		employees' beneficiary organizations (see instr				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<u>م</u>	9	Prepaid expenses and deferred charges	•••••			9	
		Land, buildings, and equipment: cost or other			•		
		basis. Complete Part VI of Schedule D	10a	247.392.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	164.529.	5,836.	10c	82,863.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	 11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	•••••		670,889.	15	359,649.
	16	Total assets. Add lines 1 through 15 (must equ			5,683,067.	16	6,052,655.
	17	Accounts payable and accrued expenses			189,285.	17	164,842.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	• • • • • • • • • • • • • •			20	· · · · · · · · · · · · · · · · · · ·
ŝ	21	Escrow or custodial account liability. Complete	Part IV (of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo					······
abi		highest compensated employees, and disqualit					
Ξ		of Schedule L	-			22	
	23	Secured mortgages and notes payable to unrel				23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelate			.	24	
	25	Other liabilities (including federal income tax, pa	ayables	o related third			
		parties, and other liabilities not included on line	s 17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			189,285.	26	164,842.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			•
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			2,718,071.	27	3,152,209.
Bal	28	Temporarily restricted net assets			2,775,711.	28	2,735,604.
nd l	29	Permanently restricted net assets				29	
μ		Organizations that do not follow SFAS 117, o	heck h	ere 🕨 🛄 and			
, or		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
Ase	31	Paid-in or capital surplus, or land, building, or e				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			<u> </u>	32	
4	33	Total net assets or fund balances			5,493,782.	33	5,887,813.
	34	Total liabilities and net assets/fund balances			5,683,067.	34	6,052,655.

Form **990** (2011)

132011 01-23-12

Form	1990 (2011) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0	192708	Pag	le 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	6,872		
2	Total expenses (must equal Part IX, column (A), line 25)	6,478		
3	Revenue less expenses. Subtract line 2 from line 1	394		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	5,493	3,78	32.
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	5,887	7,8:	13.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		·····	
			Yes	No
1	Accounting method used to prepare the Form 990: L Cash 🛛 🖾 Accrual 💭 Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a				<u> </u>
b		2b	X	
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?	2c	x	
	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			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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			v
	Act and OMB Circular A-133?	<u>3a</u>		<u> </u>
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.		000 //	

Form **990** (2011)



* * PUBLIC DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF

Department of the Treasury Internal Revenue Service

Name of the organiz	ation	Employer identification number
	CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708
Organization type(ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

K 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, 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.

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, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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 Part I, 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) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

09

CENTER FOR AMERICAN PROGRESS ACTION FUND

30-0192708

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- \$ <u>4,252,502</u> .	Person X Payroli 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
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		\$ <u>350,000.</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
4		\$ <u></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
5		\$220,000.	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
6		\$ <u></u> \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-2	14		990, 990-EZ, or 990-PF) (2011
561114	1 786783 CAPAF 2011.04040 CENTE	ER FOR AMERICAN PR	OGRES CAPAF1

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.

No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II if ther is a noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 8 </u>		\$150,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
9		\$100,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$75,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if the is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$40,000.	Person X Payroll Noncash

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30-0192708

Employer identification number

Employer identification number

30-0192708

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
<u> 13 </u>		\$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
<u> 14 </u>		\$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
		\$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
<u> 16</u>		\$ <u>25,000.</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
<u> 17 </u>		\$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
<u> 18 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
123452 01-23-12	16	Schedule B (Form	990, 990-EZ, or 990-PF) (2011)
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Part I

CENTER FOR AMERICAN PROGRESS ACTION FUND

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 19</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if ther is a noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
<u>20</u>		\$10,000.	Person X Payroli Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$7,500.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$5,250.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$5,000.	Person X Payroll Noncash (Complete Part II if the Is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contributed on the ist of t

Page **2**

Employer identification number

30-0192708

Schedule B	(Form 990,	990-EZ,	or 990-PF) (2011)
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Employer identification number

30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2011) 123453 01-23-12 18 2011.04040 CENTER FOR AMERICAN PROGRE 09561114 786783 CAPAF 1 PAF

Page 3

ENTER F	OR AMERICAN PROGRESS	S ACTION FUND	30-0192708
Part III E y t	Exclusively religious, charitable, etc., ind rear. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Jse duplicate copies of Part III if additio	ividual contributions to section 501(c the following line entry. For organizatio tc., contributions of \$1,000 or less for)(7), (8), or (10) organizations that total more than \$1,000 ns completing Part III, enter the 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, a	(e) Transfer of gif	t 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, a	(e) Transfer of gif	t Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gif	t
·	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 gif	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	Po	olitical Campaign	and Lobbvir	na Activities	5	OMB No. 1545-0047	
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527						
Department of the Treasury Internal Revenue Service							
If the organization ans	wered "Yes" to	Form 990, Part IV, line 3, or For		e 46 (Political Cam	aign Ac	tivities), then	
		plete Parts I-A and B. Do not co			Ũ		
		01(c)(3)) organizations: Complete		. Do not complete Pa	art I·B.		
 Section 527 organization 							
If the organization ans	wered "Yes" to	Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI, lir	ne 47 (Lobbying Acti	vities),	then	
		have filed Form 5768 (election ur					
		have NOT filed Form 5768 (elect					
If the organization ans	wered "Yes" to	Form 990, Part IV, line 5 (Proxy	' Tax), or Form 990-E	Z, Part V, line 35c (P	roxy Ta	x), then	
), or (6) organiza	tions: Complete Part III.					
Name of organization					Emplo	yer identification number	
Part I-A Comple		FOR AMERICAN PRO			-07	30-0192708	
		anization is exempt und	er section 501(c)	or is a section :	527 OF	ganization.	
 Dura dala a al a code M 		- North Parts 12 Days 191					
		ation's direct and indirect politic				FC1 010	
						561,812.	
3 Volunteer hours	••••••				····· <u>-</u>	· · · · · · · · · · · · · · · · · · ·	
Part I-B Compl	ete if the ord	anization is exempt und	er section 501(c)	(3)			
		incurred by the organization unc		(0).	▶ \$	· · · · · · · · · · · · · · · · · · ·	
		incurred by organization manage			··· * 🖕		
		n 4955 tax, did it file Form 4720				Yes No	
b If "Yes," describe ir	n Part IV.		······		••••••		
Part I-C Compl	ete if the org	janization is exempt und	er section 501(c)	, except section	501(c)(3).	
1 Enter the amount d	lirectly expended	d by the filing organization for se	ction 527 exempt func	tion activities	▶ \$	561,812.	
		ization's funds contributed to ot	•				
exempt function ac	tivities				. ►\$		
3 Total exempt funct		. Add lines 1 and 2. Enter here a			·· -		
line 17b					►\$_	561,812.	
						X Yes No	
		nployer identification number (El					
		tion listed, enter the amount paid					
		omptly and directly delivered to a			separate	e segregated fund or a	
		additional space is needed, prov			r		
(a) Name	Ð	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political	
				filing organization filing funds. If none, en		contributions received and promptly and directly	
						delivered to a separate	
						political organization. If none, enter -0	
•••••••••••••••••••••••••••••••••••••••							
					· ·	,	
						·······	
• · · · · · · · · · · · · · · · · · · ·							
••••••••••••••••••••••••••••••••••••••						······································	
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form §	990 or 990-EZ.	Sche	dule C (Form 990 or 990-EZ) 2011	
LHA					•		

01-27-12

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Schedule C (Form 990 or 990 EZ) 2011 CE Part II-A Complete if the organic (election under section	zation is exer	AMERICAN PR npt under sectio	OGRESS ACTION OGRESS ACTION OGRESS ACTION OF A STREAM	ON FUN 30-(ed Form 5768	0192708 Page 2	
A Check ► ☐ if the filing organization expenses, and share of B Check ► ☐ if the filing organization	belongs to an affi excess lobbying	expenditures).		group member's nar	me, address, EIN,	
	n Lobbying Expe	nditures	······································	(a) Filing organization's totals	(b) Affiliated group totals	
 b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 	1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b)					
e Total exempt purpose expenditures (a	dd lines 1c and 1c					
 f Lobbying nontaxable amount. Enter the lif the amount on line 1e, column (a) or (b). Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000 Over \$17,000,000 g Grassroots nontaxable amount (enter h Subtract line 1g from line 1a. If zero or 						
i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero o reporting section 4911 tax for this yea	less, enter -0 n either line 1h or r?		ation file Form 4720		Yes No	
	ons that made a s	•••	Section 501(h) n do not have to comp es 2a through 2f on pa			
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total	
2aLobbying nontaxable amountbLobbying 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				Cohodula O /	000 or 000 EZ) 0011	

Schedule C (Form 990 or 990-EZ) 2011

132042 01-27-12

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	. (a)	(b)		
of the lobbying activity.	Yes	No	Amo	ount	
 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: a Volunteers? 					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?	·				
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?			·		
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				·	
i Other activities?					
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)?					
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	·	ļ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	tion E01/a				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).		j(o), or se	SCIION		
		· · · · · ·	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?					
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), sec)(5), or se	ection		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No" Ol	R (b) Par	t III-A, lin	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 po					
expenses for which the section 527(f) tax was paid).					
a Current year		2a			
b Carryover from last year					
c Total				****	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			1		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying ar					
expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)				'	
Part IV Supplemental Information					
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	Part II-A; and	d Part II-B, li	ne 1. Also,	complete	
this part for any additional information. PART I-A, LINE 1:					
THE ACTION FUND DOES NOT ENDORSE CANDIDATES FOR PUBL	JIC OFF	ICE, N	IOR DO	ES	
IT EXPLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF	F PARTI	CULAR			
CANDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR,	THE A	ACTION		
FUND MADE COMMUNICATIONS TO THE PUBLIC COMMENDING O	2 CRIMT	CTZINC	<u>1</u>	·, , ·····	
			, 		
PARTICULAR PUBLIC POLICY POSITIONS TAKEN BY VARIOUS			THESE	0-EZ) 2011	
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Schedule C (Form 990 or 990-EZ) 2011 CENTER FOR AMERICAN PROGRESS ACT Part IV Supplemental Information (continued)	ION FUN 30-0192708 Page 4
POLICY ASSESSMENTS TOOK THE FORM OF POSITION PAPERS,	BLOG POSTS, PRESS
RELEASES, AND OTHER SIMILAR PUBLIC COMMUNICATIONS.	·
	· · · · · · · · · · · · · · · · · · ·
·	
······································	
	·
·	· · · · · · · · · · · · · · · · · · ·
132044 01-27-12	Schedule C (Form 990 or 990-EZ) 2011

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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.



Nam	e of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND	Employer identification number 30-0192708
Par		
	organization answered "Yes" to Form 990, Part IV, line 6.	Accounter complete il the
·	(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 advised fu	
	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 confi	erring
	impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat	
	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.	conservation basement on the last
	day of the tax year.	Held at the End of the Tax Year
_	Total number of concentration accoments	
	*	
b	· · · · · · · · · · · · · · · · · · ·	
c	Number of conservation easements on a certified historic structure included in (a)	. <u>2c</u>
d		
	listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the org	anization during the tax
	year	
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	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	g the year 🕨
7	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)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stat	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	organization's accounting for
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r Similar Assets.
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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	
	the text of the footnote to its financial statements that describes these items.	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	d balance sheet works of art historical
~	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
	relating to these items:	service, provide the following amounts
		► ¢
	(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 gai	in, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а		
b	Assets included in Form 990, Part X	► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2011
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		FOR AMERIC								
· · · ·	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t are a si	ignificant ι	ise of its	collection it	ems
	(check all that apply):									
а	Public exhibition	d	۱ <u>L</u> ۱	oan or excl	nange progra	ms				
b	Scholarly research	е		Other						
с	Preservation for future generations									
4	Provide a description of the organization's co	explai	n how th	ey further tl	ne organizatio	on's exe	mpt purpo	se in Par	XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	lection?]Yes [No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" to	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for d	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes [No
b	If "Yes," explain the arrangement in Part XIV									
									Amount	
c	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete it	f the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two year	s back	(d) Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									•
	and programs									
f	Administrative expenses									
g	End of year balance						• • • •			
2	Provide the estimated percentage of the curr		ce (line 1)	a. column (a)) held as:	I				
a		· · · · · · · · · · · · · · · · · · ·	%	5, · · · · · · · · ·	,,,					
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posse		ation tha	it are held a	nd administe	red for t	he organiz	ation		
	by:						no organiz	anon	Ye	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		•••••	•••••		••••••		•••••	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schec	lule R?			•••••		3b	
4	Describe in Part XIV the intended uses of the	organization's end	wment	funds		•••••		•••••	00	I
Pa	t VI Land, Buildings, and Equipm	ent. See Form 990). Part X.	line 10.						
L	Description of property	(a) Cost or o			or other	(c) A	ccumulate	н	(d) Book v	alue
		basis (investr		basis			preciation	Ĭ	(4) 2001(1	
	Land				·	<i>"</i>				
b	Buildings									
	Leasehold improvements									
ď	Equipment			<u> </u>	8,785.		5,68	39.	3	,096.
	Other				8,607.		158,84			,767.
	. Add lines 1a through 1e. (Column (d) must e		X. colun		and the second					,863.
			.,				<u></u>	Schedulo	D (Form 9	
								-should	- 1 out 9	

Schedule D (Form 990) 2011 CENTER FOR	AMERICAN PRO	GRESS ACTION	1 FUND 30-	0192708 Page 3
Part VII Investments - Other Securities. Set	ə Form 990, Part X, line 1	ľ2.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat t or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			<u></u>	
(A)			· · · · · · · · · · · · · · · · · · ·	
(B)				
(C)			· · · · · · · · · · · · · · · · · · ·	
(D)				
(E) .		· · ·		
(F)				
(G)				
(3) (H)				
(i)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	e Form 990, Part X, line			
(a) Description of investment type	(b) Book value		(c) Method of valuat t or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				· · · · · · · · · · · · · · · · · · ·
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
(10)	······································			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1) DUE FROM AFFILIATE		······································		359,649.
(2)				
(3)				······································
(4)	······································	·····		
(5)				
	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)				
(8)				
<u>(9)</u>				
(10)				250 640
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X.	<u> </u>			359,649.
	line 25.			
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·	(b) Book value		
(1) Federal income taxes				
(2)		,		
(3)	·····			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)			а -	
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	≥ 25.)			
CINTZO TACI AND LASTERYS IN LAST VILLERINGS VER VERY AND	o the organization s financial stati	ements that reports the organiz	ation's liability for uncertain	n tax positions under
2. FIN 48 (ASC 740). 132053 01-23-12				edule D (Form 990) 2011

	dule D (Form 990) 2011 CENTER FOR AMERICAN PROGRESS					
1			· · · · · · · · · · · · · · · · · · ·	1		6,872,955.
2				2		6,478,924.
3	Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1			3		394,031.
4				4		
	Net unrealized gains (losses) on investments			5		······································
5	Donated services and use of facilities			6		
6 7	Investment expenses			7	···· ·	
7	Prior period adjustments Other (Describe in Part XIV.)			8		
8	Other (Describe in Part XIV.) Total adjustments (net). Add lines 4 through 8			9		
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10		394,031.
10 Par	t XII Reconciliation of Revenue per Audited Financial Statements				oturn	
,					1	6,923,995.
1	Total revenue, gains, and other support per audited financial statements	•••••	,			0,520,555
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	~ I				
a	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	<u>2b</u>				
	Recoveries of prior year grants	2c	E	1 040		
		2d	C	1,040.		E1 040
е	Add lines 2a through 2d				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:					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				<u>^</u>
	Add lines 4a and 4b				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	6,872,955.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemen		· · · · · · · · · · · · · · · · · · ·		Retu	
1	Total expenses and losses per audited financial statements				1	6,529,964.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a		:		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d	5	1,040.		
e	Add lines 2a through 2d				2e	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:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
с	Add lines 4a and 4b				4c	Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	6,478,924.
	t XIV Supplemental Information					
X, lin	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple RT X , LINE 2: IN ACCORDANCE WITH ASC TOPIC	te this	part to pro	vide any ad	ditional	information.
AC'	TION FUND HAS EVALUATED ITS INCOME TAX POSI	FIO	NS FOR	THE Y	EAR	S ENDED
DE	CEMBER 31, 2011 AND 2010, AND DETERMINED THA	AT 1	THERE	WERE N	IO M	ATERIAL
UN	CERTAIN TAX POSITIONS AND, ACCORDINGLY, THE	AC'	FION F	UND HA	SN	ОТ
RE	COGNIZED ANY LIABILITY FOR UNRECOGNIZED INCO	OME	TAX.			

PART	XII,	LINE	2D	 OTHER	ADJUS	TMENTS	,

SPECIAL EVENTS EXPENSES

. 132054 01-23-12 51,040.

Schedule D (Form 990) 2011

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Schedule D (Form 990) 2011	CENTER	FOR	AMERICAN	PROGRESS	ACTION	FUND30-0192708	Page 5
Part XIV Supplemental Infor	mation (conf	tinued)					and the second

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES

51,040.

Schedule D (Form 990) 2011

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.

Open To Public Inspection

Employer identification number

30-0192708

OMB No. 1545-0047

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

....

Part I required to complete this part	 Complete if the organization answ rt. 	ered "\	′es" to	o Form 990, Part IV, I	line 17. Form 990-EZ	filers are not
 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, F b If "Yes," list the ten highest paid incompensated at least \$5,000 by the solicitation of the solicitaticon of the solicitation of the solicitation of the solicitati	e X Solicita f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser ustody itrol 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.
Total			►	350,000.	39,250.	310,750.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, 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) 2011

132081 01-23-12

29 2011.04040 CENTER FOR AMERICAN PROGRES CAPAF_1

1

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 receip	ots greater than \$5,000.
			(a) Event #1 ANNUAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			DINNER		(4 - 1 - 1	coi. (c))
ne			(event type)	(event type)	(total number)	
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			· · · · · · · · · · · · · · · · · · ·	33,533.
	10					(51,040)
	11	Net income summary. Combine line 3, colum	n (d), and line 10			-32,790.
Pa	irt	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	eported more than	
,		\$15,000 on Form 990-EZ, line 6a.	1	(1) Duffelent (1)		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be						
	1	Gross revenue				
ses	2	Cash prizes			· · · · · · · · · · · · · · · · · · ·	
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	<u>()</u>
	0	Not gaming income summany. Combine line :	1 oolumn d and line 7		•	
	8	Net gaming income summary. Combine line	r, column d, and line 7			
9	En	ter the state(s) in which the organization opera	ates gaming activities:			
		the organization licensed to operate gaming a		states?		Yes No
		No," explain:				
	,			· · · · · · · · · · · · · · · · · · ·		
		ere any of the organization's gaming licenses r 'Yes," explain:			year?	. └── Yes └── No
1320	82 0	1-23-12			Schedule G (Fo	rm 990 or 990-EZ) 2011

15141113 786783 CAPAF

(I) ADDRE	SS OF FUNDRAISER: STREET, NW, #3, WASHINGTON, DC 20005-2105			
(I) ADDRE				
(I) ADDRE				
(I) ADDRE			*****	
	SS OF FUNDRAISER:			
(I) NAME				· · ·
	OF FUNDRAISER: THE BONNER GROUP			
····· ,				
SCHEDULE	G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	۲S :		
	plemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii s 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatio		• ·	
organization	ount of distributions required under state law to be distributed to other exempt organizations or spent in the sown exempt activities during the tax year \blacktriangleright \$			
	zation required under state law to make charitable distributions from the gaming proceeds to te gaming license?		Yes	
17 Mandatory d				
Direct	or/officer Employee Independent contractor			
Description o	of services provided 🕨			
Gaming man	ager compensation 🕨 \$			
Name 🕨		· ·		
16 Gaming man	ager information:			
Address ►				
Name 🕨				
	venue retained by the third party > \$			
	er the amount of gaming revenue received by the organization \blacktriangleright \$ and the amount			
15a Does the org	anization have a contract with a third party from whom the organization receives gaming revenue?	. 🗆	Yes	No
Address 🕨				,
Name 🕨 🔔			••••	· .
14 Enter the nar	ne and address of the person who prepares the organization's gaming/special events books and records:			
a The organiza b An outside fa	tion's facility cility	13a 13b		· <u>%</u>
	percentage of gaming activity operated in:			
	zation a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed · charitable gaming?		Yes	
to administer			Yes	L No
12 Is the organiz to administer	anization operate gaming activities with nonmembers?	192		

								OMB No. 1545-0047	047
(Form 990)			Grants and Governments	Other Assistance , and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	es .		2011	
Department of the Treasury Internal Revenue Service		Complete	Complete if the organizatior	n answered "Yes" to Fo ▶ Attach to Form 990.	to Form 990, Par n 990.	·ganization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.		Open to Public Inspection	lic
Name of the organization CEN	CENTER FOR AMER	AMERICAN	PROGRESS	ACTION FUND	UN			Employer identification number 30-0192708	mber 08
Part I General Information	General Information on Grants and Assistance	nce							
1 Does the organization maintain records to substantiate the amount of	itain records to substanti	iate the a		or assistance, the	grantees' eligibility	for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ion X Yes 7	Ň
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Jranus or assistance?	r monitori	ing the use of grant f	unds in the United	l States.			<u> </u>	
Part II Grants and Other As	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	nts and C	Drganizations in the	United States. C	omplete if the orgs	nization answered "Y	es" to Form 990, Part	IV, line 21, for any	[
recipient that receive	d more than \$5,000. Che	eck this b	ox if no one recipient	t received more th	an \$5,000. Part II	can be duplicated if a	idditional space is nee	ded	
1 (a) Name and address of organization or government	ame and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation (book, raduation (book, non-cash essistance essistance essistance other) (f) Method of (g) Description of essistance assistance essistance other)		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
A MINNESOTA WITHOUT POVERTY	ΥTY				-			INITIATE AND COORDINATE	ΞL
2423 PARK AVENUE	 -							POVERTY COALITION EFFORTS	ORTS
MINNEAPOLIS, MN 55404	27-2167205		501(C)(3)	20,000.	.0			IN MINNESOTA.	1
9 TO 5 NATIONAL ASSOCIATION OF WORKING WOMEN - 207 EAST BUFFALO	CON OF BUFFALO							INITIATE AND COORDINATE	LΕ
21	——		-					POVERTY COALITION EFFORTS	ORTS
53202	52-1201710		501(C)(5)	15,000.	.0			IN COLORADO.	
	on 501(c)(3) and governm	nent orgai	nizations listed in the	e line 1 table					
	organizations listed in th	te line 1 t							
LHA For Paperwork Reduction Act Notice, see the Instructions for For	n Act Notice, see the In	structior	ns for Form 990.					Schedule I (Form 990) (2011)	(2011)
132101 01-27-12				32				V d D D	

5)

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance	ed States. Com (b) Number of	nplete if the organiz (c) Amount of	ation answered "Yes (d) Amount of non-	÷	(f) Description of non-cash assistance
	recipients	cash grant	(d) Anount of hoir cash assistance	(book, FMV, appraisal, other)	
Supplemental Information. Complete this part to provide the	the informatio	n required in Part I,	line 2, and any other	information required in Part I, line 2, and any other additional information.	
I, LINE 2: THE ACTION	ION FUND	D REQUIRES	S ANY GRANTEE	EE	
ORGANIZATION TO REPRESENT, WARRANT A	AND AGREE:	THAT	IT WILL USE	GRANT FUNDS	
PURPOSES CONSISTENT WITH	THE AC	ACTION FUND'S	S TAX-EXEMPT	PT STATUS	
501(C)(4) OF THE INTERNAL		REVENUE CODE;	THAT NO	PORTION OF	
WILL BE USED DIRECTLY OR		INDIRECTLY TO F	EXPRESSLY 0	OR IMPLICITLY	
ANY CANDIDATE SEEKI	NG	ELECTION TO	PUBLIC OFF	OFFICE OR	
TO ANY POLITICAL P	PARTY OR		CANDIDATE; THAT IT WILL	MILL ALLOW	
STAFF OR REPRESENTATI	LIVES TO	O CONDUCT	EVALUATIONS	S AND AUDITS	
GRANT FUNDS, WHICH MAY	Y INVOLVE	VISI	TO OBSERVE,	, REVIEW AND	
		33			Sch CO PY390) (2011)

 Schedule1(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.

Schedule I (Form 990) 2011

132291 05-01-11

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.	Inspection
Name of the organization		ver identification number - 0192708
FORM 990, PAR	T III, LINE 1, DESCRIPTION OF ORGANIZATION MISSIC)N:
CITIZENS, EXE	CUTIVE AND LEGISLATIVE BRANCH POLICYMAKERS AND PF	OGRESSIVE
LEADERS THROU	GHOUT THE COUNTRY AND THE WORLD.	
FORM 990, PAR	T III, LINE 4D, OTHER PROGRAM SERVICES:	
POLICY - ECON	OMIC	-
EXPENSES \$ 51	5,907. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	· .
		·
EXECUTIVE OFF	ICE	
EXPENSES \$ 36	5,348. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
ENERGY PROJEC	Г	
EXPENSES \$ 34	0,924. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
POLICY- DOMES	TIC	
EXPENSES \$ 10	7,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
CONSTITUENT R	ELATIONS	
EXPENSES \$ 37	,172. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
		· · · · · · · · · · · · · · · · · · ·
POLICY - INTE	RNATIONAL/NATIONAL SECURITY	
EXPENSES \$ 30	,645. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
CALIFORNIA OF	FICE	······································
EXPENSES \$ 6,	326. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.	
LHA For Paperwork Red 132211 01-23-12	uction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Fo	orm 990 or 990-EZ) (201

35 2011.04040 CENTER FOR AMERICAN PROGRES CAPAF_1

Name of the organization	CENTER FO	R AMERICAN PI	ROGRESS ACI	ION FUND	Employer identification number 30-0192708
CAMPUS PROGRES	SS				
EXPENSES \$ 4,8	331. INC	LUDING GRANTS	S OF \$ 0.	REVENUE \$	0.
ENOUGH PROJECI	<u>р</u>				
EXPENSES \$ 1,6	586. INC	LUDING GRANT	5 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 APPROVED VERSION BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

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.

132212 01-23-12

Schedule O (Form 990 or 9	90-EZ) (2011)						Page 2
Name of the organization	CENTER	FOR	AMERICAN	PROGRESS	ACTION	FUND	Employer identification number 30-0192708

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

132212 01-23-12

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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
FORM 990, PART VI, SECTION C, LINE 19: THE ACTION FUND MAKES ITS GOVERNING
DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC. THE ACTION FUND'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 FEDERAL
FORM 990. BOTH FORMS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUESTS
RECEIVED AT ITS WASHINGTON, D.C. OFFICE. THE ACTION FUND'S FEDERAL FORM 990
IS ALSO MADE AVAILABLE TO THE PUBLIC BY WAY OF THE ONLINE INFORMATION
SERVICE, GUIDESTAR.ORG. THE ACTION FUND'S AUDITED FINANCIAL STATEMENTS ARE
MADE AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS WASHINGTON, D.C. OFFICE.
THE ACTION FUND'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT
ACCOUNTANT ON AN ANNUAL BASIS. THE ACTION FUND'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 THE ACTION FUND 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.
·

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15141113 786783 CAPAF

Schedule O (Form 990 or 990-EZ) (2011) 38 2011.04040 CENTER FOR AMERICAN PROGRES CAPAF_1

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check this	box		
Note. Only complete Part II if you have already been granted an	n automatic	3-month extension on a previously fi	led Form 8	868.	
• If you are filing for an Automatic 3-Month Extension, comp	lete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no co	opies needed).
		Enter filer's	identifyin	g number, see i	nstructions
Type or Name of exempt organization or other filer, see inst	ructions		Employer	identification nu	mber (EIN) or
print					
File by the Center for American Progres	ss Act	ion Fund	X	30-01927	708
due date for hing your roturn. See 1333 H Street, NW, 10th Flo		tions.	Social sec	curity number (S	SN)
instructions. City, town or post office, state, and ZIP code. For a		Iress see instructions	L		
Washington, DC 20005					
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 1
Application	Return	Application		******	Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990.PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a prev	iously file	d Form 8868.	
Joseph W. Smol					
• The books are in the care of ► 1333 H Street	<u>, NW,</u>		ngton	, DC 2000)5
Telephone No. ► 202-741-6276		FAX No. 🕨			·
If the organization does not have an office or place of busine					
• If this is for a Group Return, enter the organization's four dig					
box . If it is for part of the group, check this box			all memb	ers the extensior	is for.
4 I request an additional 3-month extension of time until		ber 15, 2012.			
5 For calendar year 2011 , or other tax year beginning					··
6 If the tax year entered in line 5 is for less than 12 months	, check reas	son: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension		- information page	a a o wiii	to filo	<u> </u>
Additional time is needed to		r information nece	ssary	to IIIe	d
complete and accurate return	•				
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	0, or 6069, d	enter the tentative tax, less any			
nonrefundable credits. See instructions.	, .		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 600	9, enter any	refundable credits and estimated			•
tax payments made. Include any prior year overpayment					
previously with Form 8868.		-	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your	payment w	ith this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See in:	structions.		8c	\$	0.
Signature and Verific	ation mu	st be completed for Part II			
Under penallies of perjury, I declare that I have examined this form, inc it is true, correct, and complete, and that I am authorized to prepare thi	luding accom s form.	panying schedules and statements, and t	o the best o	f my knowledge ar	id belief,
	► CPA		Date	> 8/9/12	
					(Rev. 1-2012

Department of the Treasury

Internal Revenue Service

** 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 benefit trust or private foundation)

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



AI	For the	2010 calendar year, or tax year beginning and	ending		
Ba	Check if applicable	C Name of organization		D Employer identific	ation number
	Addres	CENTER FOR AMERICAN PROGRESS ACTION FU	JND		
	Name Change	Doing Business As		30-01	92708
	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
		1999 H DIREEL, MW, TOTH PHOOR		202-6	582-1611
X	- Amend return			G Gross receipts \$	9,576,501.
	Applica	WASHINGTON, DC 20005		H(a) Is this a group ret	
	pendin	F Name and address of principal officer: UEINNIFER PALMIERI		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	uded? Yes No
		mpt status: $501(c)(3)$ X 501(c) (4) (insert no.) 4947(a)(1) c	or 527		ist. (see instructions)
		WWW.AMERICANPROGRESSACTION.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other >	L Year	of formation: 2002 M	State of legal domicile: DC
Pa	art I	Summary			DOLTON
ě	1 1	Briefly describe the organization's mission or most significant activities: TO SI	HAPE 1	HE NATIONAL	POLICY
Activities & Governance	-	DEBATE AND TRANSFORM IDEAS INTO POLICY.			
ern		Check this box \blacktriangleright LLL if the organization discontinued its operations or dispos		1 1	
30		• • • • • • •			<u> </u>
ళ		Number of independent voting members of the governing body (Part VI, line 1b)			<u>/</u> 0
ies		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)			0
tivit		Total number of volunteers (estimate if necessary)			97,433.
Act		Total unrelated business revenue from Part VIII, column (C), line 12			54,615.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u>i.</u>		
				Prior Year 8,839,425.	Current Year 9,358,653.
en		Contributions and grants (Part VIII, line 1h)		0,039,425.	93,282.
Revenue	1	Program service revenue (Part VIII, line 2g)		2,285.	677.
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		125,233.	38,291.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,966,943.	9,490,903.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		212,000.	580,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,465,569.	4,341,291.
ses	15		······	0.	92,699.
Expenses	IOa L	Professional fundraising fees (Part IX, column (A), line 11e)	50.		
Ĕ	17	Deter expenses (Part IX, column (A), lines 11a 11d, 11f 24f)		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.
	1			1,500,131.	1,491,391.
L S S S S S S S S S S S S S S S S S S S	19	Revenue less expenses. Subtract line 18 from line 12	Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,970,349.	5,683,067.
Assu	20	lotal assets (Part X, line 16) Total liabilities (Part X, line 26)	······	117,958.	189,285.
Net,	22	Net assets or fund balances. Subtract line 21 from line 20		3,852,391.	5,493,782.
P	art II	Signature Block	·····		
		ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete Declaration of preparer (other than officer) is based on all information of wh			
	, 551100				1

Sign Here	Signature of officer Debrah L Fina, Type or print name and title	SNR GC, Corp	Date 1/29/11	FTreasurer
Paid	Print/Type preparer's name FRANK H. SMITH	Preparer's signature Frank H. Smith	Date Check 11/29/11 self-employed	PTIN
Preparer	Firm's name 🕨 RAFFA, P.C.		Firm's EIN 🕨	
Use Only	Firm's address 1899 L STREET NW WASHINGTON, DC 2	7, SUITE 900 10036	Phone no. 202	-822-5000
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
032001 02-2	22-11 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2010)

If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 4 Describe the 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 \$ 3, 636, 202. including grants of \$ 530,000.) (Revenue \$ COMMUNICATIONS: ADVANCED PROGRESSIVE IDEAS AND MESSAGE THROUGH TRADITIONAL NEWS MEDIA ALONG WITH ON-LINE REPORTING. ADDRESSED T: POLITICAL ISSUES THROUGH RAPID RESPONSE AND ANALYSIS. 4b (Code:) (Expenses \$ 942, 652. including grants of \$ 35,000.) (Revenue \$ 200.) (Revenue \$ 200	N]Yes X]Yes X	EDUCATION, WITH AMERICAN ERS AND Yes vices? Yes s by expenses. bunt of grants and •)(Revenue \$ AGE THROUGH ADDRESSED TIM	Check if Schedule O contains a re Briefly describe the organization's missi TO IMPACT THE NATION POLICY THROUGH RAPID GRASSROOTS ORGANIZAT CITIZENS, EXECUTIVE Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these changes on Sch Describe the exempt purpose achievem Section 501(c)(3) and 501(c)(4) organiza allocations to others, the total expenses (Code:) (Expenses \$ COMMUNICATIONS : ADV	Check Briefly descri TO IMP POLICY GRASSR CITIZE Did the orga the prior For If "Yes," des Did the orga If "Yes," des Describe the Section 501 allocations to	1 2 3 4
 Biefly describe the organization's mission: TO IMPACT THE NATIONAL DEBATE AND TRANSFORM PROGRESSIVE IDEAS INTO POLICY THROUGH RAFID RESPONSE COMMUNICATIONS, PUBLIC EDUCATION, GRASSROOTS ORGANIZATION AND ADVOCACY IN PARTNERSHIP WITH AMERICAN CITIZENS, EXECUTIVE AND LEGISLATIVE BRANCH POLICYMAKERS AND Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services?	N]Yes X]Yes X	EDUCATION, WITH AMERICAN ERS AND Yes vices? Yes s by expenses. bunt of grants and •)(Revenue \$ AGE THROUGH ADDRESSED TIM	Briefly describe the organization's missis TO IMPACT THE NATION POLICY THROUGH RAPID GRASSROOTS ORGANIZAT CITIZENS, EXECUTIVE Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services or Did the organization cease conducting, If "Yes," describe these new services o	Briefly descr TO IMP POLICY GRASSR CITIZE Did the orga the prior For If "Yes," des Did the orga If "Yes," des Did the orga If "Yes," des Describe the Section 501 allocations to	2 3 4
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4d Other program services. (Describe in Schedule O.)	SIS AN 5 TO JOBAL JRCES	ROUGH ANALYSIS CY PROPOSALS TO OTECT THE GLOBA TAINABLE SOURCE	ENERGY PROJECT: ADV RESEARCH. PIONEERIN TRANSFORM OUR NATION ENVIRONMENT, BOOST G CLEAN ENERGY TO REDU ENERGY.	ENERGY RESEAR TRANSF ENVIRO CLEAN ENERGY	
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4e Total program service expenses ► 6,916,960.	SIS AN TO JOBAL JRCES SED	ROUGH ANALYSIS CY PROPOSALS TO OTECT THE GLOBA TAINABLE SOURCE , CARBON-BASED	ENERGY PROJECT: ADV RESEARCH. PIONEERIN TRANSFORM OUR NATION ENVIRONMENT, BOOST G CLEAN ENERGY TO REDU ENERGY.	ENERGY RESEAR TRANSF ENVIRO CLEAN ENERGY	4d
4e Total program service expenses ► 6,916,960. 32002 Forr	SIS AN 5 TO JOBAL JRCES	ROUGH ANALYSIS CY PROPOSALS TO OTECT THE GLOBA TAINABLE SOURCE , CARBON-BASED	ENERGY PROJECT: ADV RESEARCH. PIONEERIN TRANSFORM OUR NATION ENVIRONMENT, BOOST G CLEAN ENERGY TO REDU ENERGY. Other program services. (Describe in Sc (Expenses \$ 1,543,015. inc Total program service expenses ►	ENERGY RESEAR TRANSF ENVIRO CLEAN ENERGY Other progra (Expenses \$ Total progr	4d 4e
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Form 990 (2010)	CENTER	FOR	AMERICAN	PROGRESS	ACTION	FUND	30-0192708	Page 3
Part IV Checklist of R	lequired Sc	hedul	es.					

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	· · · · · · · · · · · · · · · · · · ·		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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3	x	
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_		X
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 I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; 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?			
-	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, VII, 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	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	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			
	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	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	4-		x
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		╞┻╌
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		x
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		+**
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17	x	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<u> </u>	+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	x	
40	1c and 8a? If "Yes," complete Schedule G, Part II	-10		+
19		19		x
00-	complete Schedule G, Part III	20a	1	X
20a b			1	1
u	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

032003 12-21-10

Form 990 (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 4 Part IV Checklist of Required Schedules (continued)

ı u				
• •			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	0.4	x	
~~	United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	Δ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			x
-	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		- 23
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	23	x	
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
	Schedule K. If "No", go to line 25	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		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	051		x
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	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	07		x
••	Schedule L, Part III	27	5294 () 1	43 2019/06
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):	00-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b		280		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
. .	contributions? If "Yes," complete Schedule M	30		- 23
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		
34	Was the organization related to any tax-exempt or taxable entity?	34		x
~-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		
а		1		
•••				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		1
<u> </u>	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2010)
		TOUL	200	(CUD)

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Form	990 (2010) CENTER FOR AMERICAN PROGRESS ACTION F	UND 30-0192	708	Р	age 5				
Pai	t 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	1a 32	na tu tự N						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0							
с	D110 1.0 1.0 1.0 1.1 2010 1.1 2010 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0								
-	(gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		The second						
	filed for the calendar year ending with or within the year covered by this return	2a 0							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retur		2b		الله المعالم الم				
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction		-						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	فاحتمده داذهم				
	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	authority over a							
-70	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x				
Ь	If "Yes," enter the name of the foreign country:								
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial								
Fo	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	and and defined as the second s	X				
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X				
b			50 5c						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50						
oa			6a	х					
	any contributions that were not tax deductible?		Ua						
D	If "Yes," did the organization include with every solicitation an express statement that such contribut		ch	х					
_	were not tax deductible?		<u>6b</u>	AP Alternational					
	7 Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set		7a		├				
	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 w		7-						
•	to file Form 8282?	1 1	7c	- 	14000A				
d	If "Yes," indicate the number of Forms 8282 filed during the year		anta lain	adala di	in (sight) Lingson				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		┼				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h	alan da a	NAME:				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			<u>1959-1999</u>					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	Tel Carl	10-10-10-10-				
9	Sponsoring organizations maintaining donor advised funds.				<u>8,9995</u>				
а	Did the organization make any taxable distributions under section 4966?		9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•••••	9b	n ja Seerija	0.000				
10	Section 501(c)(7) organizations. Enter:	1							
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:	11							
	Gross income from members or shareholders	11a		a di sa					
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1919 - 1 1917 - 1					
	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			12					
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</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	1 1			i in an				
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c	1.1.6		<u> </u>				
			14a		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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CENTER FOR AMERICAN PROGRESS	ACTION	FUND
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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.

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management	-			i
		. 1		Yes	No
			3		
Ь		<u>1b</u>	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-		مىنىڭ <u>مىنىم</u>	x
~	officer, director, trustee, or key employee?		2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	•			x
4	of officers, directors or trustees, or key employees to a management company or other person?		3	x	<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99		4		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's asse		6		X
	Does the organization have members or stockholders?		0		
14			7a		x
Ь	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other perso		7a 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken di			i son de de de la	
0	by the following:	uning the year			
-	The governing body?		8a	X	
	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 reach		00		
3	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 Rev		9		- 11
000		entre Obde.j		Yes	No
109	Does the organization have local chapters, branches, or affiliates?		10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such ch		100		
Ū	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 filir		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	an a
	Are officers, directors or trustees, and key employees required to disclose annually interests that could				
~	to conflicts?	-	12b	х	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
-	in Schedule O how this is done		12c	х	
13	Does the organization have a written whistleblower policy?		13	X	
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				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Densioners	X
	Other officers or key employees of the organization		15b		Х
	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	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organ	nization's			
	exempt status with respect to such arrangements?	·····	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA	,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) availabl	e for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website 🔀 Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, con	nflict of interest policy, a	and fina	incial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the organiz	ation: 🕽	▶	
	JOSEPH W. SMOLSKIS - 202-741-6276				
	1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 2000)5			
03200			Form	990	(2010)
12-21-	\mathbf{SEE} SEE SCHEDULE O FOR FULL LIST OF STATES				

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Form 990 (2010)

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APAF_1

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708

Form 990 (2010) 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.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average				C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	officer		Highest compensated &		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
ANNA BURGER DIRECTOR	1.00	x						0.	0.	0.
PETER EDELMAN	1.00									
DIRECTOR	1.00	x						0.	Ο.	Ο.
JUDITH FEDER										
DIRECTOR (AND CONSULTANT)	1.00	x						4,332.	.0.	0.
CHRISTIE HEFNER										
DIRECTOR	1.00	x						0.	Ο.	Ο.
BRODERICK JOHNSON										
DIRECTOR	1.00	X						0.	Ο.	0.
HILARY ROSEN										
DIRECTOR	1.00	X						0.	0.	0.
DANIEL ZINGALE									_	
DIRECTOR	1.00	X						0.	0.	0.
JOHN PODESTA		i i								4 500
PRESIDENT, CHAIR & DIRECTOR	7.00	X		X				49,709.	0.	4,729.
SARAH WARTELL TREASURER/EXECUTIVE VP	1.00			x				6,845.	0.	590.
JENNIFER M. PALMIERI										
PRESIDENT	18.00			X				101,277.	0.	13,357.
DEBORAH FINE										
SECRETARY/GEN. COUNSEL	16.00			X				69,334.	0.	7,780.
NEERA TANDEN				1						
TREASURER/COO	6.00		<u> </u>	X		<u> </u>		24,611.	0.	3,629.
TARA MCGUINNESS								1 4 9 9 9 9		10 005
VP & DIR. THINKPROGRESS	40.00	_		<u> </u>	<u> </u>	X		149,998.	0.	12,905.
JOSEPH ROMM	10.00						i i	126 241	0.	8,186.
FELLOW	40.00	-		-	_	X		136,241.	<u> </u>	0,100.
FAIZ R. SHAKIR	40.00					x		119,998.	0.	11,309.
VP & EDITOR, THINKPROGRESS	40.00				-	1	-	117,330.	<u>0</u> .	11,309.
DAVID MADLAND DIRECTOR, AME WORKER	40.00			1		x		108,898.	0.	15,320.
					1		\square			

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Page 7

	OR AMER	ICZ	٧N	PF	200	GRI	ES:	S ACTION FUN	D 30-0	19270	8 Page 8
Part VII Section A. Officers, Directors, Tru	1	mplo	oyee			High	est		ees (continued)		
(A) Name and title	(B) Average hours per	(cł		Pos		app	ly}	(D) Reportable compensation	(E) Reportable compensatic	on a	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	s co SC) o a	other ompensation from the rganization and related rganizations
		-									
· · · · · · · · · · · · · · · · · · ·											
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	II, Section A							771,243. 0. 771,243.		0.	77,805. 0. 77,805.
2 Total number of individuals (including but n compensation from the organization ►						e) wł	no re),000 in reportab		5
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								nighest compensated e		3	Yes No
 For any individual listed on line 1a, is the su and related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," com Section B. Independent Contractors					-			-		5	X
 Complete this table for your five highest co the organization. 	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con		
(A) Name and business BONNER GROUP, INC.	address							(B) Description of s PROFESSIONAL		Comp	(C) pensation
P.O. BOX 523523, SPRINGF GERSTEIN ANGE STRATEGIC,						Е,		FUNDRAISING COMMUNICATIC			29,573.
SUITE 500, WASHINGTON, D	C 20002							RESEARCH		1	04,500.
· · · · · · · · · · · · · · · · · · ·											
2 Total number of independent contractors (-	not li	mite	ed to		ose li 2	steo	d above) who received r	nore than		
\$100,000 in compensation from the organ										For	m 990 (2010)
032008 12-21-10						8			•		/

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					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 51 513, or 514
ts	1 a	Federated campaigns	1a					
and other similar amounts	b	Membership dues					nin de ni hyrddir - Yddiad dynai	
ă	с	Fundraising events	1c	454,300.				
ar	d	Related organizations	1d					
Ē	е	Government grants (contributi	ions) 1e					
S	f	All other contributions, gifts, grant						
Ę		similar amounts not included abov	/e 1f 8	<u>,904,353.</u>				
g	g	Noncash contributions included in lines	1a-1f: \$					
5	h	Total. Add lines 1a-1f			9,358,653.			
		CONFERENCE REGI		Business Code 900099	93,282.	93,282.		
Kevenue	b c d							
ć	e	All other program service reve						
┶	g	Total. Add lines 2a-2f		>	93,282.			
		Investment income (including			688			<i>с</i> 1
		other similar amounts)			677.			67
		Income from investment of tax	-	•				
	5	Royalties			a de la calencia de l	and the second second second	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	anan tarawa a
			(i) Real	(ii) Personal				
		Gross Rents				변경을 알 중지 않는		
		Less: rental expenses						
		Rental income or (loss)						
د.		Net rental income or (loss)					reed a state of the sec	요즘 동안 도망가 있다.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	-					
	b	Less: cost or other basis						
		and sales expenses			Sarber de la su Referencións			
		Gain or (loss)						
		Net gain or (loss)		····· 🕨	na se al a giorda de la seconda			સંદર્ભયનાં પૂર્વ પ્રદેશનાં
	8 a	Gross income from fundraising including \$ 454,3						
		contributions reported on line						
		Part IV, line 18		a 16,200.				
	h	Less: direct expenses		ь 85,598.				
		Net income or (loss) from func		·	<69,398.	▶	ana ang kanalang kang pang pang pang pang pang pang pang p	<69,39
		Gross income from gaming ac						
	Ju	Part IV, line 19		a				
	h	Less: direct expenses		b				
		Net income or (loss) from gam			a data da anti da canta da cana della dalla dana dena da anti ante e concer e cante d	 The base of provide the second se	an e na an an an an an Anna an Anna Anna	in all did to inform the interview
		Gross sales of inventory, less						
		and allowances		a	ha an tra			
	b	Less: cost of goods sold		ь				
		Net income or (loss) from sale	s of inventorv					
Γ		Miscellaneous Revenu	Ie	Business Code				
Γ	11 a		ENUE	541800	97,433.		97,433.	
		OTHER		900099	5,256.			5,25
	с	HONORARIUM		900099	5,000.	5,000.		
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	107,689.			
		Total revenue. See instructions.			9,490,903.	98,282.	97,433.	<63,46

Form 990 (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 10 Part IX Statement of Functional Expenses

Do	All other organizations must com not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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.				
4	See Part IV, lines 15 and 16 Benefits paid to or for members			ana averative configuration of the second	
5	Compensation of current officers, directors,			ana ang generation and an	<u>ne ne dise contrasta e massa de la Bon del esta de la dela del acestro</u>
3	trustees, and key employees	276,159.	182,353.	88,298.	5,508.
6	Compensation not included above, to disqualified			·	
Ū	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. 4,455.
9	Other employee benefits	281,609.	248,466.	28,688.	4,455.
10	Payroll taxes	258,471.	224,503.	27,621.	6,347.
11	Fees for services (non-employees):				
а	Management				
b	Legal	36,608.	12,677.	23,931.	
С	Accounting	.36,157.		36,157.	
d	, , , , , , , , , , , , , , , , , , , ,	00.000	· · · · · · · · · · · · · · · · · · ·	The second beauty of a second second second second	00 000
е	Professional fundraising services. See Part IV, line 17	92,699.			92,699.
f	Investment management fees	170 160	165 605	12,544.	
g		178,169. 650,913.	165,625. 650,807.	106.	
12	Advertising and promotion	97,275.	29,190.	67,574.	511.
13	Office expenses	51,415.	25,150.	07,574.	
14	Information technology				
15	Royalties	710,500.		710,500.	
16 17	Occupancy Travel	78,549.	72,769.	297.	5,483.
18	Payments of travel or entertainment expenses		,		·
10	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.	I	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.)			10 000	ng ang tang tang tang tang tang tang tan
а		13,078.		13,078.	1 6/7
b		369,947.	179,965.	188,435.	<u>1,547</u> 202,905.
c	ODINITON ANALVOIC DOLL	202,905. 115,000.	0. 115,000.	0.	202,903.
c				· · · · · · · · · · · · · · · · · · ·	
e		32,374. 28,831.		<889,081.	> 32,726
f	All other expenses	7,999,512.		644,202.	438,350
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► if following SOP	1,333,314.	0,910,900.	011,202.	430,330
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		1		

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Form 990 (2010)

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	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					
	-	employees, and highest compensated employee					
		of Schedule L			un tea dikatar 18 merekatan sebakan sakur kara kara kate buruh di kanakan terakater berakan s	5	t na an de transis a de cananza an antina a servicia esté tra Chardon China annéa de la transis e de la devende
	6	Receivables from other disgualified persons (as					
	•	4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instru		l Agent d'Allait, de Statemen e baingle ainteachteann a bhann anns a' air an 1927 bha ann anns a	6	n fan gefan út fan de fan fer fan de fan de ferste fan de ferste skrivere ferste ferste ferste de ferste ferste	
ets	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	10a	148,295.			
	b	Less: accumulated depreciation			7,872.	10c	5,836.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		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 equa	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			
es	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
1911	22	Payables to current and former officers, director					
Liabilities		highest compensated employees, and disqualifi	ed pei	sons. Complete Part II			
		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated				24	
•	25	Other liabilities. Complete Part X of Schedule D			25	100 205	
	26	Total liabilities. Add lines 17 through 25			117,958.	26	189,285.
		Organizations that follow SFAS 117, check he	ere 🕨	A and complete			
ances		lines 27 through 29, and lines 33 and 34.			2,106,211.		2,718,071.
and	27	Unrestricted net assets		•••••	1,746,180.	27	2,775,711.
Bal	28			1,740,100.		2,775,711.	
pu	29	Permanently restricted net assets	n hervelen er en er efter store er e	29	an an the the state of the state		
Ľ.		Organizations that do not follow SFAS 117, c			19 - 목소리 (19 - 19 - 19) 19 - 목소리 (19 - 19)		
S O		complete lines 30 through 34.	 Martine and Constraints and Const	30			
set	30	Capital stock or trust principal, or current funds		31			
Net Assets or Fund Bal	31	Paid-in or capital surplus, or land, building, or ec		32			
Net	32	Retained earnings, endowment, accumulated in			3,852,391.		5,493,782.
	33	Total net assets or fund balances			3,970,349.		5,683,067.
	34	Total liabilities and net assets/fund balances				1 04	Form 990 (2010)
							10111000 (2010)

Form 990 (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND

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Part X Balance Sheet

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(B) End of year

(A) Beginning of year

Forn	n 990 (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND 30	-01927	80	Pag	_{je} 12
Pa	Int XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)1				03.
2	Total expenses (must equal Part IX, column (A), line 25)				12.
3	Revenue less expenses. Subtract line 2 from line 1				91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				91.
5	Other changes in net assets or fund balances (explain in Schedule O)5				00.
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,	493	,7	82.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII			<u></u>	
	ليبتق ليبتع	-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				Non 2
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	645 200			
2a			2a	<u></u>	X
b	Were the organization's financial statements audited by an independent accountant?	L	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud				
	review, or compilation of its financial statements and selection of an independent accountant?	1997	<u>2c</u>	X	Forest cares and
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	25 P			
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	a 👔			
	separate basis, consolidated basis, or both:				- g TV
	X Separate basis Consolidated basis Both consolidated and separate basis	197 112			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A	· · ·			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		<u>3b</u>	00 //	0010

Form **990** (2010)

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	FODDIC DISCHOSOKE COFI	
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
Name of the organiza	tion	Employer identification number
	CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708
Organization type(che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\mathbf{X} 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

DIBLIC DISCLOSIDE CODY

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

X 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.

J 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.

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, 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 **P**art 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	1 of	5 of Part I
Name of organization	Employer identi	fication nu	ımber

30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND

- -- --

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributi
		\$ <u>250,000</u> .	Person X Payroll Noncash (Complete Part II if the is a noncash contributed in the isotropy of the isotropy o
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
2		\$\$	Person X Payroll Noncash (Complete Part II if the is a noncash contribution of the ison
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
3		\$218,000.	Person X Payroll Noncash (Complete Part II if the sa noncash contribution of the second sec
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
	·	\$ <u>1,365,000</u> .	Person X Payroll Noncash (Complete Part II if the sa noncash contribution of the second sec
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
<u> 5 </u>		\$25,000.	Person X Payroll Noncash (Complete Part II if t is a noncash contrib
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
6		\$ <u>5,415,677.</u>	Person X Payroll Noncash (Complete Part II if t is a noncash contrib

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	2 of	5 of Part 1
Name of organization	Employer identi	fication n	ımber

30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
8		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
9		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 10</u>		\$26,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
11		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
12		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
023452 12-2	³⁻¹⁰	-	990, 990-EZ, or 990-PF) (2010
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Schedule B (Form 990, 990-EZ, or 990-PF) (2010)	Page	3 of	5 of Part I
Name of organization	Employer identif	ication nu	ımber

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30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributio
<u>13</u>		\$20,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contributio
		\$125,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contributio
<u>15</u> 		\$286,500.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contributio
<u> 16 </u>		\$25,000.	Person X Payroll Noncash (Complete Part II if th is a noncash contribu
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contributi
<u> 17 </u>		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II if th is a noncash contribu
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contributi
		\$6,563.	Person X Payroll Noncash (Complete Part II if th

Schedule E	8 (Form	990,	990-EZ,	or 990-PF) (2010)
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Name of organization

Page 4 of 5 of Part I

Employer identification number

30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
<u>19</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contributed of the is noncash co
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
20	· · ·	\$100,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribution of the isotropy
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
<u>_21</u>	-	\$100,000.	Person X Payroll Noncash (Complete Part II if the sa noncash contribution of the second sec
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
		\$10,000.	Person X Payroll Noncash (Complete Part II if ti is a noncash contrib
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
23		\$10,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribution of the isotropy
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
24		\$101,000.	Person X Payroll Noncash (Complete Part II if ti is a noncash contrib

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributior
25		\$ <u>26,000.</u>	Person X Payroll Noncash (Complete Part II if ther is a noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributior
26		\$90,000.	Person X Payroll Noncash (Complete Part II if then is a noncash contributi
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributio
		\$7,500.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributio
28		\$5,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributic
<u>29</u>		\$650,000.	Person X Payroll Noncash (Complete Part II if the is a noncash contribut
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributio
30		\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II if the is a noncash contribut

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

Contributors (see instructions)

CENTER FOR AMERICAN PROGRESS ACTION FUND

Name of organization

Part I

5 of 5 of Part I Page Employer identification number

30-0192708

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Schedule B (Form 990, 990-EZ, or 990-PF) (2010)					Page	of	of Part II		
Name of organization						Employer identific	cation nun	nber	
CENTER	FOR	AMERICAN	PROGRESS	ACTION	FUND		30-0192	2708	

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
		\$	
23453 12-23-10	1	Schedule B (Form	990, 990-EZ, or 990-PF)

	OR AMERICAN PROGRESS	ACTION FUND	30-0192708
r F	Exclusively religious, charitable, etc., i nore than \$1,000 for the year. Complet Part III, enter the total of <i>exclusively</i> religi \$1,000 or less for the year. (Enter this in	te columns (a) through (e) and t ious, charitable, etc., contributio	tion 501(c)(7), (8), or (10) organizations aggregating the following line entry. For organizations completing ons of s.) ▶ \$
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
i) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No.			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of	
 	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
		and 7IP + 4	Relationship of transferor to transferee
	Transferee's name, address, a		

SCHEDULE C	Po	litical Campaign	and Lobbyir	na Activities	ì	OMB No. 1545-0047
(Form 990 or 990-EZ)		inizations Exempt From Incor	-	-		2010
Department of the Treasury Internal Revenue Service	Complete	if the organization is describ	ed below. ► Attach trate instructions.	to Form 990 or Form	990-EZ.	Open to Public Inspection
 Section 501(c)(3) org Section 501(c) (othe Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ Section 501(c)(4), (5) 	yanizations: Com r than section 50 ations: Complete wered "Yes," to yanizations that h yanizations that h wered "Yes," to	Form 990, Part IV, line 3, or Fo plete Parts I-A and B. Do not co 1(c)(3)) organizations: Complete	orm 990-EZ, Part V, lir complete Part I-C. e Parts I-A and C below corm 990-EZ, Part VI, li nder section 501(h)): C cion under section 501(v. Do not complete Pa ne 47 (Lobbying Act omplete Part II-A. Do h)): Complete Part II-F	ivities), ti not comp 3. Do not roxy Tax	h en blete Part II-B. complete Part II-A.
Name of organization	CENTER 1	FOR AMERICAN PRO	GRESS ACTIO	N FUND	• •	30-0192708
1 Provide a description	on of the organiz	anization is exempt unc	cal campaign activities	in Part IV.	.►\$_	
3 Volunteer hours					····	
		anization is exempt und				
 2 Enter the amount o 3 If the organization i 4a Was a correction m 	f any excise tax i ncurred a section nade?	ncurred by the organization un ncurred by organization manag n 4955 tax, did it file Form 4720	ers under section 4955 for this year?	5	▶ \$	Yes No
b if "Yes," describe in Part I-C Compl	ete if the org	anization is exempt und	ler section 501(c)	, except section	501(c)	(3).
 Enter the amount of Enter the amount of exempt function ac Total exempt funct line 17b Did the filing organ Enter the names, a made payments. Fr contributions receir political action com 	irectly expended f the filing organi- tivities ion expenditures ization file Form ddresses and en or each organizatived that were pro- printtee (PAC). If a	by the filing organization for se zation's funds contributed to of Add lines 1 and 2. Enter here a 1120-POL for this year? poloyer identification number (E tion listed, enter the amount pa pomptly and directly delivered to additional space is needed, pro	ection 527 exempt func- ther organizations for s and on Form 1120-POL IN) of all section 527 po- id from the filing organi a separate political org vide information in Part	tion activities ection 527 plitical organizations t zation's funds. Also e ganization, such as a IV.	▶ \$ ▶ \$ o which t inter the a separate	679,375. 679,375. X Yes No the filing organization amount of political segregated fund or a
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's C	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
For Paperwork Reduc	tion Act Notice,	see the Instructions for Form	990 or 990-EZ.	Sche	dule C (F	orm 990 or 990-EZ) 2010

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21 2010.04050 CENTER FOR AMERICAN PROGRES CAPAF_1

Schedule C (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768

	ction 501(h)).				
A Check 🕨 🛄 if the filing organization	ation belongs to an affi	liated group.			
B Check if the filing organization of the f	ation checked box A a	nd "limited control" pro	visions apply.		
	its on Lobbying Expe nditures" means amou)	(a) Filing organization's to t als	(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	lines 1a and 1b)				
d Other exempt purpose expenditu	********************************				·
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent		e following table in bot	h columns.		
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			anna de Maria
g Grassroots nontaxable amount (e				· · · · · · · · · · · · · · · · · · ·	
h Subtract line 1g from line 1a. If ze					
i Subtract line 1f from line 1c. If zer					
j if there is an amount other than ze				Г	Yes No
reporting section 4911 tax for this	s year?			L	
	A Veen Au				· · · · · · · · · · · · · · · · · · ·
(Some organi		eraging Period Under	Section 501(h)		
	4-Year Ave zations that made a s olumns below. See th	eraging Period Under ection 501(h) election	Section 501(h) n do not have to com	plete all of the five	
	zations that made a s olumns below. See th	eraging Period Under ection 501(h) election	Section 501(h) n do not have to com es 2a through 2f on pa	plete all of the five	
	zations that made a s olumns below. See th	eraging Period Under ection 501(h) election e instructions for line	Section 501(h) n do not have to com es 2a through 2f on pa	plete all of the five	(e) ⊺otal
Calendar year	zations that made a s olumns below. See th Lobbying Expe	eraging Period Under section 501(h) election e instructions for line nditures During 4-Yea	Section 501(h) n do not have to com es 2a through 2f on pa ar Averaging Period	blete all of the five age 4.)	(e) Total
Calendar year (or fiscal year beginning in)	zations that made a s olumns below. See th Lobbying Expe	eraging Period Under section 501(h) election e instructions for line nditures During 4-Yea	Section 501(h) n do not have to com es 2a through 2f on pa ar Averaging Period	blete all of the five age 4.)	(e) ⊺otal
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	zations that made a s olumns below. See th Lobbying Expe	eraging Period Under section 501(h) election e instructions for line nditures During 4-Yea	Section 501(h) n do not have to com es 2a through 2f on pa ar Averaging Period	blete all of the five age 4.)	(e) ⊺otal
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	zations that made a s olumns below. See th Lobbying Expe	eraging Period Under section 501(h) election e instructions for line nditures During 4-Yea	Section 501(h) n do not have to com es 2a through 2f on pa ar Averaging Period	blete all of the five age 4.)	(e) ⊺otal
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	zations that made a s olumns below. See th Lobbying Expe	eraging Period Under section 501(h) election e instructions for line nditures During 4-Yea	Section 501(h) n do not have to com es 2a through 2f on pa ar Averaging Period	blete all of the five age 4.)	(e) Total
Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	zations that made a s olumns below. See th Lobbying Expe	eraging Period Under section 501(h) election e instructions for line nditures During 4-Yea	Section 501(h) n do not have to com es 2a through 2f on pa ar Averaging Period	blete all of the five age 4.)	(e) ⊺otal

Schedule C (Form 990 or 990-EZ) 2010

032042 02-02-11

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)).

		(;	a)	(Ľ)
		Yes	No	Amo	ount
	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?				
ĥ	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities? If "Yes," describe in Part IV				
J	Total. Add lines 1c through 1i		Materian John		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			finitaria terrinde	
	If "Yes," enter the amount of any tax incurred under section 4912				
	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? t III-A Complete if the organization is exempt under section 501(c)(4), secti	<u> </u> on 501(c)	(5), or set	ection	na pot 20 og de jegen de
rai	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	50 ((5)(5).			Yes	No
	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?				
23	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
	t III-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)(5), or se	ection	· · ·
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa	rt III-A. I	ine 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 politi				
-	expenses for which the section 527(f) tax was paid).				
я	Current year		2 a		
	Carryover from last year		1		
c					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		2,48		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			ļ	
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II-B	, line 1i. Als	o, complete	this part
	ny additional information.				
PAI	RT I-A, LINE 1:			_	
CAI	P ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OFF	FICE,	NOR DC	ES IT	
EX]	PLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF PAN	RTICUL	AR		
CAI	NDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR,	CAP A	CTION	
MAI	DE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRIT	ICIZIN	G PARI	ICULA	R
PU	BLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES.		E POLI		
		Sched	ule C (Form	n 990 or 99	0-EZ) 2010
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Schedule C (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND0-0192708 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

032044 02-02-11

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SCHEDULE D

(Form 990)

Department of the Treasury

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 000 San congrate instructions



Interna	Revenue Service Attach to Form	i 990. See separate instructions.	паресной
Nam	e of the organization	N DROCREGG AGETON EIND	Employer identification number
Da		N PROGRESS ACTION FUND	
Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Iin		r Accounts. Complete if the
. <u></u> .	organization answered res to Form 390, Farthy, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year		
2	Total number at end of year Aggregate contributions to (during year)		an i i ann air a
3	Aggregate contributions to (during year)	· · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year	· · · · · · · · · · · · · · · · · · ·	<u></u>
5	Did the organization inform all donors and donor advisors in		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		-
	impermissible private benefit?		YesNo
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	rically important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		5 × 8 - 1 3
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic sta		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per-		Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
-	include, if applicable, the text of the footnote to the organization		
	conservation easements.		5
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er 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 (A	SC 958), not to report in its revenue stateme	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement a	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		jain, provide
	the following amounts required to be reported under SFAS	· · ·	
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
ELIA	For Department Deduction Act Matter and the last	tor Form 000	
03205	For Paperwork Reduction Act Notice, see the Instruction	15 IOF FORM 990.	Schedule D (Form 990) 2010
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection item (check all that apply): a Public exhibition b Scholarly research	
(check all that apply): a Public exhibition b Scholarly research c Other	
a Public exhibition d Loan or exchange programs b Scholarly research e Other	
b Scholarly research e Other] <u>No</u>
] <u>No</u>
c L Preservation for future generations] <u>No</u>
-] <u>No</u>
······································] <u>No</u>
reported an amount on Form 990, Part X, line 21.	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included	1
on Form 990, Part X?	No
b If "Yes," explain the arrangement in Part XIV and complete the following table:	<u> </u>
Amount	<u></u>
c Beginning balance	
d Additions during the year1d	<u> </u>
e Distributions during the year	
f Ending balance	,
2a Did the organization include an amount on Form 990, Part X, line 21?	No
b If "Yes," explain the arrangement in Part XIV.	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	back
1a Beginning of year balance	
b Contributions	사망하였다. 1943년에
c Net investment earnings, gains, and losses	
d Grants or scholarships	
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the year end balance held as:	
a Board designated or quasi-endowment %	
b Permanent endowment > %	
c Term endowment > %	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization	
by:	No
	110
(ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b	
Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.	
Description of investment (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value (d)	5
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment 3,990. 3,990.	$\frac{0}{26}$
e Other	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010 CENTER FOR Part VII Investments - Other Securities. s	AMERICAN PRC		ON FUND 30	-0192708 Page 3
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)			····	
(G)			<u> </u>	
(H)				
(1)		transport on an intervention of the second second		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. s	 See Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of valua Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(6) (6)				
(7)				
(8)				
(9)				
(10)				-
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	e 15.) Description			(b) Book value
(1) DUE FROM AFFILIATE			·	670,889.
(1) DOE FROM AFFILIATE (2)		i		
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)				
(8)				
(9)	·····			
(10)	20.15			670,889.
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X	line 25.			0/0,009.
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)			🗌 geene wie Brie	
(3)				
(4)				
(5)				
(6)	·			
(7)				
(8)				
<u>(9)</u> (10)	·····			
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) lir	ne 25.)			
FIN 48 (ASC 740) FOOTNOTE. IN Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	to the organization's financial stat	ements that reports the or	ganization's liability for uncerta	in tax positions under
032053 12-20-10			Sch	edule D (Form 990) 2010

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_	edule D (Form 990) 2010 CENTER FOR AMERICAN PROGRE	SS A	CTION	FUND	30-	0192708	Page 4
	to the second se	Audi	ted Finar	icial St	atemer	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		9,490	,903.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		7,999,	.512.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		••••••	3		1,491	
4	Net unrealized gains (losses) on investments	••••••	••••••	4			
5	Donated services and use of facilities	•••••	•••••	5			
6		•••••	•••••				
7	Investment expenses	•••••		6		1 - 0	
8	Prior period adjustments	•••••		7			,000.
9	Other (Describe in Part XIV.)	••••••		8		4 = 2	
	Total adjustments (net). Add lines 4 through 8	•••••		9			,000.
10 Do	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10		1,641,	<u>,391.</u>
1	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	nue pe	r Retur		F01
2	Total revenue, gains, and other support per audited financial statements	••••••	••••••	•••••	1	9,576,	,501.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				사진한 명종 고도 사람들		
	Net unrealized gains on investments	<u>2a</u>					
b	Donated services and use of facilities	2b					
С		2c					
d	Other (Describe in Part XIV.)	2d	8	5,59	8.		
е	Add lines 2a through 2d				2e	85,	598.
З	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:		••••••	•••••		- / /	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)						
							0
5	Total revenue Add lines 2 and 4p. (This must actual Form 000, Bart I, line 10)					0 400	0.
_	t XIII Reconciliation of Expenses per Audited Financial Stateme	nto M	lith Expo	DOOD D	<u>. 5</u>	9,490,	903.
1							110
2	Total expenses and losses per audited financial statements	•••••	••••••	•••••	. 1	8,085,	TT0.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
a	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses	2c					
d	Other (Describe in Part XIV.)	2d		5,598			
е	Add lines 2a through 2d				2 e	85,	598.
З	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:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
		<u> </u>					Ο.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • • • • • • • • • • •	••••••	•••••	4C 5	7,999,	
Par	t XIV Supplemental Information	• • • • • • • • • • • • • • • •		<u></u>	5	, , , , , , , , , , , , , , , , , , , ,	J12.
		11					
X line	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	ines i	a and 4; Pa	rt IV, line:	s 1b and 2	2b; Part V, line 4	1; Part
PAF	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple T X, LINE 2: IN ACCORDANCE WITH ASC TOPIC	ete this	part to prov	vide any	additional	information.	
	I M, BINE Z. IN ACCORDANCE WITH ABC TOFIC	/40	, INCO.		ALS,	THE	
۵Cu	TON FIND HAS EVALUATED THE INCOME TAX DOGT		10 000				
<u>AC1</u>	ION FUND HAS EVALUATED ITS INCOME TAX POSI	TIOI	NS FOR	THE	YEAR,	S ENDED	
ጉምር							
	EMBER 31, 2010 AND 2009, AND DETERMINED TH	A'I' '.	PHERE	WERE	NO MA	ATERIAL	
TTNT/						_	
UNC	ERTAIN TAX POSITIONS AND, ACCORDINGLY, THE	AC.	FION F	UND F	IAS NO	<u>)</u> T	
সমূহ	CANTZED ANY ITABILING BOD INDEGOONTEED	<u></u>					
	OGNIZED ANY LIABILITY FOR UNRECOGNIZED INC	OME	TAX.				
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:						

SPECIAL EVENTS EXPENSES

032054 12-20-10 85,598.

Schedule D (Form 990) 2010

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Schedule D (Form 990) 2010 CE Part XIV Supplemental Informat	INTER FOR AMERICA		ACTION FO.	ND30-0192706 Page
PART XIII, LINE 2D - C	OTHER ADJUSTMENTS	5:		
SPECIAL EVENTS EXPENSE	IS			85,598
				·····
<u></u>				
· · · · · · · · · · · · · · · · · · ·				
<u></u>	······			
			·····	
		۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		<u></u>
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			4.200.	
032055 12-20-10		29		Schedule D (Form 990) 2
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

b

С

Name of the organization

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.

Open To Public	ę
Inspection	3

Employer identification number

30-0192708

X Yes

OMB No. 1545-0047

2010

CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I 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.

1	Indica	te whether the org
	a X	Mail solicitations

X Phone solicitations

ganization raised funds through any of the following activities. Check all that apply. e \boxed{X} Solicitation of non-government grants

X Internet and email solicitations

olicitations f

f Solicitation of government grants g X Special fundraising events

d 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?

No 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	Did raiser ustody trol of utions?	(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
BONNER GROUP - 729 15TH		Yes	No			
STREET, NW, #3, WASHINGTON,			x	476,000.	92,699.	383,301.
	· ·					
					<u> </u>	
						n me e Télékik varant
	· · · · · · · · · · · · · · · · · · ·			. <u>.</u>		
Total			•	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 or licensing.

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

PAF 1

032081 01-13-11

30 2010.04050 CENTER FOR AMERICAN PRO Schedule G (Form 990 or 990 EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND0-0192708 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 gross income on Form 990-EZ. lines 1 and 6b. List events with gross receipts greater than \$5,000.

	-	of fundraising event contributions and gr				pis greater than \$5,000.
			(a) Event #1 ANNUAL DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	470,500.			470,500.
	2	Less: Charitable contributions	454,300.			454,300.
	3	Gross income (line 1 minus line 2)	16,200.			16,200.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	8,800.		·	8,800.
Direct E	7	Food and beverages				
	8	Entertainment				77.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			`	(85,598)
	11	Net income summary. Combine line 3, colum				<69,398.>
Pa	irt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	· · · · · · · · · · · · · · · · · · ·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
SS	2	Cash prizes			······································	
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			· · · · · · · · · · · · · · · · · · ·	
	5	Other direct expenses			,	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	

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? Yes b If "No," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Combine line 1, column d, and line 7

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes L **b** If "Yes," explain:

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

No

No

1

PAF

Schedule G (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUNDO-	0192708_Page 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
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	
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	<u> </u>
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 \blacktriangleright \$	
c If "Yes," enter name and address of the third party:	
Name 🕨	
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
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
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 (i	
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: BONNER GROUP	
(I) ADDRESS OF FUNDRAISER:	
729 15TH STREET, NW, #3, WASHINGTON, DC 20005-2105	
	······
032083 01-13-11 Schedule G (For	rm 990 or 990-EZ) 20
	A

SCHEDULE I (Form 990)	Comp	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Other Assistance , and Individuals i n answered "Yes"	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States e organization answered "Yes" to Form 990. Part IV	s N, line 21 or 22.		OMB No. 1545-0047 2010 Open to Public
Department of the Treasury Internal Revenue Service			► Attach to Form 990.	n 990.			
ĽL	R AMERICAN	PROGRESS	ACTION FUND	Ŗ			Employer identification number 30-0192708
Part level General Information on Grants and Assistance	nd Assistance	amount of the grants	or assistance, the	arantees' eliaibilitv	for the grants or assis	stance. and the select	ion
	stance?						Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	coring the use of grant t	unds in the United	l 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	Governments and	d Organizations in the	United States. Co	omplete if the organ	nization answered "Ye	es" to Form 990, Part	N, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARKANSAS ADVOCATES FOR CHILDREN 1400 W MARKHAM, SUITE 306 11000 V AARKHAM, SUITE 306	71-0492205	501 (C) (3)	30 000	0			SUPPORT PROGRAMS TO POVERTY
1 17							
1825 K STREET, NW, SUITE 400 WASHINGTON DC 20006	52-1861766	501(C)(4)	5,000.	.0			SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.
R FOR AMERICA							алаатадар нарадия
LIJJ H STREET NW, LUTH FLOOR WASHINGTON, DC 20005	30-0126510	501(C)(3)	500,000.	0.			EDUCATIONAL ACTIVITIES
COALITION ON HUMAN NEEDS 1120 CONNRCTICUT AVE, NW SUITE 312 WASHINGTON DC 20036	26-4680984	501(C)(3)	. 15,000.	0			SUPPORT PROGRAMS TO POVERTY.
LEADERSHIP CONFERENCE ON CIVIL RIGHTS EDUCATION FUND - 1629 K STREET NW #1000 - WASHINGTON DC							SUPPORT PROGRAMS TO
	52-0789800	501(C)(4)	15,000.	.0			POVERTY.
NETROOTS NATION 60 29TH STREET #664 SAN FRANCISCO, CA 94110	20-4465717	501(C)(4)	15,000.	0			SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES.
 Enter total number of section 501(c)(3) and government organizations Enter total number of other completions 	ind government o	ganizations					
1	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010)

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032101 01-13-11

Schedule I (Form 990) (2010) CENTER FOR AMER	AMERICAN PRO	PROGRESS ACTI	ACTION FUND		30-0192708 Page 2
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.	i ited S tates. Com	plete if the organiza	ation answered "Yes"	to Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the		n required in Part I,	line 2, and any other	Information required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: CENTER	FOR	AMERICAN PROG	PROGRESS ACTION	N FUND	
REQUIRES ANY GRANTEE ORGANIZATION	TO REPRE	REPRESENT, WARR	WARRANT AND AGREE: THAT	КЕЕ: ТНАТ ІТ	
WILL USE GRANT FUNDS SOLELY FOR PU	PURPOSES C	ONSISTENT	CONSISTENT WITH CAPAF'S	' S ТАХ-ЕХЕМРТ	
STATUS UNDER SECTION 501(C)(4) OF	THE INTE	INTERNAL REVENUE	CODE;	THAT NO	
PORTION OF GRANT FUNDS WILL BE USED	A	LY OR INDI	RECTLY TO I	IRECTLY OR INDIRECTLY TO EXPRESSLY OR	
IMPLICITLY SUPPORT OR OPPOSE ANY C	CANDIDATE	SEEKING	ELECTION TO	PUBLIC	
OFFICE OR PROVIDE A BENEFIT TO ANY	POLITICAL		PARTY OR CANDIDATE;	з; ТНАТ ІТ	
WILL ALLOW CAPAF STAFF OR REPRESENTAT	IVES	TO CONDUCT	EVALUATIONS	NS AND AUDITS	
OF THE USE OF GRANT FUNDS, WHICH M	MAY INVOLVE	VISITS	TO OBSERVE,	, REVIEW AND	
032102 01-13-11		34			Scheren Prysoo) (2010)

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 Schedule (Form 990) 2010
 CENTER FOR AMERICAN PROGRESS ACTION FUNB0-0192708 Page 2

 Part IV
 Supplemental Information

 DISCUSS ITS OPERATIONS, FINANCIAL RECORDS, AND OTHER MATERIALS CONNECTED

 WITH THE GRANTEE; AND THAT IT WILL SEND CAPAF FINAL FINANCIAL AND NARRATIVE

 REPORTS BY A DATE SPECIFIED IN THE ORIGINAL AWARD LETTER. CAPAF 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.

Schedule I (Form 990) 2010

032291 05-01-10

09241129 786783 CAPAF

SCHEDULE J	Compensat	tion Information	I	OMB No.	1545-00	47
(Form 990)				00	40	<u> </u>
(FUIII 990)		Trustees, Key Employees, and Highest sated Employees		ZU	IU)
Department of the Treasury	Par	ion answered "Yes" to Form 990, t IV, line 23.		Open to	Publection	ic
Internal Revenue Service		See separate instructions.	Employer ide		-	mbor
Name of the organizatio		PROGRESS ACTION FUND	30-01			mber
Part I Question	IS Regarding Compensation	PROGRESS ACTION FOND		9270	0	<u> </u>
Part Question	is Regarding Compensation				Vee	
	iate box(es) if the organization provided any of t		990,		Yes	No
Part VII, Section A	line 1a. Complete Part III to provide any relevan					
First-class or	charter travel	Housing allowance or residence for person				i trus
Travel for con		Payments for business use of personal re				
	cation and gross-up payments	Health or social club dues or initiation fee				
Discretionary	spending account	Personal services (e.g., maid, chauffeur, e	chef)			
	on line 1a are checked, did the organization foll			nderfor van de A		
	provision of all of the expenses described above			. <u>1b</u>		<u> </u>
•	n require substantiation prior to reimbursing or a					
trustees, and the C	CEO/Executive Director, regarding the items che	cked in line 1a?		. 2	a national d	
3 Indicate which, if a	ny, of the following the organization uses to esta	ablish the compensation of the organization	S			
	ector. Check all that apply.	-				
Compensatio		Written employment contract				
	compensation consultant	Compensation survey or study				
Form 990 of c	other organizations	Approval by the board or compensation	committee			
4 During the year, di	d any person listed in Form 990, Part VII, Sectio	n A, line 1a, with respect to the filing				
•	elated organization:			namium ukutur		v
	ce payment or change-of-control payment from					XX
	ceive payment from, a supplemental nonqualifie				ļ	X
	ceive payment from, an equity-based compens			. <u>4c</u>		- A
If "Yes" to any of li	nes 4a-c, list the persons and provide the applic	able amounts for each item in Part III.				
	c)(3) and 501(c)(4) organizations must comple					
5 For persons listed	in Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensation	nc			
contingent on the					an a	V
						X X
	zation?		••••••	5b		
	or 5b, describe in Part III.					
	in Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any compensation	on			
contingent on the	•				in the second	X
						X
	zation?	· · · · · · · · · · · · · · · · · · ·	•••••••	. <u>6</u> b		
	or 6b, describe in Part III.					
	in Form 990, Part VII, Section A, line 1a, did the			_		x
	nes 5 and 6? If "Yes," describe in Part III			7		<u> </u>
	reported in Form 990, Part VII, paid or accrued				1	v
	eption described in Regulations section 53.4958		••••••	8		X
	lid the organization also follow the rebuttable pr					
	n 53.4958-6(c)?					
LHA For Paperwork F	Reduction Act Notice, see the Instructions for	Form 990.	Schedule	J (Forr	n 990)	2010

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032111 12-21-10

30-0192708	
FUND	and sheet
ACTION	lands and have
CAN PROGRESS	
FOR AMERICAN PROGRESS ACTION FUND 3	
FOR	
CENTER	
dule J (Form 990) 2010	
Schec	4

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

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 V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(0)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
- TARA MCGUINNESS	88	149,998. 0.	00	.00	7,500.	5,405.	162,903. 0.	.00
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2	(ii)							
	(i)							
3	(ii)							
	Ξ							
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	Ξ							
5	Ξ							
	Ξ							
6	(ii)							
	Ξ							
7	(II)							
	(i)							
8	(II)							
	Ξ							
6	Ξ							
	Ξ							
10	(III)							
	(i)							
11	Ξ							
	Ξ	-						
12	<u>(ii</u>							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
032112 12-21-10				37			Schedul	Schedule J (Form 990) 2010 COPY

Page 2

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Co	mplete to provide inf Form 990 or 990-E ► A		any additiona			2U1U Open to Public Inspection
Name of the organization		ER FOR AMER	ICAN PRO	GRESS AC	TION FUND		r identification number 192708
FORM 990, PA	RT III,	LINE 1, DES	CRIPTION	OF ORGA	NIZATION M	IISSION	I :
PROGRESSIVE	LEADERS	THROUGHOUT	THE COUN	TRY AND	THE WORLD.		
, <u>, , , , ,</u>							
FORM 990, PAI	RT III,	LINE 4D, OT	HER PROGI	RAM SERV	VICES:		
ONLINE COMMU	NICATION	S		·	· · · · · · · · · · · · · · · · · · ·		
EXPENSES \$ 5	21,587.	INCLUDING	GRANTS (DF \$ 0.	REVENUE	\$ 0.	
POLICY - ECO	NOMIC						
EXPENSES \$ 3	97,257.	INCLUDING	GRANTS (DF\$0.	REVENUE	\$ 0.	
							···
POLICY - DOM	ESTIC						·····
EXPENSES \$ 2	28,881.	INCLUDING	GRANTS (DF \$ 0.	REVENUE	\$ 0.	
EXECUTIVE OF							
EXPENSES \$ 1	70,213.	INCLUDING	GRANTS (DF \$ 0.	REVENUE	\$ 0.	
DEVELOPMENT							
EXPENSES \$ 9	5,440.	INCLUDING	GRANTS O	· \$ 0.	REVENUE \$	0.	
·	-						
ENOUGH PROJE	СТ						
EXPENSES \$ 5	0,770.	INCLUDING	GRANTS O	F\$0.	REVENUE \$. 0.	
CALIFORNIA O	FFICE						
EXPENSES \$ 3	4,363.	INCLUDING	GRANTS O	F\$0.	REVENUE \$. 0.	
CAMPUS PROGR		otice, see the Instruc	tions for Form 9	90 or 990-EZ.	Sche	dule O (Forr	n 990 or 990-EZ) (20
032211 01-24-11		-		38			

Schedule O (Form 990 or 990-EZ) (2010) F										
Name of the organization	CENTER	FOR	AMERICAN	PROGRESS	ACTION	FUND	Employer identification number 30-0192708			
	CHRIDIC	101	AMBILLCHI	TROGREDD	ACTION	FORD	50 0152700			

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 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) 39 09241129 786783 CAPAF 2010.04050 CENTER FOR AMERICAN PROGRES CAPAF 1

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization 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 GOVE	RNING (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.

Name of the organization	CENTER	FOR A	MERICAN	PROGRESS	ACTION	FUND	Employer iden 30-019	itification number
FORM 990, PART	VI, LI	INE 17	, LIST (OF STATES	RECEIV	NG COPY	OF FORM	990:
AL, AK, AZ, AR, CA,	,CT,FL,	GA,IL	,KS,KY,	ME, MD, MN, 1	MS,RI,NC	, NM, NY, 1	NC, ND, OH	, OK , OR , PA

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:

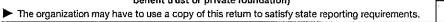
PRIOR PERIOD ADJUSTMENTS:		150,000.
032212 01-24-11	Schedule	D (Form 990 or 990-EZ) (2010)
	Δ1	CODV

lame of	the org	anization		TER	FOR	AMER	ICAN	PROG	RESS	ACT	ION		ַכ	Emplo 3	yer ident 0 – 0 1 9	tification 2708	Page numb
ORM	990	, BOX	в:	THE	E OR	GANIZ	ATION	I HAS	AME	NDED	THE	E FOI	RM 9	90 T(D COR	RECT	
ART	IX,	LINE	11E	OF	THE	CORE	FORM	I, SC	HEDUI	LE G	, PA	RT :	E, I	INE 2	2B AN	D	
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2212 -24-11					,								Sched	ule O (Fo	rm 990 c	or 990-EZ	(201

Return of Organization	Exempt From	Income Tax
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Form **990**

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





		of the Treasury	benefit trust or private foundatio	•	en autina va autoana ata	Open to Public		
		enue Service	The organization may have to use a copy of this return to sati		reporting requirements.	Inspection		
				nding	1			
B	Check if opplicate	la riousu	C Name of organization		D Employer identific	ation number		
<u> </u>	⊐Addri	use IRS ass label or						
	_]chang]Nemo	ge print or	CENTER FOR AMERICAN PROGRESS ACTION FUND			200		
	_]chang]Initial		Doing Business As		30-0192	708		
	return]Termi	1		Room/suite	E Telephone number			
<u> </u>	Jated Amer	Instruc-	1333 H STREET, NW 10TH FLOOR		(202)68			
	_tretuir Appli		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		G Gross receipts \$	8,998,678.		
	Jtiöö pend		,		H(a) Is this a group ref	personal per		
			ne and address of principal officer; JOHN PODESTA AS C ABOVE		for affiliates?			
1 7					H(b) Are all affiliates incl			
			$13: \times 501(c) (4) $ (insert no.) $4947(a)(1)$ or 527		1 '	ist. (see instructions)		
			n: x Corporation Trust Association Other	1 Voor	H(c) Group exemption of formation: 2002			
	artl	Summ		L rear	on ionination: 2002 M	State of legal domicile: DC		
-			scribe the organization's mission or most significant activities: SHAPE TE		WAL DOLLOW DEDAWE			
Activities & Governance	'		NSFORM IDEAS INTO POLICY.		WAD FOLICI DEBATE			
nar	2		s box if the organization discontinued its operations or dispose	 		£ -		
ver			f voting members of the governing body (Part VI, line 1a)			sets.		
g	4	Number o	f independent voting members of the governing body (Part V), line Tay			·5		
⊲ර ග	•					0		
itie	6	Total num	ber of employees (Part V, line 2a) ber of volunteers (estimate if necessary)		6			
€ţ		Total gros	s unrelated business revenue from Part VIII, column (C), line 12	•••••		138,428.		
حَ	b	Net unrels	ated business taxable income from Form 990-T, line 34	••••••	7a 7b	79,319,		
				1	Prior Year	Current Year		
-	8	Contributi	ons and grants (Part VIII, line 1h)		8,653,399,	8,839,425.		
nu			service revenue (Part VIII, line 2g)					
Revenue	10	Investmer	vestment income (Part VIII, column (A), lines 3, 4, and 7d) 14,396.					
æ	11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		187,470,	2,285.		
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,855,265,	8,966,943.		
			d similar amounts paid (Part IX, column (A), lines 1-3)		127,000.	212,000.		
			aid to or for members (Part IX, column (A), line 4)					
ŝ			other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,968,755.	4,465,569.		
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		121 750			
ê.	b	Total fund	raising expenses (Part IX, column (D), line 25)					
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u> ·	3,362,997.	2,789,243.		
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,580,502.	7,466,812.		
	19		ess expenses. Subtract line 18 from line 12		1,274,763.	1,500,131,		
sets or alances				1	ginning of Current Year	End of Year		
sets alan	20	Total asse	ts (Part X, line 16)		3,445,246.	3,970,349.		
Pund Ba	21	Total liabil	ities (Part X, line 26)		1,092,986.	117,958.		
25	22	Net assets	s or fund balances. Subtract line 21 from line 20		2,352,260.	3,852,391.		
Pa	irt II	Signat	ture Block		· · · · · · · · · · · · · · · · · · ·			
		Under penal and complet	ties of perlury, I declare that I have examined this return, including accompanying schedules and s ie. Declaration of preparer (other than officer) is based on all information of which preparer has any	statements, a	ind to the best of my knowledge	and belief, it is true, correct,		
				y knowledge.				
Sigr	ı				1			
Her	e	Sign	ature of officer		Date			
			RA TANDEN , TREASURER/COO					
		📕 Туре	or print name and title					
Paid		Preparer's		1 14	ck if Preparer	s identifying number uctions)		
	arer's	signature	Janho Ilsho		ployed 🕨 🔛	······		
Use		Firm's name yours if	DARSONALIEN LEP		EIN 🕨	<u> </u>		
		self-employe address, and						
		ZIP + 4	ARLINGTON, VA 22206		Phone no. 🕨 703	-998-5100		
May	the If	RS discuss	this return with the preparer shown above? (see instructions)		······································	X Yes No		
02200	1 00 0		A For Privacy Act and Panenuark Reduction Act Nation and the serve					

001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8	868 (Rev. 4-2009)		Page 2
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox	▶ 🛛
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	i Form	1 8868.
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Parl			· · · · · · · · · · · · · · · · · · ·
Туре	Name of Exempt Organization	Em	oloyer identification number
print	CENTER FOR AMERICAN PROGRESS ACTION FUND		<u>30-0192708</u>
File by the extended due date	Number, street, and room or suite no. If a P.O. box, see instructions.	For	IRS use only
filing the return. S instruction	Oity, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Check	type of return to be filed (File a separate application for each return):		······································
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A	E	orm 5227 Form 8870
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	F	orm 6069
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly fil	ed Form 8868.
	THE ORGANIZATION		
• The	books are in the care of 1333 H STREET, NW, 10TH FLOOR - WASHING	TON	I. DC 20005
Tele	ephone No. ► (212)682-1611 FAX No. ►		
• If th	e organization does not have an office or place of business in the United States, check this box		>
● If th	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	is is fo	r the whole group, check this
box 🕨	▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	memt	pers the extension is for.
	request an additional 3-month extension of time until NOVEMBER 15, 2010 .		
	or calendar year 2009, or other tax year beginning		,•
	f this tax year is for less than 12 months, check reason:		Change in accounting period
	State in detail why you need the extension		
	MORE TIME IS NEEDED TO COMPILE THE INFORMATION NECESSA	RY	TO PROVIDE
	A COMPLETE AND ACCURATE RETURN	-	
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
_	nonrefundable credits. See instructions.	8 a	\$
	this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated		
	ax payments made. Include any prior year overpayment allowed as a credit and any amount paid	·	
	previously with Form 8868.	8b	\$
	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
	vith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	<u>\$ N/A</u>
Lindor n	Signature and Verification	.	A the dealer and the state
it is true	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the , correct, and complete, and that I am authorized to prepare this form.	e dest o	if my knowledge and belief,
<u>Signatur</u>	E May for Title ► STAFF ACCOUNTANT	Date	►08/12/10
	/ <i>v</i>		Eorm 9969 (Pay 4-2000)

Date > 08/12/10 Form 8868 (Rev. 4-2009)

(Rev. A Departm	8868 April 2009) ent of the Treasury tevenue Service	Application for Extension of Time To File an Exempt Organization Return File a separate application for each return.		OMB No. 1545-1709
• If yo	u are filing for an Add	pmatic 3-Month Extension, complete only Part I and check this box itional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for ess you have already been granted an automatic 3-month extension on a previously file	orm).	
Part	Automatic	: 3-Month Extension of Time. Only submit original (no copies needed).		
A corp Part I d	•	Form 990-T and requesting an automatic 6-month extension - check this box and comp	lete	
	er corporations (includ ncome tax returns.	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an e	extensi	on of time
Electro noted I (not au you mu	onic Filing (e-file). Ge below (6 months for a tomatic) 3-month exte ust submit the fully co	enerally, you can electronically file Form 8868 if you want a 3-month automatic extension corporation required to file Form 990-T). However, you cannot file Form 8868 electronica insion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cons mpleted and signed page 2 (Part II) of Form 8868. For more details on the electronic filin <u>n e-file for Charities & Nonprofits.</u>	ally if (solidati	l) you want the additional ed Form 990-T. Instead,
Туре с	r Name of Exempt	Organization E	Emplo	yer identification number
print		OR AMERICAN PROGRESS ACTION FUND	30	-0192708
File by th due date filing you return. Se	for Number, street,	and room or suite no. If a P.O. box, see instructions. TREET, NW 10TH FLOOR		
instructio	^{ns.} City, town or pos	st office, state, and ZIP code. For a foreign address, see instructions. ON , DC 20005		
	Form 990 Form 990-BL Form 990-EZ Form 990-PF	filed(file a separate application for each return): Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A SARAH ROSEN WARTELL	7 9 0	
Tele If th If th	phone No. (21) e organization does n is is for a Group Retur	of ▶ 1333 H STREET, NW, 10TH FLOOR - WASHINGT 2)682-1611 FAX No. ▶ ot have an office or place of business in the United States, check this box n, enter the organization's four digit Group Exemption Number (GEN) . If this is of the group, check this box ▶	is for t	he whole group, check this
	request an automatic AUGUST 15 s for the organization's ► X calendar year ► tax year begin	s return for: 2009 or	ove. Tr	ne extension
2 li	this tax year is for les	s than 12 months, check reason:	□ cł	nange in accounting period
	this application is for onrefundable credits.	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions.	3a 3	\$
		Form 990-PF or 990-T, enter any refundable credits and estimated		• —
c E	alance Due. Subtrac	t line 3b from line 3a. Include your payment with this form, or, if required, on or, if required, by using EFTPS (Electronic Federal Tax Payment System).		\$ \$ N/A
(nake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88		· · · · · · · · · · · · · · · · · · ·

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

	1990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND		
Par	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		
	the prior Form 990 or 990-EZ?		Yes X
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services?	🗌 Yes 🗵
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest pro-	gram services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to re	· •	
	allocations to others, the total expenses, and revenue, if any, for each program service repo	nted.	
4a	(Code:) (Expenses \$ 4,767,893. including grants of \$	212,000.)(Revenue \$	
	TO IMPACT THE NATIONAL DEBATE AND TRANSFORM PROGRESSIVE IDEAS INTO		
	POLICY THROUGH RAPID RESPONSE COMMUNICATIONS, PUBLIC EDUCATION,		
	GRASSROOTS ORGANIZING AND ADVOCACY IN PARTNERSHIP WITH AMERICAN		
	CITIZENS, EXECUTIVE AND LEGISLATIVE BRANCH POLICYMAKERS AND PROGRESS	TAR.	
	LEADERS THROUGHOUT THE COUNTRY AND THE WORLD.		
46			
4b	(Code:) (Expenses \$ 1,847,931. including grants of \$) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
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	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	······································
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	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
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	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS,) (Revenue \$	
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
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	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
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	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
4c	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA.		
4c	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA. (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	TO PROMOTE A PROGRESSIVE AGENDA UTILIZING A MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA. Code: (Code:) (Expenses \$ including grants of \$) (Revenue Cother program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue)) (Revenue \$	
4c	TO PROMOTE À PROGRESSIVE ÀGENDA UTILIZING À MODERN COMMUNICATIONS PLATFORM THAT REACHES ONLINE AUDIENCES WITH WEB SITE PUBLICATIONS, EMAIL OUTREACH, AND NEW MEDIA. (Code:) (Expenses \$ including grants of \$ (Code:) (Expenses \$ including grants of \$ Code:) (Expense \$ including grants of \$ Code:) (Expense \$ including grants of \$ Code:) (Expense \$ including) (Revenue \$	Form 990 (2

1990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708		9	age
rtiv Checklist of Required Schedules		Vac	
Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)?	[res	No
	1		x
Is the organization required to complete Schedule B. Schedule of Contributors?		x	
	<u> </u>		-
	1 2	x	
Section 501(c)(3) organizations. Did the organization engage in Johnving activities? If "Yes," complete Schedule C. Part II			
		 	
	5		x
	–	[
	6	1	x
	<u> </u>	<u> </u>	
	7		x
Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u>⊢</u>		
			x
Did the groupization report an amount in Part X line 21; serve as a custodian for amounts not listed in Part Y; or provide	<u> </u>		
			x
	- 9 -		^
If "Yes " complete Schedule D. Part V			
Is the organization's answer to any of the following quantians "Voc"? If so, complete Schedule D. Date 1/1 ///1 ///1 ///	10		x
	11		
	1.1	et de	
			ана 14
			1.1
	1	4 - 14 - 14	
Did the organization's separate or consolidated financial statements for the texperimeter's complete Schedule D, Part X.			
the organization's separate of consolidated infancial statements for the tax year include a roothote that addresses			2
Did the organization obtain senarate independent sudited formation attainment (with a forward 0 for the formation of the f			. :
	1.		1.25
Was the organization included in consolidated independent audited for a site statements (authority or a second	12	x	
Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12	<u>x</u>	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		X	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?		X	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	13	X	x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	13	X	X
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	13 14a	X	x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12A x Did the organization maintain an office, employees, or agents outside of the United States? 100 </td <td>13 14a</td> <td>X</td> <td>x</td>	13 14a	X	x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12A x Did the organization maintain an office, employees, or agents outside of the United States? 1000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 1000 for grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 112A Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 112A Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 112A	13 14a 14b	X	x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12A x Did the organization maintain an office, employees, or agents outside of the United States? 12A x Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 12A x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 12A x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 12A 12A x 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 II 12A 12	13 14a 14b	X	x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 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 II 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 II 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	13 14a 14b 15	X	x x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12A x Did the organization maintain an office, employees, or agents outside of the United States? 12A x Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 12A x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 12A 12A x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 12A 12A <td>13 14a 14b 15</td> <td>X</td> <td>x x x x</td>	13 14a 14b 15	X	x x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12A x Did the organization maintain an office, employees, or agents outside of the United States? 12A x Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 12A x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 12A 12A x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 12A 12A <td>13 14a 14b 15 16</td> <td>X</td> <td>x x x x x</td>	13 14a 14b 15 16	X	x x x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 10 10 Did the organization maintain an office, employees, or agents outside of the United States? 10 10 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 10 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 11 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 II 11 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 11 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 11 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 11	13 14a 14b 15 16	x	x x x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12A x Did the organization maintain an office, employees, or agents outside of the United States? 1000000000000000000000000000000000000	13 14a 14b 15 16 17		x x x x x
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A x Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 10 10 Did the organization maintain an office, employees, or agents outside of the United States? 10 10 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 10 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 11 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 II 11 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 11 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 11 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 11	13 14a 14b 15 16 17		x x x x
	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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. B the organization subject to the section 603(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 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 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 negoliation services? If "Yes," complete Schedule D, Part IV Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities 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 IV. Did the organization report an amount for other assets 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 IX. Did the organization report an amount for other assets 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 IX. Did the organization report an amount for other assets in Part X, line 13 that i	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Yes If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization required to complete Schedule B, Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations, Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II 6 Did the organization maintian any domor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization maintian or domor advised funds or art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization maintian collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 Did the organization and many end repeate page the explicit speak or any of the following questions "Yes," complete Schedule D, Part IV 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 credic curseling, debt management, credit repaik, or deve ges? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for land, buildings, and equip

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	990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708		Ρ	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
L			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	x	
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	1	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	<u> </u>		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		[
	Schedule J	23		x
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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization ministrin an escrow account other than a refunding escrow at any time during the year to defease	240	<u> </u>	
U	any tax-exempt bonds?	040		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
		240		
200	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	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 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):			1
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? // "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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes,* complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquídate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If *Yes,* complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, 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?	33		
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			÷
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		x
	Note. All Form 990 filers are required to complete Schedule O.		x	
•		38		

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Form **990** (2009)

932004 02-04-10

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Part V Statements Regarding Othor IRS Filings and Tax Compliance 1a Inter the number reported in Box 3 of Form 1095, Annual summary and Transmittal of U.S. Information Returns. Enter -0 if not applicable 1a 33 1b Enter the number of Form W43 Included in line 1a. Enter -0 if not applicable 1a 33 2a Enter the number of Form W43 Instantiat of Wage and Tax Statements. 2a 1a 33 2a Enter the number of Form W43. Transmittal of Wage and Tax Statements. 2a 0 2b 3a Date enginization incompt with backup withholding uils for reportable payment tax veturns? 2b 2b 2b 3a Date enginization have unrelated builtings account by enginet to its veturns? 2b 3a X bit 11 **s, * the acter mass 2D, vour by for anginetation in Schedule 0 3a X 3b X bit 11 **s, * the time farm of the orgen routry (buch as a tak account, securities account), or other financial account? 3a X bit 11 **s, * the farm 60 **s did tak at alter transaction at any time during the tax year? 5a X X bit 11 **s, * the farm 60 **s did tak at alter transaction at any time during the accounts accounth accounth? 5a X <	Form	1990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-019270	3	۶	Page 5
1a Enter the number reported in Box 3 of Form 1056, Annual Summary and Transmitted of U.S. Information Returns: Enter 0 if not applicable 11 33 b Enter the number of Forms W2G included in line 1a. Enter 0 if not applicable 10 0 c Did the organization compty with backup With boding rules for reportable gammars to vendors and reportable gaming (ganding) witings to prate winners? 2a Enter the number of Forms W2G included in line 1a. Enter 0 if not applicable 2a 0 2a Enter the number of applicable winners? 2a 0 2a 2b If a test one's reported on Ifine 2a, did the organization file all required federal employment tax returns? 2b 3a 3b Did the organization have similation a SQL your myb the required to their strunt, cee instructions) 3a 3a 3c Did the organization have an interest in, or a signature or other subordy over, a francial account in a forelphot Tow this year? 4a x 5c Max the organization file or explorements for Form TD F 90.22.1, Report of Foreign Bank and Francial Accounts. 5a x 5c Bid structure tax deductable? 5a x 5a x 5c Did any taxable party notify the organization file form 8887. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Stateret Transaction? 5a	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
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	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
			Form	990 (20091

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CENTER FOR AMERICAN PROGRESS ACTION FUND

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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	a	7	1.	
b	Enter the number of voting members that are independent	b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other] . :		н
	officer, director, trustee, or key employee?	-	2		х
З	Did the organization delegate control over management duties customarily performed by or under the d	lirect supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3	1	x
4	Did the organization make any significant changes to its organizational documents since the prior Form		4	x	
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	1	х
7a	Does the organization have members, stockholders, or other persons who may elect one or more memb	pers of the			
	governing body?		7a	-	x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persor	1s?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken due	ring the year			
	by the following:				
a	The governing body?		8a	x	
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 reache	ed 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 Reve	nue 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 cha	apters, affiliates,		_	-
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	as the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			х	
11A	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			x	
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	s," 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	y independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			5	a trè s
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 O. (See instructions.)				
16 <u>a</u>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	it with a			
	taxable entity during the year?		16a		х
p	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organiz	ation's	1.54		6
	exempt status with respect to such arrangements?		16b	_	
	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, F.	L,GA,IL,KS,KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50)1(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, confl	ict of interest policy, a	nd fina	ncial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and m	ecords of the organiza	tion: 🕨	•	
	NEERA TANDEN - (212)682-1611				
	1333 H STREET, NW 10TH FLOOR, WASHINGTON, DC 20005				
			Form	990 (2	2009)

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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

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 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. L

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	1			C)	1 411	00.0	(D)	(E)	(F)
Name and Title	Average			Pos		,		Reportable	Reportable	Estimated
	hours	(c)				арр	oly)	compensation	compensation	amount of
	per week	Individual trustae or director	Institutional frustee	Ottesr		Highesi compensated employee	ļ.	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN PODESTA				<u> </u>	<u>†</u>					
DIRECTOR/PRESIDENT/CEO	9.00	x		x				59,840.	0.	5,612.
PETER EDELMAN			1	-			1		· · · · · · · · · · · · · · · · · · ·	
DIRECTOR	1,00	x						0.	0.	0.
JUDITH FEDER							1			
DIRECTOR	1.00	x						17,404.	0.	0.
BRODERICK JOHNSON		<u> </u>					†			······································
DIRECTOR	1.00	x						ο.	0.	0.
TOM PEREZ						-	1			
DIRECTOR	1.00	x		İ .	ŀ			0.	0.	0,
HILARY ROSEN							<u> </u>		· · · · ·	
DIRECTOR	1.00	x						0.	0.	0.
DANIEL ZINGALE			-				<u> </u>			
DIRECTOR	1.00	x						0.	ο.	0.
CHRISTIE HEFNER										
DIRECTOR	1.00	x						ο.	0.	0.
SARAH ROSEN WARTELL										
TREASURER/EXECUTIVE VP	1.00			х				8,330.	ο.	805.
DEBORAH FINE										
SECRETARY/GEN. COUNSEL	14.00			х				56,943.	ο.	5,174.
JENNIFER PALMIERI					-					
SVP FOR COMMUNICATIONS	23.00					х		111,978.	0.	12,793.
DAVID MADLAND										· · · · · ·
DIR AMERICAN WORKER PROJ	40.00					х		107,905.	ο.	16,057.
TARA MCGUINNESS									-	
DIRECTOR, PROGRESSIVE ME	40.00					х		130,757.	ο.	12,793.
FAIZ SHAKIR										· · · · · · · · · · · · · · · · · · ·
DIRECTOR OF RESEARCH	40.00					х		110,894.	ο.	11,497.
ILIA V RODRIGUEZ										
DIRECTOR GOVERNMENT AFFA	40.00					x		101,584.	0.	10,955.
				-						

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Form 990 (2009)

Form 990 (2009) CENTER FOR A									30~019270	8		Page 8
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	es, a	ndl	High	est	Compensated Employ	ees (continued)			
(A) Name and title	(B) Average hours	(cl		Pos	C) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amour	ted t of
	per week			other compensation from the organization and related organizations		sation the ation ated						
		-										
		-						:				
										-		
										Ť		
1b Total Total number of individuals (including but r pompoportion from the examplection	not limited to th	iose	liste	d al	bove	►) wh	0 r	705,635, eceived more than \$100).	7.	5,686.
compensation from the organization										r	Yes	
 3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a is the si 	such individual					,		-	· ·		30 ¹ 010 3	x
 For any individual listed on line 1a, is the si and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If *Yes,	* col	mple	ete S	Sche	edule	JI	or such individual		4	1	x
the organization? If "Yes," complete Sched Section B. Independent Contractors	iule J for such	pers	оп .					ed organization for serv			5	x
 Complete this table for your five highest co the organization. 	mpensated in	depe	nde	nt ç	ontr	acto	rs t	hat received more than	\$100,000 of compe	nsatio	on from	
(A) Name and business	address					•		(B) Description of s	ervices	Com	(C) pensati	on
CHRIS WAYNE & ASSOCIATES, 1111 19TH : NW, STE, 406 , WASHINGTON, DC 20036	STREET							EVENT PLANNING	·			2,584.
VAN NESS, FELDMAN, P.C., 1050 THOMAS JEFFERSON STREET, NW, WASHINGTON, D	3				-			WHITE PAPER	······································			000.
							_					
												<u> </u>
2 Total number of independent contractors (\$100,000 in compensation from the organi		ot lir	nited	d to		se lis 2	ted	above) who received m	ore than			
932008 02-04-10										Fo	m 990	(2009)

irt V	111	Statement of Revenu	le				1	
 					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 512 513, or 514
1	a	Federated campaigns	1a		신 사가 문제되었			
		Membership dues				[관리 전환권을		
		Fundraising events		160,060.		나는 것을 물을 얻을 것을 수 없다.		
	đ	Related organizations	1d					
		Government grants (contribution						
i -	ť	All other contributions, gifts, grants,	and					
		similar amounts not included above	1f	8,679,365.				
	g	Noncash contributions included in lines 1a	1-1f: \$					
	h.	Total. Add lines 1a-1f			8,839,425.			
				Business Code	an e sa se			
2	а							
	b			·····				
	Ċ							
	d							
	е							
1		All other program service revenue						
!	g	Total. Add lines 2a-2f						
3		Investment income (including di						
		other similar amounts)			2,285.			2,2
4		Income from investment of tax-e						·
5		Royalties				alerer e le la le la secto	· · · · · · · · · · · · · · · · · · ·	
			(i) Real	(ii) Personal				
		Gross Rents						
		Less: rental expenses						
		Rental income or (loss)			and a state of the second s	- 计分词标准 (22)	Albeito de Maria.	사람은 말을 다니 것
		Net rental income or (loss)			All and Andrew Market	a di se su der teat teat se suat.		antiga tito di Cara
1	а		(i) Securitie	es (ii) Other				물 아이는
		assets other than inventory						
	D	Less: cost or other basis						
	_	and sales expenses						
	с d	Gain or (loss)		<u> </u>	가는 사람들은 것이 있다.	말 아파 문가 문가 문	i na sina menua	1
		Gross income from fundraising e			e volumente de Maria de P			
0.		including \$ 160,0	•					
		contributions reported on line 10		1				
		Part IV, line 18	-,	a 18,540.				
	h	Less: direct expenses	••••••	b 31,735,				
		Net income or (loss) from fundra			~13,195.	an an an an Arthread an Arthread	- 15~ 가면한 것 않는	-13,1
		Gross income from gaming activ	÷ .				and a second second	т з,
		Part IV, line 19		a				
ł		Less: direct expenses			동 표준은 그네			
		Net income or (loss) from gamin			·····································	amu katin e		• * *
		Gross sales of inventory, less rei					1.1.1.2. m/s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		and allowances		a	[영향] 환경화			
Ł	b	Less: cost of goods sold		b				
		Net income or (loss) from sales of			e est esclar d'A	na sa na 1910 na sa	and the set of the set of	na tra atra di
		Miscellaneous Revenue		Business Code				n i ja se
11 a	3	WEBSITE ADVERTISING RE		541800	138,428.	1980 Francis A. S.	138,428,	1999 - 1988 - 198
Ł	c							
c		· · · · · · · · · · · · · · · · · · ·		_				
c	3	All other revenue						
e	9	Total. Add lines 11a-11d		►	138,428.			
12		Total revenue. See instructions			8,966,943.	0.	138 428	-10,91

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	212,000.	212,000.		
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				
4	Benefits paid to or for members		n		
5	Compensation of current officers, directors, trustees, and key employees	154,108.	91,488.	62,620.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8)				
7	Other salaries and wages	3,547,784.	3,146,881.	341,955.	58,948.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	217,401.	190,131.	23,573.	3,697.
9	Other employee benefits	281,785.	249,091.	28,582.	4,112.
10	Payroll taxes	264,491.	231,259.	28,726.	4,506.
11	Fees for services (non-employees):				
а	v				
b		137,186.	120,347.	16,839.	-
C	×	16,682,		16,682.	
d	· · · · · · · · · · · · · · · · · · ·	22,500.	22,500.		
e	•				
f	Investment management fees				
g		357,623.	288,264.	69,359.	
12	Advertising and promotion	16,190.	16,154.		5,
13	Office expenses	95,936.	83,674.	10,786.	1,476.
14	Information technology				
15	Royalties				
16	Оссиралсу	668,893,	584,850.	72,648.	11,395.
17	Travel	81,865.	81,748.	201.	-83.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	651,787.	651,787.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,496.	3,055.	-1,619.	бО.
23	Insurance	17,924.	15,672.	1,947.	305.
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	OTHER	345,380.	247,742.	94,798.	2,840.
b	OPERATIONAL OVERHEAD	160,982.	179,505.	-15,740.	-2,783.
С	WEB HOSTING FEES	73,962.	73,962.	0.	
d	FURNITURE & EQUIPMENT E	66,260.	57,969,	7,184.	1,107.
e	PROPERTY TAX	53,743.	46,912.	5,917.	914,
f	All other expenses	20,833.	20,833.		
25	Total functional expenses. Add lines 1 through 24f	7,466,812.	6,615,824.	764,489.	86,499.
26	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				

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Form 990 (2009)

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Part X Balance Sheet

				***********************************		-	
1	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employee	es. Co	mplete Part II		1	
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
ľ		4958(f)(1)) and persons described in section 495	58(c)(3	(B). Complete			
ľ		Part II of Schedule L				6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Å	9	Prepaid expenses and deferred charges	•••••••		2,739.	9	
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	18,233,			
	Ь	Less: accumulated depreciation				10c	7,872.
	11	Investments - publicly traded securities				111	1,072,
	12	Investments - other securities. See Part IV, line 1		12	<u> </u>		
	13	Investments - program-related. See Part IV, line	· ·		····-		· · · · · · · · · · · · · · · · · · ·
	14	Intennible assets	···			13	·
	15	Intangible assets	• • • • • • • • • • • •		6,750.	14	0,
	16	Total assets. Add lines 1 through 15 (must equa	3,445,246.	15	3,970,349,		
	17		1,092,986.				
	18	Accounts payable and accrued expenses			1,092,986.	17	117,958.
	19	Grants payable		••••••		18	
	19 20	Deferred revenue			19		
		Tax-exempt bond liabilities				_20	
Liabilities	21 22	Escrow or custodial account liability. Complete F				21	
Ĩ	22	Payables to current and former officers, director					
Lia		highest compensated employees, and disqualifie					
	~~	of Schedule L			·	22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	i third	parties		24	
		Other liabilities. Complete Part X of Schedule D	•••••			25	
	26	Total liabilities. Add lines 17 through 25	<u></u>	[1,092,986.	26	117,958.
		Organizations that follow SFAS 117, check he	re 🕨	and complete			
		lines 27 through 29, and lines 33 and 34.					신산지 않는 것 같아.
ces							
lances	27	Unrestricted net assets		·····	1,589,705.	27	2,106,211.
Balances	28	Unrestricted net assets				27 28	2,106,211. 1,746,180.
nd Balances	28 29	Unrestricted net assets	••••••		1,589,705.		
Fund Balances	28 29	Unrestricted net assets	••••••		1,589,705.	28	
s or Fund Balances	28 29	Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, ch complete lines 30 through 34.	ieck h	ere 🕨 🛄 and	1,589,705.	28	
sets or Fund Balances	28 29 30	Unrestricted net assets	ieck h	ere 🕨 🛄 and	1,589,705.	28	
Assets or Fund Balances	28 29 30 31	Unrestricted net assets	ieck h	ere and and ant fund	1,589,705.	28 29	
let Assets or Fund Balances	28 29 30 31 32	Unrestricted net assets	uipmer	ere and and tfund or other funds	1,589,705.	28 29 30	
Net Assets or Fund Balances	28 29 30 31 32 33	Unrestricted net assets	uipmer	ere and and t fund or other funds	1,589,705.	28 29 30 31	

CENTER FOR AMERICAN PROGRESS ACTION FUND

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

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(B) End of year

2,593,308,

1,023,048.

346,121.

(A) Beginning of year

2,148,129.

344,629.

931,596,

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Form 990 (2009)

932011 02-04-10

Form	990 (2009) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708		Pa	ge 12
Pa	t XI Financial Statements and Reporting			
			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 O.			: <u>.</u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
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¢	x	
	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			5. S.,
	consolidated basis, separate basis, or both:	100		
	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 Single Audit			
	Act and OMB Circular A-133?	3a		x
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.	Зb		

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(Form 990, 990-EZ,	Schedule of Contributors	OM8 No. 1545-0047
or 990-PF) Department of the Treasury	Attach to Form 990, 990-EZ, or 990-PF.	2009
Internal Revenue Service Name of the organizati	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) ποπexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) ποπexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule		
x For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (nplete Parts I and II.	in money or property) from any one
x For an organiza	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (nplete Parts I and II.	in money or property) from any one
For an organiza contributor. Con Special Rules For a section 50 509(a)(1) and 17	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (mplete Parts I and II. 01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the '0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	regulations under sections
For an organiza contributor. Con Special Rules For a section 50 509(a)(1) and 17 of the amount of For a section 50 aggregate contri	nplete Parts I and II. 11(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the '0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of	e regulations under sections the greater of (1) \$5,000 or (2) 2% pontributor, during the year,
 For an organiza contributor. Consider the section 50 (3)(1) and 17 of the amount of the amount of the amount of the prevention of the prevention of the prevention of the section 50 (aggregate contributions for the purpose. Do not for the purpose. Do not section for the purpose. Do not purpose. Do not section for the purpose. Section for the purpose for the purpose. Section for t	nplete Parts I and II. 11(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of n (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. P1(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 <i>exclusively</i> for religious, charitable, scientific, liter	e regulations under sections the greater of (1) \$5,000 or (2) 2% ontributor, during the year, ary, or educational purposes, or ontributor, during the year, it aggregate to more than \$1,000. <i>Isively</i> religious, charitable, etc., se it received nonexclusively

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Name of organization

Page 1 of 5 of Part I Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

30-0192708

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$10,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2		\$10,000,	Person x Payroll Noncash (Complete Part II if ther is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3		\$10,000,	Person x Payroli Noncash (Complete Part II if there is a noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$26,000,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$25,000,	Person x Payroll Noncash (Complete Part II if there is a noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6		\$801.690.	Person x Payroll Noncash

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Name of organization

Page 2 of 5 of Part 1

Employer identification number

30-0192708

CENTER FÓR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)
--------	---------------------------------

(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		\$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
9		\$ <u>36,000.</u>	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		\$5,599,615.	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		\$ <u>10,000,</u>	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
<u>12</u> 923452 02-01		\$ 84 , 000 , Schedule 8 (Form 9	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.) 90, 990-EZ, or 990-PF) (2009)
	15		

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Name of organization

Page 3 of 5 of Parti

Employer identification number

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CENTER FOR AMERICAN PROGRESS ACTION FUND Part I Contributors (see instructions)

iress, and ZIP + 4 (b) iress, and ZIP + 4	Aggregate contributions	Type of contribution Person x Payroll
	(c) Aggregate contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroli
	Aggregate contributions	Type of contribution Person x Payroli
	\$12,500.	Payroli
		Noncash (Complete Part II if there is a noncash contribution.)
(b) Iress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$5,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) ress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$ <u>10,000,</u>	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) ress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$300,000,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) ress, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$7,500,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)
r	ess, and ZIP + 4 (b)	(b) (c) ess, and ZIP + 4 Aggregate contributions \$ 300,000, (b) (c) (b) (c) (c) Aggregate contributions

2009.04040 CENTER FOR AMERICAN PROGRES 127119_1

Page 4 of 5 of Part I

Employer identification number Name of organization CENTER 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
<u></u>		\$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
		\$\$	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
		\$5,000,	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
22		\$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
		\$415,05 <u>0.</u>	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		\$10,000,	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 organization

Page 5 of 5 of Partl

Employer identification number

30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$100,509.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>26</u>		\$230.000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$10,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u></u>		\$50,000,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$645,453.	Person x Payroli Noncash (Complete Part II if there is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$125,714,	Person x Payroll Noncash (Complete Part II if there is a лопcash contribution.

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SCHEDULE C	P	olitical Campaign	and Lobbvir	na Activities	5	OMB No. 1545-0047	
(Form 990 or 990-EZ)					2009		
Department of the Treasury						Open to Public	
Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.						Inspection	
 Section 501(c)(3) org. Section 501(c) (other Section 527 organiz If the organization ans Section 501(c)(3) org. Section 501(c)(3) org. If the organization ans Section 501(c)(4), (5 Name of organization 	wered "Yes," to ganizations: Com r than section 5 ations: Complet wered "Yes," to ganizations that ganizations that wered "Yes," to), or (6) organiza CENTER FOR	Form 990, Part IV, line 3, or For nplete Parts I-A and B. Do not cor 01(c)(3)) organizations: Complete	rm 990-EZ, Part VI, Ii nplete Part I-C. Parts I-A and C below rm 990-EZ, Part VI, Ii der section 501(h)): C on under section 501(Tax), then	ine 46 (Political Carr v. Do not complete P ine 47 (Lobbying Ac Complete Part II-A. Do (h)): Complete Part II-	art I-B. tivities), th o not comp B. Do not o Employe 3	ivities), then lete Part II-B. complete Part II-A. r identification number 0~0192708	
•	-	zation's direct and indirect politica					
					▶\$		
3 Volunteer hours	•••••		••••		<u></u>	0.	
Part I-B Compl	oto if the or	ganization is exempt unde	r contion E01(a)	(2)			
		incurred by the organization under			► ¢		
2 Enter the amount of	of any excise tax	incurred by organization manage	rs under section 4955		⊳ °	······································	
		on 4955 tax, did it file Form 4720 f				Yes No	
b If "Yes," describe in	n Part IV.						
		panization is exempt unde				3).	
 Enter the amount o exempt function ac 	 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities						
		s. Add lines 1 and 2. Enter here ar			►s	869,989.	
4 Did the filing organi	zation file Form	1120-POL for this year?			··· · <u> </u>	X Yes No	
 4 Did the filling organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. 						ayments were made. contributions received	
• (a) Name	•	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, en	on's coi ter-0-, c	(e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0	
	· · · · · ·						
		·····					
For Privacy Act and Pa LHA	perwork Reduc	tion Act Notice, see the Instruct	tions for Form 990 o	r 990-EZ. Sched	ule C (For	m 990 or 990-EZ) 2009	

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Schedule C (Form 990 or 990-EZ) 2009	CENTER FOR AM	ERICAN PROGRESS AC	TION FUND	30-019	2708 Page 2
Part II-A Complete if the of (election under se		empt under sectio	on 501(c)(3) and fi	led Form 5768	
· · · · · · · · · · · · · · · · · · ·	zation belongs to an a	ffiliated group.			
	•	and "limited control" p	ovisions apply.		
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)				(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	Ifluence public opinio	n (grass roots lobbying)			
b Total lobbying expenditures to in					
c Total lobbying expenditures (add	flines 1a and 1b)				
d Other exempt purpose expenditu					
e Total exempt purpose expenditu	res (add lines 1c and	1d)			
f Lobbying nontaxable amount. Er		he following table in bo	th columns.	·····	
If the amount on line 1e, column (a		obbying nontaxable an		el de la contra de En la contra de la c	
· · · · · · · · · · · · · · · · · · ·	Not over \$500,000 20% of the amount on line 1e.				
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.				
Over \$1,500,000 but not over \$1					
Over \$17,000,000					
g Grassroots nontaxable amount (enter 25% of line 1f)			<u>Det refer de la férie en la</u>	
h Subtract line 1g from line 1a. If z					
i Subtract line 1f from line 1c. If ze					
j If there is an amount other than a	zero on either line 1h d	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for thi	s year?			[Yes No
(Some organ	izations that made a columns below. See	veraging Period Under section 501(h) election the instructions for lin	n do not have to com es 2a through 2f on p	plete all of the five age 4.)	
	Loppying Exp	enditures During 4-Ye	ar Averaging Period	····	1
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))				말 가 말 수 있 것 [·
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		같이 같이 있는 것 같은 것은 것이 것			
(150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009

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Page 3

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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)			(b)	
		Yes	N	lo	Am	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:					
a h	Volunteers?				para sett terres	
					<u>Set it, e et s</u>	<u>Cat à</u>
с А	Media advertisements?					
	Publications, or published or broadcast statements?					·
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
•1 ;	Other activities? If "Yee," departing in Part IV					
:	Other activities? If "Yes," describe in Part IV		2. Y. I	- 15		
1	Total. Add lines 1c through 1i					
za	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1				199
	If "Yes," enter the amount of any tax incurred under section 4912	2011년 22				
с ,	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dor	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
rai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), (or se	ction	
			_		Yes	N
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?		ſ	3		
1 2	Dues, assessments and similar amounts from members	cal		1		
	expenses for which the section 527(f) tax was paid). Current year			2a		
b	Carryover from last year	•••••••••••••••••••••••••••••••••••••••	····	2b		
C	Total	••••••••••••••••••	····	2c		
з	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	••••••	····· -	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	·····	····· -			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)		····· -	5		
Part	IV Supplemental Information		····.].	~ 1		
or an	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar y additional information. I-A, LINE 1:	id Part II-B,	line 1i	. Also	, complete	this p
AP 1	ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OFFICE, RUN CANDIDATE					
DVE	RTISING OR EXPLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF				.	
ARTI	CULAR CANDIDATES, HOWEVER, AT VARIOUS TIMES DURING THE TAX YEAR,	<u> </u>				
AP J	ACTION MADE COMMUNICATIONS TO THE FUBLIC COMMENDING OR CRITICIZING					
ARTI	CULAR PUBLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES, THESE					
32043	02-04-10	Schedu	le C (F	orm	990 or 990	-EZ) :
611	21 .03 137216 127119 2009.04040 CENTER FOR AMER	RICAN I	PRO	GRE	S 127	119

Schedule C (Form 990 or 990-EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND Part IV Supplemental Information (continued)	30-0192708	Pa
POLICY ASSESSMENTS TOOK THE FORM OF POSITION PAPERS, BLOG POSTS, PRESS		
RELEASES, AND OTHER SIMILAR PUBLIC COMMUNICATIONS.		
EBERSES, AND OTHER STRILLER FOBLIC COMMUNICATIONS.		
· · · · · · · · · · · · · · · · · · ·		<u> </u>
	· · · ·	
	· ···	
	· · · · · · · · · · · · · · · · · · ·	
	Schedule C (Form 990 or 990	1-671
2044 02-04-10		

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.



Department of the Treasury Internal Revenue Service

Schedule D

(Form 990)

Nam	e of the organization	Employer identification number	
Dai	CENTER FOR AMERICAN PROGRESS		30-0192708
.ra	organization answered "Yes" to Form 990, Part IV, line		hus of Accounts. Complete if the
	organization answered res to Form 990, Partix, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year		
2	Total number at end of year Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	· · · ·	
4	Aggregate value at end of year		
4 5	Did the organization inform all donors and donor advisors in v	witting that the assets hold in denot	udvinged funde
5	are the organization's property, subject to the organization's	5	
6	Did the organization inform all grantees, donors, and donor ad		
Û	for charitable purposes and not for the benefit of the donor of		
	Impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		50,1 artiv, me 7.
•	Preservation of land for public use (e.g., recreation or p	·	n historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the f	orm of a conservation essement on the last
-	day of the tax year.	conscivation contribution in the r	orm of a conservation easement of the last
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements	•••••••••••••••••••••••••••••••••••••••	2b
с	Number of conservation easements on a certified historic stru		
đ	Number of conservation easements included in (c) acquired a	ofter 8/17/06	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated b	v the organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri		of
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easemer	
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and exp	ense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		-
Par	t III Organizations Maintaining Collections of		r Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		f public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r	eport in its revenue statement and b	alance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	research in furtherance of public se	vice, 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 trea		ncial gain, provide
	the following amounts required to be reported under SFAS 11		
a	Revenues included in Form 990, Part VIII, line 1		> \$
ъ	Assets included in Form 990, Part X		> \$
LHA 932051 02-01-1	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990.	Schedule D (Form 990) 2009
02-01-	0		

Sche		AMERICAN PROGRE					30-0192			age 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical 1	Freasures, o	or Oth	er Simil	<u>ar Asse</u>	ts (cont	inued)	1
з	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that	at are a s	significant	use of its	collectio	n item	ıS
	(check all that apply):									
а	Public exhibition	c	I Loan ore:	xchange progr	ams					
b	Scholarly research	e	e 🛄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they furthe	r the organizati	ion's exe	empt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes] No
Pa	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 contributi	ons or other as	sets no	t included			·	
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIV			••••••••••••••••••••••••						
	· · · ·	•	U					Amount	t	
с	Beginning balance					1c			-	
d	Additions during the year				•••••	1d				
	d Additions during the year1 e Distributions during the year1									
1	Ending balance									<u></u>
	Did the organization include an amount on F	orm 990 Part X line	212	••••••	• • • • • • • • • • • • • •			Yes	T	No
	If "Yes," explain the arrangement in Part XIV				••••••			. 103		1 110
1	t V Endowment Funds. Complete		swered "Yes" to f	Form 990. Part	IV. line	10.	,			
L		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	vears	hack
1a	Beginning of year balance	(_) Contoint) Cui		(0)		<u>(u)</u>		(0).00	Jours	
	Contributions						-0313 F T D			- 21:
	Net investment earnings, gains, and losses				20 A. A.		1997 - 1997 1997 - 1997 - 1997			<u>····</u>
	Grants or scholarships					<u>an es sen en es</u>				
	Other expenditures for facilities				na na pro-					
Ģ	and programs								e de la composition de la comp	К. et .
Ŧ	Administrative expenses			·····································	na National Anna				<u>, ,</u>	· ·
, g	End of year balance								<u>.</u>	
2	Provide the estimated percentage of the year				. ł			·		
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
		⁷⁰								
	Are there endowment funds not in the posse		ation that are hold	no al a dasimintata	مريحها والمريد					
Ja	by:	ession of the organiza	auon mat are neio	ano aoministe	rea tor t	ine organiz	ation	r		<u> </u>
									Yes	No
	(i) unrelated organizations				•••••		••••••••••••	3a(i)		
Ъ	(ii) related organizations	a listaal oo urardurad a				•••••	••••••••••	3a(ii)		
~	If "Yes" to 3a(ii), are the related organization: Describe in Part XIV the intended uses of the	s listed as required o			•••••			3b		
Par	t VI Investments - Land, Building	s and Fourinm	ent See Form OC	10 Part V line	10					
	Description of investment			,						
	Description of anyestment	(a) Cost or o basis (investr		st or other s (other)		ccumulate preciation	1	(d) Bool	c value	;
1a	Land					a second				
	Buildings					<u></u>	· · · · ·			
~	Leasehold improvements									
				18 222		1.0	261			070
	Equipment			18,233.		,	361.		1,	872.
	Other		V. ookum= /D) //	10(a))			.			0.7.0
i vidi	a noo iinea Ta unoogu Te, toolunin (u) must e	קיים רטווו ששט, רשת	, corunn (σ), line	10(0).)			I		7.	872.

Schedule D (Form 990) 2009

932052 02-01-10

Part VII Investments - Other Securities. Se (a) Description of security or category (including name of security) inancial derivatives	er onn 550, Part A, IDE 12.		
(including name of security)		(c) Method of valuation:	
icancial derivativas	(b) Book value	Cost or end-of-year market value	
Inditudi ucityatiyes		· · · · · · · · · · · · · · · · · · ·	
Nosely-held equity interests			
Other			
		······································	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨			
Part VIII Investments - Program Related. s	ee Form 990, Part X, line 13.	•••• •••••••••••••••••••••••••••••••••	
(a) Description of investment type	(b) Book value	(c) Method of valuation:	
(a) beschption of investment type	(b) Book value	Cost or end-of-year market value	

	· · · · · · · · · · · · · · · · · · ·		u
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX Other Assets. See Form 990, Part X, ine	15		Y
	Description	(b) Book v	alua
	· · · · · · · · · · · · · · · · · · ·		
	······································		
ntal. (Column (b) must equal Form 990 Part X, col (B) line	15)		
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities, See Form 990, Part X	9 15.)	▶	
Part X Other Liabilities. See Form 990, Part X,	line 25.		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	i 15.) line 25.	iount	
Part X Other Liabilities. See Form 990, Part X,	line 25.	iount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	iount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	iount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability	line 25.	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes	line 25. (b) Arr	incount	
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes	line 25. (b) Arr		
Part X Other Liabilities. See Form 990, Part X, (a) Description of liability ederal income taxes	line 25. (b) Arr		ty for

Sche	dule D (Form 990) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUNI)		30-0192708	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial State	ements	
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			٥.	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and				1,500,131.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	8,015,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			14.54 1	
а	Net unrealized gains on investments	2a		1848 B	
	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIV.)		2,509,672		
	Add lines 2a through 2d			2e	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:				· · · · · ·
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)		3,461,562		
	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 Stateme	ents Wit	h Expenses per	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:			et e h	
а	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIV.)	2d	31,735.		
	Add lines 2a through 2d			2e	31,735.
з	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,466,812,
Par	t XIV Supplemental Information			• • • •	
Com	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a a	nd 4; Part IV, lines 1	b and 2b; Part	V. line 4: Part
	2; Part XI, line B; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl				
			, ,		
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				

NET ASSETS RELEASED FROM RESTRICTIONS: 2477937.

,

SPECIAL	EVENT	EXPENSES:	31735.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION : 3461562.

932054 02-01-10 Schedule D (Form 990) 2009

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2009.04040 CENTER FOR AMERICAN PROGRES 127119_1

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	Schedule D /For	m 000\
		Schedule D (For 27 CENTER FOR AMERICAN PROGRES 12

SCHEDULE G		Supplemental Info	rmat	ion	Regarding		I	OMB No. 1545-0047
(Form 990 or 990-EZ)		Fundraising or G						2009
Department of the Treasury nternal Revenue Service	or if	e if the organization answered "\ the organization entered more the Attach to Form 990 or Form 990	1an \$15,	000 o	n Form 990-EZ, line	6a.		Open To Public
Name of the organization								entification number
Fundrais		AMERICAN PROGRESS ACTION Complete if the organization ans		/es" ti	Form 990 Part IV		30-0192708 Form 990-F2	
required to	complete this par	t.						L HIELS ALE HOL
		sed funds through any of the follow	+			' -		
a Mail solicitati	email solicitation:			-	overnment grants nment grants			
c Phone solicit			ial fundra	-	~			
d L in-person sol								
		or oral agreement with any individu art VII) or entity in connection with					or Yes	5 🗔 No
	highest paid ind	ividuals or entities (fundraisers) pu						
(i) Name of ind	ividual		(iii) fund	Dia		(v) A	mount paid	(vi) Amount paid
or entity (fund		(ii) Activity	have c or con contrib	ustody .traj of	(iv) Gross receipts from activity	fu	retained by) ndraiser d in col. (i)	to (or retained by) organization
			Yes	No		-		
<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·						
	······							
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· · · · · · · · ·								
otal	h the organizatio	n is registered or licensed to solici	► t funds c	or has	been notified it is ex	empt fi	rom registrati	on or licensing.
		······································						
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13261103 137216 127119

	edu art		OR AMERICAN PROGRES			192708 Page 2
<u> </u>		on Form 990-EZ, line 6a. List events with				11010 1101 \$10,000
		<u> </u>	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			ANNUAL DINNER			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	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				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	25,060.			25,060.
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,675.			6,675.
-	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	(31,735)
Pa	11 rt		n (d), and line 10	000 Dest N/ line 10 av	▶ ►	-13,195.
		\$15,000 on Form 990-EZ, line 6a.	answered fes to Form	1990, Part IV, ine 19, or r	eponeo more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			· · · · · · · · · · · · · · · · · · ·	
	2	Cash prizes				
penses	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
ā						
	5	Other direct expenses	Yes %	Yes %	Xee V	
	6	Volunteer labor			└── Yes% └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	, column (d), and line 7			
9	Ent	ier the state(s) in which the organization opera	too gaming optivition			Yes No
		he organization licensed to operate gaming ac		states?		9a
b	lf "I	No," explain:				
		re any of the organization's gaming licenses re Yes," explain:	woked, suspended or te	rminated during the tax y	/ear?	<u>10a</u>
11	Doe	es the organization operate gaming activities w	/ith nonmembers?			
	ls t	he organization a grantor, beneficiary or truste	e of a trust or a member	of a partnership or other	entity formed to	
		ninister charitable gaming?				
,520B	2 02	-03- 10		29	Schedule G (Fo	rm 990 or 990-EZ) 2009

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Schedule G (Form 990 or 990 EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708		Page 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	%	i en	ŝ.
b An outside facility 13b13b14 Enter the name and address of the person who prepares the organization's gaming/special events books and record			11. 1. 1. 1.
	us:		5.
Name			1
	<u>``</u>		
Address		5	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15		<u> </u>
b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
of gaming revenue retained by the third party \blacktriangleright \$			
c If "Yes," enter name and address of the third party:			14
		ŀ	
Name 🕨		•	1.1
Address 🕨			
Address	 		
16 Gaming manager information:			
Name 🕨	1.12 1.12		
	[1]		
Gaming manager compensation 🕨 💲			
Description of services provided 🕨			
		4 /	
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	-18-1 1-18-1		
retain the state gaming license?			l in the second
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the		
organization's own exempt activities during the tax year > \$	ia uno pinello Lineare Lineare		

Schedule G (Form 990 or 990-EZ) 2009

932083 02-03-10

SCHEDULE I (Form 990)		Grants and Government	d Other Assistance ts, and Individuals	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e -		OMB No. 1545-0047	
Department of the Trassury Intornal Ravenua Servica	Complet	olete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.	in answered "Yes" on Fo Attach to Form 990.	' on Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection	
Name of the organization CENTER FOR AMERICAN PROGRESS	ERICAN PROGRE	SS ACTION FUND					Employer identification number 300192708	
Part I General Information on Grants and Assistance	and Assistance							,
1 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	to substantiate t	he amount of the grants	s or assistance, the	grantees' eligíbility	for the grants or ass	istance, and the select		
oriteria used to award the grants or assistance? 2 Describe in Part IV the organization's procerdures for monitoring the use of ment funds in the United States	istance? ocedures for mor	itoring the use of grant	funds in the Liniter	4 Ctatae	****		X Yes No	
E	Governments an	nd Organizations in the	e United States, C	omplete if the orda	nization answered "Y	es" to Form 990 Part	V line 21 for any	
	\$5,000. Check th	is box if no one recipier	nt received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed V	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
TIDES CENTER/HEALTH CARE FOR								
AMERICA EDUCATION FUND - 1825 K							PO SUPPORT EDUCATIONAL	
STREET NW SUITE 400 - WASHINGTON,							HEALTH CARE FOR AMERICA	
DC 20006	35-2332813	501(C)(3)	100,000.	0.			PROJECT	
AFFIRMATIVE OPTIONS COALITION 555 PARK STREET, SUITE 420 SAINT PAUL, MN 55103	41-1734880	201(C)(3)	30,000.	0			SUPPORT CHARITABLE BDUCATIONAL ACTIVITIES	1
9TO5, NATIONAL ASSOCIATION OF WORKING WOMEN ~ 207 FAST RIFFALO								
STREET #211 - MILWAIKER WT 53202	34-1946311	501(0)(3)	000 05				SUPPURT CRAKTTABLE	
		I C I C I T A D	. uuu , uc	•			EDUCATIONAL ACTIVITIES	,
ARABELLA LEGACY FUND 734 15TH STREET, NW, SUITE 600 WASHINGTON, DC 20005	20-5806345	501(C)(3)	25,000.				SUPPORT CHARITABLE EDUCATIONAL ACTIVITIES	
COALITION ON HUMAN NEEDS								
1120 CONNECTICUT AVENUE, SUITE 312 WASHINGTON, DC 20036	26-4680984	501(C)(3)	21,000.	. 0		X4 1 ⁻¹	SUPPORT CHARITABLE EDUCATIONAL ACTIVITIES	
USC UNKUCH INSTITUTE OF POLITICS 3518 TROUSDALE PARKWAY, VKC 263							SUPPORT CHARITABLE	
LOS ANGELES, CA 90089	95-1642394	501(C)(3)	5,000.	0.		_ P	EDUCATIONAL ACTIVITIES	
2 Enter total number of section 501(c)(3) and government organizations	nd government o	rganizations					•	
-	2				***************************************	****	.0	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions t	for Form 990.				Schedule I (Form 990) 2009	

932101 02-02-10

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Schedule (Form 990) 2009 CENTER FOR AVERICAN PROGRESS ACTI Part III Grants and Other Assistance to Individuals in the United States. C Use Part IV and Schedule F-1 (Form 990) if additional space is needed.	PROGRESS ACTION FUND United States. Complete it space is needed.	FUND blete if the organiz:	ation answered "Yes"	PROGRESS ACTION FUND United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. space is needed.	300192708 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e the information	required in Part I,	line 2, and any other	additional Information.	
SCHEDULE I, PART I, LINE 2: CENTER FOR AMERICAN PROGRESS ACTION FUND	SRESS ACTION	FUND			
REQUIRES GRANTEE ORGANIZATIONS TO REPRESENT, WARRANT	WARRANT AND AGREE:	THAT IT			
WILL USE GRANT FUNDS SOLELY FOR PURPOSES CONSISTENT WITH CAPAF'S TAX-EXEMPT	WITH CAPAF'S	TAX-EXEMPT			
STATUS UNDER SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE; THAT NO	ИЛЕ СОРЕ; ТНА	T NO			
PORTION OF GRANT FUNDS WILL BE USED DIRECTLY OR INDI	INDIRECTLY TO EX	TO EXPRESSLY OR			
IMPLICITLY SUPPORT OR OPPOSE ANY CANDIDATE SEEKING ELECTION TO PUBLIC	SLECTION TO P	UBLIC			
OFFICE OR PROVIDE A BENEFIT TO ANY POLITICAL PARTY C	Y OR CANDIDATE,	THAT IT			
WILL ALLOW CAPAF STAFF OR REPRESENTATIVES TO CONDUCT	CONDUCT EVALUATIONS AND AUDITS	AND AUDITS			
OF THE USE OF GRANT FUNDS, WHICH MAY INVOLVE VISITS TO OBSERVE, REVIEW AND	TO OBSERVE, 1	REVIEW AND			
932102 02-02-10		32			Schedule 1 (Form 990) 2009

.....

Part IV Supplemental Information	
DISCUSS ITS OPERATIONS, FINANCIAL RECORD	DS, AND OTHER MATERIALS CONNECTED
WITH THE GRANTEZ; AND THAT IT WILL SEND	CAPAF FINAL FINANCIAL AND NARRATIVE
REPORTS BY A DATE SPECIFIED IN THE ORIG	INAL AWARD LETTER, CAPAF REQUIRES
DONEE ORGANIZATIONS TO PROVIDE NARRATIVE	E AND FINANCIAL REPORTS THAT: ARE
SIGNED BY AN OFFICER OF THE ORGANIZATION	N; DESCRIBE HOW THE FUNDS WERE SPENT
AND WHAT WAS ACCOMPLISHED; AND PROVIDE A	A REASONABLY DETAILED ACCOUNT OF THE
ACTIVITIES CONDUCTED BY THE GRANTEE IN F	PERFORMANCE OF THE AGREED UPON WORK.
· · · · · · · · · · · · · · · · · · ·	
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32291 04-24-09	Schedule I (Form 990
61103 137216 127119	33 2009.04040 CENTER FOR AMERICAN PROGRES 12711

CENTER FOR AMERICAN PROGRESS ACTION FUND

30-0192708

Page 2

Schedule I (Form 990) 2009

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.

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Open to Public Inspection Employer identification number

OMB No. 1545-0047

09

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. THE ACCOUNTING FIRM

PROVIDED & 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. 882211 02-03-10 Schedule O (Form 990) 2009

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SCHEDULE O

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.

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer Identification number 30-0192708

OMB No. 1545-0047

Open to Public

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 PINANCIAL INTEREST IN A PARTICULAR TRANSACTION OR ARRANGEMENT, A

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. 832211 02-03-10

Schedule O (Form 990) 2009

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Department of the Treasury Internal Revonue 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.

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

OMB No. 1545-0047

Open to Public

Inspection

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. ⁸³²²¹¹ ⁰²⁻⁰³⁻¹⁰ 36

Schedule O (Form 990) 2009

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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.

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 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. 92211 02-03-10

Schedule O (Form 990) 2009

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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.



Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 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, FART 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.

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SCHEDULE C)
(F 000)	

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.

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 30-0192708

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁹³²²¹¹ 0²⁻⁰³⁻¹⁰

Schedule O (Form 990) 2009