### COMMITTEE ON NATURAL RESOURCES

## **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 the

"Effect of the President's FY 2013 Budget and Legislative Proposals for the Bureau of Ocean Energy Management (BOEM) and the Bureau of Safety and Environmental Enforcement (BSEE) on Private Sector Job Creation, Domestic Energy Production, Safety, and Deficit Reduction" Thursday, March 8, 2012

1.	Name:
2.	Address:
3.	Email Address:
4.	Phone Number:
	* * * *
Foi	r Witnesses Representing Organizations:
	1. Name: Michael J. Conathan
	<ol> <li>Name of Organization(s) You are Representing at the Hearing:</li> <li>Center for American Progress Action Fund</li> </ol>
	3. Business Address: 1333 H Street NW, Washington, DC 20003
	4. Business Email Address: [Information redacted for privacy]
	5. Business Phone Number: [Information redacted for privacy]

For Individuals:

Name/Organization: Michael J. Conathan / Center for American Progress Action Fund
Title/Date of Hearing "Effect of the President's FY 2013 Budget and Legislative Proposals for the Bureau of
Ocean Energy Management (BOEM) and the Bureau of Safety and Environmental Enforcement (BSEE) on
Private Sector Job Creation, Domestic Energy Production, Safety, and Deficit Reduction" Thursday, March 8,
2012

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Master of Arts in Marine Affairs, University of Rhode Island, received December, 2005
  - Dean John A. Knauss Marine Policy Fellowship, 2006. Served as fellow on the Senate Committee on Commerce, Science, and Transportation, Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard
- 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.

N/A

- 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.
  - Republican Professional Staff Member, U.S. Senate Committee on Commerce, Science, and Transportation, Subcommittee on Oceans, Atmosphere, Fisheries, and Coast Guard, 2007-2011
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

N/A

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

N/A

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

N/A

Name/Organization: Michael J. Conathan / Center for American Progress Action Fund
Title/Date of Hearing "Effect of the President's FY 2013 Budget and Legislative Proposals for the Bureau of
Ocean Energy Management (BOEM) and the Bureau of Safety and Environmental Enforcement (BSEE) on
Private Sector Job Creation, Domestic Energy Production, Safety, and Deficit Reduction" Thursday, March 8,
2012

## In addition, for witnesses representing organizations:

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

## Director of Ocean Policy

h. 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

i. 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

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

N/A

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

#### Attached

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

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or the	2010 calendar year, or tax year beginning and	ending					
Bca	heck if	C Name of organization		D Employer identifi	cation number			
	Addre	CENTER FOR AMERICAN PROGRESS ACTION F	UND		400-00			
<u>_</u>	Name chang			30-0	192708			
	]initial  return  Termir  ated	Number and street (or P.O. box if mail is not delivered to street address) 1333 H STREET, NW, 10TH FLOOR	Room/suite	E Telephone numbe	r 682–1611			
X	⊒ated ]Amend _return	City or town, state or country, and ZIP + 4	MT	G Gross receipts \$	9,576,501.			
	Applic			H(a) Is this a group re				
	pendir	F Name and address of principal officer: JENNIFER PALMIERI		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
	ax-exe	empt status: 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)			
		e: ► WWW.AMERICANPROGRESSACTION.ORG		H(c) Group exemptio	·			
		organization: X Corporation Trust Association Other ▶	L Year		A State of legal domicile: DC			
	ırt I	Summary			***			
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ S	HAPE I	HE NATIONAL	POLICY			
Activities & Governance	-	DEBATE AND TRANSFORM IDEAS INTO POLICY.						
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	ssets.			
Š				3	8			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			7			
တ္		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			0			
įį		Total number of volunteers (estimate if necessary)			0			
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			97,433.			
⋖	ı	Net unrelated business taxable income from Form 990-T, line 34			54,615.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		8,839,425.	9,358,653.			
	9	Program service revenue (Part VIII, line 2g)		0.	93,282.			
eke		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,285.	677.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125,233.	38,291.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,966,943.	9,490,903.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,000.	580,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,465,569.				
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0. 92,69				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   438,3	50.					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,789,243.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,466,812.				
	19	Revenue less expenses. Subtract line 18 from line 12		1,500,131.	1,491,391.			
os es				eginning of Current Year	End of Year			
Assets of Balance	20	Total assets (Part X, line 16)		3,970,349.	5,683,067.			
t Ass	21	Total liabilities (Part X, line 26)		117,958.	189,285.			
Net A Fund	22	Net assets or fund balances. Subtract line 21 from line 20		3,852,391.	5,493,782.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is			
true	, corre	t, and complete Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.				
		I Whoal Their			9/ <i>1</i> 1			
Sign Signature of officer Date								
Here Deborah L Fine SUP, GC, Corporale Secretary + 1 reas								
_		Type or print name and title	•	Date Check	TT PTIN			
		Print/Type preparer's name Preparer's signature		l if L	—'i			
Pai		FRANK H. SMITH Frank H. Smit	~ !	11/29/11 self-employ	/ed			
	parer	Firm's name RAFFA, P.C.		Firm's EIN				
Use	Only	Firm's address 1899 L STREET NW, SUITE 900		D	202-822-5000			
		WASHINGTON, DC 20036		Phone no. 2	X Yes No.			
V4~	v the !	PS discuss this return with the preparer shown above? (see instructions)			IALIYES I INO			

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

Total program service expenses

6,916,960.

Form 990 (2010)

) (Revenue \$

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Form 990 (2010) CENTER FOR A
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		<u> X</u>
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	11a	х	
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	Х	
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	Х	
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	<u> </u>	X
	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,	٠		X
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<del>  ^</del>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	- <del>`</del> -		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Earm	aan .	(2010)

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			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		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	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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	27		x
28	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	intellection is	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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			X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity?	34		x
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
ან a		00		
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2010)

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

	Check if Schedule O contains a response to any question in this Part V					ᆜ
		1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 1		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,		Red.	
	filed for the calendar year ending with or within the year covered by this return	2a	0	i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	101 ()	ie terroad
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction				v	
	•	• • • • • • • • • • • • • • • • • • • •		3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ту г	4a	giran inn	
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	A c c c u	nts			
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.		······································	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<del>                                     </del>
-	any contributions that were not tax deductible?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices <sub>[</sub>	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	1	 1	7c	25047 0127 4	1.0100119.0
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			111	és la j	ands.
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	accessor a clean shall	American Service
9	Sponsoring organizations maintaining donor advised funds.				Sec	Valent.
a	Did the organization make any taxable distributions under section 4966?			9a	altan ilmih m	i international
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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		1		1 (S. 9)
11	Section 501(c)(12) organizations. Enter:	1	1			
а	***************************************	11a		4	. 4	
b	,					
	amounts due or received from them.)	11b	<u> </u>		. Since in the	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	Î	12a		11. 15
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		1
а	Is the organization licensed to issue qualified health plans in more than one state?	• • • • • • • • • • • • • • • • • • • •		150	<u> </u>	1,-
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
ט	organization is licensed to issue qualified health plans	13b	1	*		
С		13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b		
				Form	990	(2010)

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Does the organization have members or stockholders?	6		X				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a		X				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following:			ili.				
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	2a Does the organization have a written conflict of interest policy? If "No," go to line 13							
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	i						
	to conflicts?	12b	X	ļ				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this is done	12c	X					
13	Does the organization have a written whistleblower policy?	13	X					
14	Does the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	land and a						
	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		4.5%					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			-				
	taxable entity during the year?	16a	ļ	X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's							
<u> </u>	exempt status with respect to such arrangements?	16b	<u> </u>					
	tion C. Disclosure	TZ C	72'37	ME				
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, II		, 1	, 1416				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for						
	public inspection. Indicate how you make these available. Check all that apply.							
40	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	incial					
00	statements available to the public.	.: <b>.</b>						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza JOSEPH W. SMOLSKIS - 202-741-6276	นดก: 🕨	_					
	1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 20005		•••					
	1000 II DIRECT, MM, TOTH PHOOR, WASHINGTON, DC 20000	Form	990	(2010)				

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SEE SCHEDULE O FOR FULL LIST OF STATES

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)	l		((			104.	(D)	(E)	(F)
Name and Title	Average hours per	(cl		Pos	ition	app	ly)	Reportable compensation	Reportable compensation	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 organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANNA BURGER									•	0
DIRECTOR	1.00	X						0.	0.	0.
PETER EDELMAN	,									0
DIRECTOR	1.00	X						0.	0.	0.
JUDITH FEDER	1							4 222		0
DIRECTOR (AND CONSULTANT)	1.00	X				<u> </u>		4,332.	0.	0.
CHRISTIE HEFNER										0
DIRECTOR	1.00	X				ļ		0.	0.	0.
BRODERICK JOHNSON										•
DIRECTOR	1.00	X			<u> </u>			0.	0.	0.
HILARY ROSEN		İ								•
DIRECTOR	1.00	X	<u> </u>		<u>.</u>			0.	0.	0.
DANIEL ZINGALE										•
DIRECTOR	1.00	X						0.	0.	0.
JOHN PODESTA		l						40 500		4 700
PRESIDENT, CHAIR & DIRECTOR	7.00	X	ļ	X		ļ		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										
TREASURER/COO	6.00			X				24,611.	0.	3,629.
TARA MCGUINNESS										
VP & DIR. THINKPROGRESS	40.00					X	<u> </u>	149,998.	0.	12,905.
JOSEPH ROMM							ł		_	
FELLOW	40.00			<u> </u>		X		136,241.	0.	8,186.
FAIZ R. SHAKIR			ĺ	1	ŀ					
VP & EDITOR, THINKPROGRESS	40.00			<u> </u>	_	X		119,998.	0.	11,309.
DAVID MADLAND					1		1			15 202
DIRECTOR, AME WORKER	40.00	_		igspace	_	X	<u> </u>	108,898.	0.	15,320.

Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)	
	(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
	Name and title	Average	Position (check all that apply)					1\	Reportable	Reportable	i i
		hours per week	(6	leck	l all	liiai	арр Т	(у)	compensation from	compensatio from related	į.
		(describe	rector						the	organization	
		hours for	eordi	tee			sated		organization	(W-2/1099-MIS	' !
		related organizations	truste	al trus		)ee	mpen		(W-2/1099-MISC)		organization and related
		in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		0)	Pul	Sul	980	Key	語品	For			
					_	_					
							_				
							-				
						-					
							Ĺ		771,243.		0. 77,805.
	Sub-total Total from continuation sheets to Part VII								0.		0. 77,803.
	Total (add lines 1b and 1c)								771,243.		0. 77,805.
2	Total number of individuals (including but no							no r	<u> </u>	,000 in reportabl	e
	compensation from the organization										5
											Yes No
3	Did the organization list any former officer,										3 X
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su								her compensation from		
•	and related organizations greater than \$150										1 1 1
5	Did any person listed on line 1a receive or a										
	rendered to the organization? If "Yes," com	olete Schedul	e J t	or s	uch	pers	son .				5 X
	tion B. Independent Contractors		<b></b>						that we sail and make them	\$100,000 of cor	ananation from
1	Complete this table for your five highest couthe organization.	mpensated ind	зере	enae	ent c	ont	racto	ors 1	that received more than	\$100,000 01 0011	npensation from
	(A) Name and business	address							(B) Description of s	services	(C) Compensation
BOI	NNER GROUP, INC.								PROFESSIONAL		· · · · · · · · · · · · · · · · · · ·
	O. BOX 523523, SPRINGF	ELD, V	Α :	22:	15:	2			FUNDRAISING		129,573.
GEI	RSTEIN ANGE STRATEGIC,	10 G S'					Ε,		COMMUNICATIO	NS	
SU:	ITE 500, WASHINGTON, DO	20002							RESEARCH		104,500.
2	Total number of independent contractors (i	_	not li	imite	ed to		_	ste	d above) who received r	nore than	
	\$100,000 in compensation from the organize	zation 🕨					2				

Pa	rt VII	Statement of Reven	ue				- <del></del>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ons) 1e s, and e 1f 8 ,	454,300. 904,353.	9,358,653.			
Program Service Revenue	2 a b c	CONFERENCE REGI	STRATIO	Business Code 900099	93,282.	93,282.		
Prograi Rev	d e f	All other program service rever	nue		93,282.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and	677.			677.
	6 a b c	Gross Rents  Less: rental expenses  Rental income or (loss)	(i) Real	(ii) Personal				
ی	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$ 454,3 contributions reported on line	g events (not 00 • of 1c). See					
Other	С	Part IV, line 18  Less: direct expenses  Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	raising events tivities. See	85,598. ▶	<69,398.	>		<69,398.
	с 10 а	Less: direct expenses  Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities . returns	<b>&gt;</b>				
	С	Net income or (loss) from sale  Miscellaneous Revenu  ADVERTISING REV	s of inventory .	Business Code 541800	97,433.		97,433.	
		TIONTOD A DITTIM		900099	5,256. 5,000.	5,000.		5,256.
03200 12-21	<b>12</b>	Total revenue. See instructions.			9,490,903		97,433.	<63,465. Form <b>990</b> (2010)

Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	580,000.	580,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				, a plantary many
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	276,159.	182,353.	88,298.	5,508
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		,		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,374,744.	3,001,070.	299,405.	74,269
8	Pension plan contributions (include section 401(k)	_			ء د د <u>ب</u>
	and section 403(b) employer contributions)	150,308.	134,965.	12,243.	3,100
9	Other employee benefits	281,609.	248,466.	28,688.	4,455
0	Payroll taxes	258,471.	224,503.	27,621.	6,347
1	Fees for services (non-employees):				
а	Management				
b	Legal	36,608.	12,677.	23,931.	
C	Accounting	36,157.		36,157.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	92,699.			92,699
f	Investment management fees				
g	Other	178,169.	165,625.	12,544.	
12	Advertising and promotion	650,913.	650,807.	106.	-
13	Office expenses	97,275.	29,190.	67,574.	511
14	Information technology				
15	Royalties				
16	Occupancy	710,500.		710,500.	
17	Travel	78,549.	72,769.	297.	5,483
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	410,810.	402,010.		8,800
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,036.		2,036.	
23	Insurance	22,370.		22,370.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)		발발 발 그림없다		
	amount, list line 24f expenses on Schedule O.)		배계를 걸리다 그		
а	UBI TAXES	13,078.		13,078.	
b	MISCELLANEOUS	369,947.	179,965.	188,435.	1,547
C	OTHER FUNDRAISING COSTS	202,905.	0.	0.	202,905
d	OPINION ANALYSIS POLL	115,000.	115,000.		
e	COMMISSIONED PAPERS	32,374.	32,374.		
f	All other expenses	28,831.	885,186.	<889,081.	
25	Total functional expenses. Add lines 1 through 24f	7,999,512.	6,916,960.	644,202.	438,350
26	Joint costs. Check here   if following SOP				
	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		<u> </u>	<u> </u>	Form <b>990</b> (201

032010 12-21-10

		2010) CENTER FOR AME	RICA	N PROGRESS A	CTION FUND	30-	0192708 Page 11
Pai	rt X	Balance Sheet				Τ	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,593,308.	1	2,426,396.
	2	Savings and temporary cash investments			346,121.	2	346,314.
	3	Pledges and grants receivable, net		1,023,048.	3	2,185,242.	
	4	Accounts receivable, net		4	48,390.		
	5	Receivables from current and former officers, di					
	٦	employees, and highest compensated employe					
						5	
	6	of Schedule L  Receivables from other disqualified persons (as					
	٥	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of section					
		employees' beneficiary organizations (see instru			Specifical designations of the first of the second second	6	
ţz	7	Notes and loans receivable, net		· ·		7	
Assets	7			8			
⋖	8	Inventories for sale or use		9			
	9	Prepaid expenses and deferred charges	 I . I		MEGDERSTRUKTUR PROGRAMA PERMUATURAN PERMUATURAN PERMUATURAN PERMUATURAN PERMUATURAN PERMUATURAN PERMUATURAN P		
	10a		100	148,295.	santonis audici (moleculo) elemento.		
		basis. Complete Part VI of Schedule D	10a	142,459.	7,872.	10c	5,836.
		Less: accumulated depreciation	7,072	111	3,000.		
٠	11	Investments - publicly traded securities			12		
	12	Investments - other securities. See Part IV, line			13	· · · · · · · · · · · · · · · · · · ·	
	13	Investments - program-related. See Part IV, line		14	<u> </u>		
	14	Intangible assets		0.	15	670,889.	
	15	Other assets. See Part IV, line 11			3,970,349.		5,683,067.
	16	Total assets. Add lines 1 through 15 (must equ			117,958.		189,285.
	17	Accounts payable and accrued expenses			117,550.	18	103/2031
	18	Grants payable				19	
	19	Deferred revenue				20	
	20	Tax-exempt bond liabilities				21	
Liabilities	21	Escrow or custodial account liability. Complete				21	
ΞĘ	22	Payables to current and former officers, directo highest compensated employees, and disqualif					
L:a	l	· · · · · · · · · · · · · · · · · · ·			A CONTRACTOR OF THE CONTRACTOR	22	
		of Schedule L Secured mortgages and notes payable to unrel				23	
	23			•		24	
	24	Unsecured notes and loans payable to unrelate				25	
•	25	Other liabilities. Complete Part X of Schedule D			117,958.	26	189,285.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check h				-	
"		lines 27 through 29, and lines 33 and 34.	ele 📂	and complete			
ets or Fund Balances	27	Unrestricted net assets			2,106,211.	27	2,718,071.
<u>lan</u>	27	Temporarily restricted net assets			1,746,180.	28	2,775,711.
Ã	28					29	
nu	29	Organizations that do not follow SFAS 117, or		ere 🕨 🔲 and		1	
ŗ.		complete lines 30 through 34.		and			
ts c	30	Capital stock or trust principal, or current funds			Andrews all a source of the state of the decimal and the second areas.	30	San
(i)	1 30	ouplied stock of trust principal, of our entrus		+	+		

5,493,782. 5,683,067. Form **990** (2010)

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds ......

Total net assets or fund balances .....

Total liabilities and net assets/fund balances

31

32

33

3,852,391. 3,970,349.

31

33

X Separate basis Consolidated basis Both consolidated and separate basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

За

X

#### 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

2010

Name of the organization Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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-FF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

	TOD	AMERICAN		3 007037	TTTTTTT
C. H. WILLIAM D	H-1 1 P	AMH.B.I.G.VI		Δ1''' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H-I I IXI I I
	T. OT	WHITH CON	EVOGIVEDO	$\Delta C + T + C + 1$	T. OTAT

30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1   -		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>4</u> -		\$1,365,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>5</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
6		\$ 5,415,677.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

Name of organization

Employer identification number

		AMERICAN	מממאסמת	3 AMTA31	
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30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$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
9		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 150,000.	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)  990, 990-EZ, or 990-PF) (2010

Name of organization

Employer identification number

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30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	Nume, add ood, and an	\$\$	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
16		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Employer identification number

סיםיחואיםי	ᄗᄭᄑ	AMERICAN		$\lambda \subset \mathbb{M} \subset \mathbb{N}$	רדעדדים
CENTER	FUR	AMERICAN	EUGIUDO	ACTION	F UNU

30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$	Person X Payroll 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
23		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$\$	Person X Payroll

023452 12-23-10

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

Employer identification number

CENTED TOD AMEDICAN DECOREC ACTION TIN						
CENTER FOR AMERICAN PROGRESS ACTION FUN	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
25		\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$ 90,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$\$, 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$ 650,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$ 40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

of Part II

Name of organization

Employer identification number

## CENTER FOR AMERICAN PROGRESS ACTION FUND

30-0192708

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
		 \$	00 000.E7 or 000.PE\/2010

023453 12-23-10

023454 12-23-10

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of organization				oloyer identification number
	CENTER	FOR AMERICAN PRO	GRESS ACTIO	N FUND	30-0192708
Pa	art I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b>	
Pa	art I-B Complete if the org	anization is exempt und	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un-	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 <b>&gt;</b>	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?		***************************************		Yes No
t	if "Yes," describe in Part IV.				·
1.00	art I-C Complete if the org				
	Enter the amount directly expended			***************************************	\$679,375.
2	Enter the amount of the filing organ				:
	exempt function activities			<b>&gt;</b>	\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL		C70 27E
	line 17b			<b>&gt;</b>	\$ 679,375.
	Did the filing organization file Form				
5	Enter the names, addresses and er made payments. For each organiza contributions received that were pr	ition listed, enter the amount pa	id from the filing organ	ization's funds. Also enter	the amount of political
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
	To a control of the c				
	*				
_					

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010  Part II-A Complete if the order see (election under see	ganization is exe	AMERICAN P	ROGRESS ACT in 501(c)(3) and fil	ION FUNB0-0 led Form 5768	192708 Page 2
A Check   if the filing organize	ation belongs to an affi ation checked box A ar	- '	ovisions annly		
Lim	its on Lobbying Expenditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to inf	luence public opinion (	grass roots lobbying)			
<b>b</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	***************************************			0'	
e Total exempt purpose expenditur					
f Lobbying nontaxable amount. En	ter the amount from the	e following table in bot	h columns.		The state of the second st
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e	•		
Over \$500,000 but not over \$1,00		00 plus 15% of the exc		The second section of the	
Over \$1,000,000 but not over \$1,	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	Over \$17,000,000 \$1,000,000.				
g Grassroots nontaxable amount (enter 25% of line 1f)  h Subtract line 1g from line 1a. If zero or less, enter -0-  i Subtract line 1f from line 1c. If zero or less, enter -0-  j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720  reporting section 4911 tax for this year?  4-Year Averaging Period Under Section 501(h)					
	zations that made a s olumns below. See th	ection 501(h) election e instructions for line	n do not have to com es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period	T	Т
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount		book the second		one and address of the control of th	
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures		1			
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures	3				
				0 to 1 to 0 /F	000 ex 000 EZ\ 2010

Schedule C (Form 990 or 990-EZ) 2010

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

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) (b)			
		Yes	No	, Amo	ount
1,	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  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?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			-	
;	Other activities? If "Yes," describe in Part IV				
;	Total. Add lines 1c through 1i	A CONTRACTOR OF THE PROPERTY O			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Modern Prince 1 1 Activi	SECULO S	
	If "Yes," enter the amount of any tax incurred under section 4912	To Add Services as Constructed		\$200 DECEMBER 1	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
	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?	SALA HARAGEON PARA LA	ANAMASAN ANAMASAN	AND SECTION	
	t III-A   Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5). or se	ction	. FIG. 2.3 (Kg and - 28)
	501(c)(6).				
—	\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?		1		-
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2	Did the organization make only in-ribuse lobbying experiditures of \$2,000 or less:  Did the organization agree to carryover lobbying and political expenditures from the prior year?				
3 Dar	t III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c	*****	ection	
r ai	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines III-A, lines III-A, lines III-A, lines III-A, lines II-A, line	rt III-A. li	ne 3 is a	nswered	
	"Yes."				
	Dues, assessments and similar amounts from members		1		
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		····		<del>-,</del>
2		icai			
_	expenses for which the section 527(f) tax was paid).		2a		
	Current year		·····		
	Carryover from last year		·····		
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				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			}	
_	expenditure next year?		<u>4</u>		
	Taxable amount of lobbying and political expenditures (see instructions)		5	l	
Com for a	t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; any additional information.  RT I-A, LINE 1:	and Part II-B	, line 1i. Als	o, complete	this part
CA:	P ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OF	FICE,	NOR DO	ES IT	
EX	PLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF PA	RTICUL.	AR		
CA	NDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR,	CAP A	CTION	
MA.	DE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRIT	ICIZIN	G PARI	CULA	R
PU	BLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES.		E POLI		0-EZ) 2010

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

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		f F
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located >	•
5	Does the organization have a written policy regarding the per	•	
	violations, and enforcement of the conservation easements i		Yes No
6	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) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes th	ne organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her 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 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtherand	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	lic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2010

-	dule D (Form 990) 2010 CENTER  Till Organizations Maintaining C	FOR AMERIC Collections of A						30-01 lar Asse			
3	Using the organization's acquisition, accessi										
	(check all that apply):	,	<b>,</b>								
а	Public exhibition	c	1 🗆 L	oan or exc	hange progra	ams					
b	Scholarly research				nango progre						
c	Preservation for future generations	•	,								
4	Provide a description of the organization's co	alloctions and explai	in how the	ov further t	ho organizati	on's ava	mpt pur	oco in Bor	· VIV		
5	During the year, did the organization solicit of				_			JUSE III Fall	AIV.		
3	to be sold to raise funds rather than to be ma		=		•				Yes		l Na
Par											<u> No</u>
1 (4)	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
			diam e fam a	سمانات خالساسم				1			
та	Is the organization an agent, trustee, custod								٦.,		٦.,
	on Form 990, Part X?						• • • • • • • • • • • • • • • • • • • •		<b>Yes</b>		No
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing ta	able:				r			<del></del>
									Amount		<u> </u>
	Beginning balance										<del></del>
	Additions during the year										<del></del>
е	Distributions during the year						<u>1e</u>				
f	Ending balance							<u> </u>		<del></del>	<del></del>
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.										
Par	t V Endowment Funds. Complete i	f the organization ar	swered "	Yes" to Fo	rm 990, Part	IV, line	10.				
		(a) Current year	(b) Pri	ior year	(c) Two year	's back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses									94 AUS 34 9 S	
d	Grants or scholarships									Kana.	411416
е	Other expenditures for facilities						STEMP		Markin.	ridi.	
	and programs										
f	Administrative expenses										
g g	End of year balance									Provide l	
2	Provide the estimated percentage of the year	r end halance held s			l				100000000000000000000000000000000000000	No. 47 74" .	
	Board designated or quasi-endowment	i cha balance nela e	% %								
	Permanent endowment	%	<del></del> ′°								
		· -	etien that	e ava bald a	nd administs	wood for t	ha araan	ization			
Ja	Are there endowment funds not in the posse	ession of the organiz	auon mat	. are neio a	na aaministe	erea ioi i	ine organ	ization	Г	Vac	Nia
	by:								0-(5)	Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations					. <b> </b>	•••••		3b		
4	Describe in Part XIV the intended uses of the										
Pai	t VI   Land, Buildings, and Equipm				1				4 13 15		
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumula preciatio		(d) Bool	( valu	e 
1a	Land					<u> </u>	<u> </u>				
	Buildings										
	Leasehold improvements										
	Equipment				3,990.		•	90.			0.
	Other	1		14	4,305.		138,4	169.			36.
Tota	i. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line	10(c).)			▶		5,8	36.

Schedule D (Form 990) 2010

Schedule [	(Form 990) 2010	CENTER	FOR	AMERICAN	PROG	RESS	ACTIO	N FUND	30-	0192708	Page 3
	Investments -		ti <b>es.</b> Se	e Form 990, Part	X, line 12						
(	<ul> <li>a) Description of secular (including name of the control of the contro</li></ul>			(b) Book va	lue		Cos	(c) Method of st or end-of-ye			
(1) Financi	al derivatives										
	r-held equity interests										
(3) Other											
(A)											
(B)											
(C)											·······
(D)	- Hydronia							<del></del>		<del>. ,</del>	
(E) (F)				,, ,							
(G)								<del></del>			
(H)						· · · · · · · · · · · · · · · · · · ·					
(1)											
	o) must equal Form 990,								eri Ethiopi (iz		
Part VIII	Investments -	Program Rela	ated. S	ee Form 990, Part	X, line 13	3.					
	(a) Description of inv	estment type		(b) Book va	lue		Cos	(c) Method of the officer of the off			
(1)											
(2)											
(3)											
<u>(4)</u>											
(5) (6)											
(7)											
(8)							· · · · · · · · · · · · · · · · · · ·				
(9)											
(10)											
Total. (Col (	o) must equal Form 990,										
Part IX	Other Assets.	See Form 990, Pa								(I-) D I	-l
DI	JE FROM AFF	TTTAME	(a)	Description						(b) Book v	,889.
	DE FROM AFF	TTTYTE	·							070	,009.
(2)											
(4)											<del>`</del> _
(5)										,	
(6)											
(7)											
(8)											
(9)											
(10)										. 670	000
Total. (Colt	umn (b) must equal Fo Other Liabilitie						<u></u>			670	,889.
1.	(a) De	scription of liabili	ity	11.0 20.		(b) Amo	unt				
	deral income taxes										
(2)				•							
(3)									14 M		
(4)											
(5)		······································									
(6)											er en frans. Geografi
(7)					-						
(8)											
(10)				· · · · · · · · · · · · · · · · · · ·							
(11)											
Total. (Cold	umn (b) must equal Fo	orm 990, Part X, c	ol (B) line	e 25.)	▶						
<ol><li>FIN 48 (A</li></ol>	SC 740) Footnote, in Part XIV SC 740).	, provide the text of the	e foothote to	the organization's fina	inciai statem	ents that rep	oorts the organi	zation's liability to	r uncertain	ax positions unde	r
032053 12-20-10									Sched	lule D (Form	990) 2010

	edule D (Form 990) 2010 CENTER FOR AMERICAN PROGRE; int XI Reconciliation of Change in Net Assets from Form 990 to	SS ACT	ION FUND	30-	0192708 Page 4
1	T 1 1 (F 200 F 200			atemen	
2		• • • • • • • • • • • • • • • • • • • •			9,490,903.
3	Total expenses (Form 990, Part IX, column (A), line 25)	• • • • • • • • • • • • • • • • • • • •	2		7,999,512.
4	Excess or (deficit) for the year. Subtract line 2 from line 1	••••••	3		1,491,391.
5	Net unrealized gains (losses) on investments		4		
6	Donated services and use of facilities	• • • • • • • • • • • • • • • • • • • •	5		
7	Investment expenses		6		450.000
8	Prior period adjustments		7		150,000.
9	Other (Describe in Part XIV.)	••••••	8		150.000
10	Total adjustments (net). Add lines 4 through 8		9		150,000.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and rt XII Reconciliation of Revenue per Audited Financial Stateme	a9 nte With	10	v Dotum	1,641,391.
1	Total revenue, gains, and other support per audited financial statements	IIIS WILLI	nevenue pe	neturi	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		1	9,576,501.
a	· · · · · · · · · · · · · · · · · · ·				
	Donated services and use of facilities	2a			
	Donated services and use of facilities	2b		1 Fallin	
4	Recoveries of prior year grants	2c	05 50	_	
u o	Other (Describe in Part XIV.)	2d	85,59		05 500
3	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •	••••••	2e	85,598.
4	Subtract line 2e from line 1			3	9,490,903.
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV.) Add lines <b>4a</b> and <b>4b</b>				•
	***************************************	• • • • • • • • • • • • • • • • • • • •		4c	<u> </u>
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XIII Reconciliation of Expenses per Audited Financial Statemen	nto With	· Evnances	5	9,490,903.
1					
2	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••	1	8,085,110.
		1			
a h	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
ď	Other (Describe in Bort VIV.)	2c	0E E0		
u _	Other (Describe in Part XIV.)	2d	85,59		OF E00
3	Add lines 2a through 2d	•••••		2e	85,598.
_	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		• • • • • • • • • • • • • • • • • • • •	3	7,999,512.
	Investment expenses not included on Form 990, Part VIII, line 7b				
h	Other (Describe in Part VIV.)	4a		- 10 minutes	
υ,	Other (Describe in Part XIV.) Add lines 4a and 4b	4b			0
				4c	0. 7.000 F12
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information			5	7,999,512.
Y line	plete this part to provide the descriptions required for Part III, lines 3, 5, and 9; Part III,	, lines 1a ar	id 4; Part IV, line	s 1b and 2	b; Part V, line 4; Part
PAR	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl TT X, LINE 2: IN ACCORDANCE WITH ASC TOPIC	ete this par	t to provide any	additional	information.
	11 11 12 11 IN MECONDANCE WITH ABC TOFIC	740,	INCOME 17	AAES,	THE
ACT	ION FUND HAS EVALUATED ITS INCOME TAX POSI	TONG.	EOD WAE	VENDO	מיני מודאים י
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UNC	ERTAIN TAX POSITIONS AND, ACCORDINGLY, THE	י ארייידי	יו כוואווים ואכ	אם או	/m
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REC	OGNIZED ANY LIABILITY FOR UNRECOGNIZED INC	OME T	ΔΥ		
	INC		. 147 •		<del></del>
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PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
		· · · · · · · · · · · · · · · · · · ·			
SPE	CIAL EVENTS EXPENSES				85,598.
				Sahad.	ale D (Form 990) 2010
032054 12-20-	10			Scriedi	ורסווו 990) 2010 (רסווו

Schedule D (Form 990) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND30-0192708 Page 5 Part XIV   Supplemental Information (continued)  PART XIII, LINE 2D - OTHER ADJUSTMENTS:  SPECIAL EVENTS EXPENSES 85,598.	Schedule D (Form 990) 2010	CENTER FOI	R AMERICAN	PROGRESS	ACTION	FUND30-019	2708 Pag	e <b>5</b>
SPECIAL EVENTS EXPENSES 85,598.	Part XIV Supplemental Info	ormation (continued	)		<del></del>			
SPECIAL EVENTS EXPENSES 85,598.								
SPECIAL EVENTS EXPENSES 85,598.	DADE WITH LINE OD		TT CON CONTRACT					
	PART XIII, LINE ZD	- OTHER ADO	JUSTMENTS:					—
	SPECIAL EVENTS EXP	ENSES					85,59	8.
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## SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Name of the organization

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

Open To Public Inspection

CENTER	FOR AMERICAN PROG	RESS	AC	TION FUND	30-0192	1708
Part I Fundraising Activities required to complete this pa	Complete if the organization ans	wered "\	es" t	o Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e X Solicit f Solicit g X Specia or oral agreement with any individu Part VII) or entity in connection with lividuals or entities (fundraisers) pur	ation of ation of al fundra al (inclui profess	non-g gover lising ding o ional f	overnment grants inment grants events fficers, directors, tru- fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	istody trol of	(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.
Total				476,000.	02.600	202 201
3 List all states in which the organization or licensing.	on is registered or licensed to solicit			or has been notified	·	
AL,AK,AZ,AR,CA,CT,DC, OH,OK,OR,PA,RI,SC,TN,	UT, VA, WA, WV, WI	, MD , .	ΜА.,.	MI,MN,MS,M	MI, UI, HI, O	,NY,NC,ND

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

032081 01-13-11

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

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION I	FUNB0-01	9270	8 Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity forms	_	<b>—</b>	<u> </u>
to administer charitable gaming?		i Yes ∷i	L No
13 Indicate the percentage of gaming activity operated in: a The organization's facility	,	За	. %
b An outside facility		3b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and			
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:	amount		
Name			
Address >		-	
16 Gaming manager information:			
Name			******
Gaming manager compensation ▶ \$			
Description of services provided ▶			
bescription of services provided P			
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	Г	Yes	. □ No
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	nent in the	res	i INO
organization's own exempt activities during the tax year > \$	pont in the		
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b			
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any addition	al information (s	ee insti	uctions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRAISERS	:	
(I) NAME OF FUNDRAISER: BONNER GROUP			
(I) NAME OF FUNDRAISER: BONNER GROUP			
(I) ADDRESS OF FUNDRAISER:			
729 15TH STREET, NW, #3, WASHINGTON, DC 20005-2105			
02002 01.12.11 Cohe	edule G (Form 9	90 or 0	90-E7) 2010
032083 01-13-11 Sche			,10

SCHEDULE

Open to Public OMB No. 1545-0047 Inspection

Schedule I (Form 990) (2010) ž Employer identification number 30-0192708 SUPPORT CHARITABLE AND SDUCATIONAL ACTIVITIES SDUCATIONAL ACTIVITIES SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES (h) Purpose of grant 먑 5 F 5 P SUPPORT CHARITABLE or assistance SUPPORT PROGRAMS SUPPORT PROGRAMS SUPPORT PROGRAMS X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OVERTY OVERTY POVERTY recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 ö 。 。 Ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. CENTER FOR AMERICAN PROGRESS ACTION FUND 15,000, 30,000. 500,000 15,000, 15,000 5,000 (d) Amount of cash grant (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations ...... 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4) 20-4465717 501(C)(4) 501(C)(4) 71-0492205 52-1861766 30-0126510 26-4680984 52-0789800 Part I General Information on Grants and Assistance criteria used to award the grants or assistance? (p) EIN 1120 CONNRCTICUT AVE. NW SUITE 312 1 (a) Name and address of organization STREET, NW #1000 - WASHINGTON, DC ARKANSAS ADVOCATES FOR CHILDREN RIGHTS EDUCATION FUND - 1629 K LEADERSHIP CONFERENCE ON CIVIL 1825 K STREET, NW, SUITE 400 CAMPAIGN FOR AMERICAS FUTURE CENTER FOR AMERICAN PROGRESS 1333 H STREET NW, 10TH FLOOR 1400 W MARKHAM, SUITE 306 COALITION ON HUMAN NEEDS or government SAN FRANCISCO, CA 94110 LITTLE ROCK, AR 72201 WASHINGTON, DC 20005 WASHINGTON, DC 20006 WASHINGTON, DC 20036 60 29TH STREET #664 Name of the organization Department of the Treasury NETROOTS NATION (Form 990) Part II 20006 0

COPY

30-0192708

Page 2

Schedule | (Form 990) (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND

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

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance							- All						School (19040) (2010)
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	ACTION FUND	AGREE: THAT IT	S TAX-EXEMPT	THAT NO	EXPRESSLY OR	PUBLIC	E; THAT IT	NS AND AUDITS	, REVIEW AND	
(d) Amount of non- cash assistance			ine 2, and any othe		AND	WITH CAPAF		INDIRECTLY TO	ELECTION TO	R CANDIDAT	CONDUCT EVALUATIONS	TO OBSERVE	
(c) Amount of cash grant			n required in Part I, I	AMERICAN PROGRESS	SENT, WARRANT	CONSISTENT WITH CAPAF'S	INTERNAL REVENUE CODE;		SEEKING E	POLITICAL PARTY OR CANDIDATE;	TO CONDUCT	INVOLVE VISITS TO OBSERVE,	34
(b) Number of recipients			ide the information	FOR	TO REPRESENT,	PURPOSES CO	OF THE INTER	ED DIRECTLY OR	CANDIDATE		REPRESENTATIVES	MAY INVOL	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: CENTER	REQUIRES ANY GRANTEE ORGANIZATION	WILL USE GRANT FUNDS SOLELY FOR PU	STATUS UNDER SECTION 501(C)(4) OF	PORTION OF GRANT FUNDS WILL BE USED	IMPLICITLY SUPPORT OR OPPOSE ANY C	OFFICE OR PROVIDE A BENEFIT TO ANY	WILL ALLOW CAPAF STAFF OR REPRESEN	OF THE USE OF GRANT FUNDS, WHICH M	332102 01-13-11

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

### **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	nded in content		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	}	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
		The air-th		
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:			
_	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	Participate in, or receive payment from, a supplemental nonqualined retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?			X
С		70	Tage 15	1.200
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	and the rest Very Legatives and the large E.A.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		100 400 1	X
	The organization?		ļ	X
b	Any related organization?	5b	- :	_ A
	If "Yes" to line 5a or 5b, describe in Part III.		2 (1) (1) 21 (1) (2)	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1 4 70
	contingent on the net earnings of:		Aren ere	7
а	The organization?	6a	ļ	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(Q)	(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
	8	149,998.	0	0	7,500.	5,405.	162,903.	0
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Schedule J (Form 990) 2010

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010
Open to Public Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192700
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRESSIVE LEADERS THROUGHOUT THE COUNTRY AND THE WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ONLINE COMMUNICATIONS
EXPENSES \$ 521,587. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
POLICY - ECONOMIC
EXPENSES \$ 397,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
POLICY - DOMESTIC
EXPENSES \$ 228,881. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
EXECUTIVE OFFICE
EXPENSES \$ 170,213. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
DEVELOPMENT
EXPENSES \$ 95,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ENOUGH PROJECT
EXPENSES \$ 50,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CALIFORNIA OFFICE
EXPENSES \$ 34,363. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAMPUS PROGRESS

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

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

Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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

POLICY - INTERNATIONAL/NATIONAL SECURITY

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

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

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

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

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

THE NUMBER OF DIRECTORS.

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

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

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

COORDINATION WITH THE LEGAL DEPARTMENT. THE ACCOUNTING FIRM PROVIDED A

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

CORPORATE OFFICERS.

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

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

PREVENTING OUTSIDE FINANCIAL INTERESTS OF ITS BOARD MEMBERS, OFFICERS OR

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

032212

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

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

ENFORCES POLICIES TO PREVENT CONFLICTS OF INTEREST AND THE APPEARANCE OF

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

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

COMPLIANCE WITH POLICIES GOVERNING OFFICERS, DIRECTORS AND KEY EMPLOYEES

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

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

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

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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

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

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

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

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

PRIOR PERIOD ADJUSTMENTS:

150,000.

)32212 )1-24-11

Schedul	e O (Fo	orm 9	90 or 9	90-EZ)	2010)												Page 2
Name of	the or	ganiz	zation	CEN	TER	FOR	AME	RICAN	PROG	RESS	ACT:	ION 1	FUND	1	Employe 30-	er identification -0192708	n number
FORM	990	),	BOX	B:	THE	OR	GANIZ	OITA	N HAS	AME	NDED	THE	FORM	99	OTO	CORRECT	
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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2008
Open to Public Inspection

А	or the	2008 calendar year, or tax year beginning and ending		
В	Check if applicable	Please Use IRS	D Employer identific	cation number
	Addres change	is label of Capating to the latest and the capating and the capating to the ca	D	
	Name change lnitia!			192708
	return Termin	See Number and street (or P.O. box if mail is not delivered to street address) Room/st		
H	—lation ⊟Amend	Instruct 1333 II STREET, NW TOTH PHOOR		)682-1611
-	lreturn Applica	City or town, state or country, and ZIP + 4	G Gross receipts \$	8,886,450.
	—ition pendin	F Name and address of principal officer:JOHN PODESTA	H(a) Is this a group re for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
1	Tax-exe	empt status: X 501(c) (4 ) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: WWW.AMERICANPROGRESSACTION.ORG	H(c) Group exemptio	
ĸ	Type of	organization: X Corporation		A State of legal domicile: DC
Р	*******	Summary		
Governance		Briefly describe the organization's mission or most significant activities: SHAPE TH AND TRANSFORM IDEAS INTO POLICY	E NATIONAL PO	LICY DEBATE
rna		Check this box if the organization discontinued its operations or disposed of n	nore than 25% of its asset	S.
Ş			3	6
න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4
Activities &		Total number of employees (Part V, line 2a)		0
Ξ	6	Total number of volunteers (estimate if necessary)	6	0
Act	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	34,631.
-	b	Net unrelated business taxable income from Form 990-T, line 34		19,724.
	8	Contributions and grants (Dout VIII line 16)	Prior Year 3,146,131.	Current Year
nge	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	3,140,131.	8,653,399.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,092.	14,396.
ΩC	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,032.	187,470.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,171,223.	8,855,265.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,766.	127,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		
6	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,409,048.	3,968,755.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		121,750.
X	-   b	Total fundraising expenses (Part IX, column (D), line 25)  263,928.		6.00
	17/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,207,050.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,618,864.	
5	8	Revenue less expenses. Subtract line 18 from line 12	552,359.	1,274,763.
Net Assets or	20	Total assets (Part X, line 16)	1,427,506.	End of Year 3,445,246.
ASS	21	Total liabilities (Part X, line 26)	350,009.	1,092,986.
9	22	Net assets or fund Valances, Subtract line 21 from line 20	1,077,497.	2,352,260.
F	art II	Signature Block		<u> </u>
		Under penalties of perfury, I declare that I havelexamined this return, including accompanying schedules and statem and complete. Declaration of preparer to the than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	ige and belief, it is true, correct,
۰.		La Was Held	11/1/2	100
Sig	-	Signative of officer	Date (U)	109
He	ere	SARAH ROSEN WARTELL, TREASURER/EXECUTIVE	TID	
		Type or print name and title	VE	
Pa	id	Preparer's Date	Check if Prepa	rer's identifying number
	eparer's	Signature of the simple	employed >	
	e Only	yours if LARSONALLEN LLD	E3N ►	
	•	self-employed), address, and NOT THE 150		
<u> </u>	nu tha t	ZIP+4 ARLINGTON, VA 22206	Phone no. > 7	703-998-5100
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)	******************	X Yes No

Form **990** (2008)

#### Form 990 (2008) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 1 Is the organization required to complete Schedule B, Schedule of Contributors? $\overline{\mathbf{x}}$ 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 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 III X 5 Did the organization maintain any donor advised funds or any 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 X ĸ 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 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 ..... X Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? 11 If "Yes." complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable X 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Х 12 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 13 14a Did the organization maintain an office, employees, or agents outside of the U.S.? X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 located outside the United States? If "Yes," complete Schedule F, Part II X 15 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 X 16 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

any tax-exempt bonds?

disqualified person during the year? If "Yes," complete Schedule L, Part I

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

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

Form 990 (2008)

X

X

X

X

Х

X

Х

Х

X

19

20

21

23

24a

24b

24c

24d

25a

25b

Х

26

19

20

21

22

23

# Part V Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		1	10 E.
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other	18.0		
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
þ	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? 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 liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	· · · · ·		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, 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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х

Form **990** (2008)

Form	990 (2008) CENTER FOR AMERICAN PROGRESS ACTION FU	IND	30-019	2708	P:	age 5
Par		<u> </u>		74,00		ugo o
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	- 1			100	
	U.S. Information Returns, Enter -0- if not applicable	1a	f	58		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7b		n l		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re		ole gaming		istor.	
	(gambling) winnings to prize winners?			lc lc	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i i	******************			2575 E
	filed for the calendar year ending with or within the year covered by this return	2a		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			- EC. (10.1)	N. L.	23
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see i	no:	tione)	20	e i	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			20	X	<b>4</b> 10 10 10 10 10 10 10 10 10 10 10 10 10
	Million II had to the district COO Transition of the little of the littl				X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	thavi		30	Λ	
,	financial account in a foreign country (such as a bank account, securities account, or other financial a					·-
h	If "Yes," enter the name of the foreign country:	accour	11) ?	4a	105366	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E			<b>-</b> [10]	维	
	Financial Accounts.	sank a	ва			À
52				2861.07		37
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		<u>5b</u>		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
Ç.	Tax Shelter Transaction?			<u>5c</u>		
oa L	Did the organization solicit any contributions that were not tax deductible?			6a	X	<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribut			-	۱	
7	were not tax deductible?		• • • • • • • • • • • • • • • • • • • •	6b	X	- A
7	Organizations that may receive deductible contributions under section 170(c).				<b>19.99</b>	
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$75?	7a	ļ	X
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<b>_</b>	ļ
C	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was the file form access.					
	to file Form 8282?		***************************************	7с	4.50	X
u	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<b>—</b>	NO E	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	person	ai	1000	维德	
	benefit contract?		••••••	7e	ļ	X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contributions of supplied intelligence of suppl	act?		7 <del>1</del>	<u> </u>	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	? -		7g	<u> </u>	ļ
0	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C			7h	narrows.	224000
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or					
0	excess business holdings at any time during the year?	,,	***************************************		Alia San Araban	C#122214232
9_	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				2.2	
a L	Did the organization make any taxable distributions under section 4966?	•••••		<u>9a</u>	ļ	<del> </del>
- b	Did the organization make a distribution to a donor, donor advisor, or related person?	••••••		9b	1884.488	ester communic
10	Section 501(c)(7) organizations, Enter: N/A	1 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		<b>—</b>	2.4	
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A	1	t		2	
a	Gross income from members or shareholders	11a		[66		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				13	(4)
40-	amounts due or received from them.)	11b			3 %	N. S.
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? i	12a		
<u>a</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			100	<b>186</b>

Section A. Governing Body and Management

Rart VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

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

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

1a Complete this table for all persons required to be listed. 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, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

X Check this box if the organization did not co	ompensate an	y of	ficer	, dire	ecto	or, tn	ıste	e, or key employee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		ì	Posi	tion			Reportable	Reportable	Estimated
	hours			( all t	that	арр	ly)	compensation	compensation	amount of
	per	tor						from	from related	other
	week	direc				.		the	organizations	compensation
		10 99	stee	'		nsate		organization	(W-2/1099-MISC)	from the
	·	trust	al fro		yes	E E		(W-2/1099-MISC)		organization and related
		vid ua	tution	Officer	empl	esto	181			organizations
		Individual trustee or director	İnsti	Offic	Key	Highest compensated employee	F			organizations
JOHN PODESTA		$\vdash$	-							
DIRECTOR/PRESIDENT/CEO	14.00	х		х				0.	0.	0.
PETER EDELMAN		Г								
DIRECTOR	1.00	Х	ł					0.	0.	0.
JUDITH FEDER										
DIRECTOR	1.00	X					ļ	0.	0.	0.
BRODERICK JOHNSON										
DIRECTOR	1.00	X		1				0.	0.	0.
TOM PEREZ						Г				
DIRECTOR	1.00	Х					١.	0.	0.	0.
HILARY ROSEN										
DIRECTOR	1.00	X				<u> </u>	<u>.                                    </u>	0.	0.	0.
RON KLAIN		İ								
DIRECTOR	1.00	Х		L				0.	0.	0.
SARAH ROSEN WARTELL		1			ļ		l			1
TREASURER/EXECUTIVE VP	6.00	<u> </u>	<u> </u>	Х	<u> </u>	_	<u> </u>	0.	0.	0.
DEBORAH FINE	10 00						l	_	_	
SECRETARY/GEN. COUNSEL	19.00	<u> </u>	<u> </u>	X	ļ	_		0.	0.	0.
DAVID MADLAND	44.00			1						
DIR AMERICAN WORKER PROJ	44.00	╙	_	ļ.,	<u> </u>	X	┖	0.	0.	0.
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Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and title	Average	١.,		Posi				Reportable	Reportable	Estimated
	hours per		neck	all	that	app	ily)	compensation from	compensation from related	
	week	Individual trustee or director						the	organizations	other compensation
		se or d	stee			Highest compensated employee		organization	(W-2/1099-MIS	
		i fruste	und ber		oyee	ошрег		(W-2/1099-MISC)		organization
		ividua	Institutional trustee	Officer	фша	hest c	ja			and related organizations
		르	SUI.	O#	Key	운통	Ē			organia dono
						_	L			
				<b> </b>	L	ļ	_			
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		L	<u> </u>	<u> </u>	L	L	L			
1b Total						<u> </u>		0.		0. 0.
2 Total number of individuals (including those								•		
compensation from the organization						·····				► 0  Yes No
3 Did the organization list any former officer,	director or tra	istee	ke	v en	nnla	wee	or	highest compensated or	mplayee en	
line 1a? If "Yes," complete Schedule J for s								mignest compensated en		3 X
4 For any individual listed on line 1a, is the su			omp	ens	atio	n an	d ol	ther compensation from	the organization	
and related organizations greater than \$15	0,000? If "Yes,	, " co	mpl	ete :	Sch	edul	e J	for such individual	_	4 X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	n an	y uni	rela	ted organization for serv	ices rendered to	
the organization? If "Yes," complete Scheol Section B. Independent Contractors	ule J for such	pers	on .		<u></u>					5 X
	mpoppotod in	don	d		4			Ab-d	<b></b>	<del></del>
1 Complete this table for your five highest co the organization.	mpensateo m	uepi	enue	21)1 (	cont	ract	ors	that received more than	\$100,000 of com	pensation from
(A)								(B)		(C)
Name and business								Description of s	services	Compensation
FINANCIAL DYNAMICS, 88 P		EE'	Г,	3	2N	D		PUBLIC OPINI	ON	
FLOOR, NEW YORK, NY 1000		4 - :						ANALYSIS		259,622.
CHRIS WAYNE & ASSOCIATES	, 1111	19	ТН	_	~ ~	~ ~				_
STREET, NW, STE 406, WAS	HINGTON	,	DC		υυ	36		EVENT PLANNI	NG	<u>175,061.</u>
Total number of independent contractors (     from the preparation		e in	1) w	ho r	ece	ived	mo	re than \$100,000 in com	pensation	
from the organization	2								Å	

Pai	t VIII	Statement of Reven	ue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
똲뙵			1a		100000000000000000000000000000000000000		<b>北西州岛和</b> 科	1 100 100
grants		Membership dues						8 1 1 1
	C	Fundraising events	1c 2	08,701.			a facility of the state of the	
<u>a</u> g.	d	Related organizations	1d		trability (see a constitution of the		10000000000	
S.E		Government grants (contributi			196	建化学的现代		
흉씱	f	All other contributions, gifts, grant	ts, and					
흔히		similar amounts not included above	/e 1f	8,444,698.	54 50 <b>4</b> 5 -		and the second	
Contributions, gifts, and other similar ar		Noncash contributions included in lines						
0 @	h	Total. Add lines 1a-1f		<u> </u>	8653399.			glade Sala Sala
_ 1				Business Code	Edit Material		e extressión de la	
<u>ş</u>	2 a							·
들의	b							
25	C							
Ra	d							
Program Service Revenue	e	All sales as a second		-				
	'	All other program service reve						
	3	Total. Add lines 2a-2f						
ļ	Ü	other similar amounts)			14,396.			14,396.
	4	Income from investment of tax			14,3500			14,330.
	5	Royalties			7,500.			7,500.
		,	(i) Real	(ii) Personal				7,500.
	6 a	Gross Rents					- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less: rental expenses				Marie Andreas		
ı		Rental income or (loss)						
1	d	Net rental income or (loss)					2 Constitution of the Cons	Maria ang Construction and
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				100
		assets other than inventory				20.00 G A		2.00
	b	Less: cost or other basis				<b>新教学的主义</b>	612-7536-746	
		and sales expenses					l i	
		Gain or (loss)		<u> </u>			A a remarkable	
		Net gain or (loss)		······				
g.	8 a	Gross, income from fundraising	•			Ergen and a		1.6745-17
Other Reven			01. of			Grand Company	24 14 2 PM	
e e		contributions reported on line Part IV, line 18	•	15,424.				
ie i	h	Less: direct expenses	a b	24 4 2				
δ		Net income or (loss) from fund		D1,103.	-15,761.	<b>MINETER 22</b> 92 9	and the state of t	-15,761.
	1	Gross income from gaming ac	-		13,701	frage a la company		-13,701.
		Part IV, line 19			10 mm	第9 <b>2</b> 2年第2年第3日		
	b	Less: direct expenses						
	С	Net income or (loss) from gar	ning activities			Control of the Contro		
	10 a	Gross sales of inventory, less	returns					7
		and allowances	a				2.0	
	b	Less: cost of goods sold	b				401568	
	C	Net income or (loss) from sale						
	<u> </u>	Miscellaneous Revenu		Business Code		4.5.6.7.2.211 ·	ağın aktıra <b>yelli</b> ği	STATE SEED
	i .	NATIONAL CLEAN		900099	161,100.			161,100.
	b		LSING RE	541800	34,631.		34,631.	
	C							ļ
	l d				195,731.	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	12	Total Revenue. Add lines 1h, 2g, 3,			8855265		3/ 621	167,235.
200			u, ou, ru, ou, sc, 1	oo, and the	1 0000400	ղ Մ∙	1 22,027,	1 401,4000

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).

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
	not include amounts reported on lines 6b, 3b, 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	127,000.	127,000.	eracyles es eschales	
2	Grants and other assistance to individuals in				Control of the second
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			Anger deserto	
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Cargos brought	A. 中国的1973年
5	Compensation of current officers, directors,				
	trustees, and key employees	182,347.	108,845.	69,978.	3,524.
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	3,129,361.	2,804,253.	288,501.	36,607.
8	Pension plan contributions (include section 401(k)		<u> </u>		
	and section 403(b) employer contributions)	209,784.	184,819.	22,430.	2.535.
9	Other employee benefits	213,053.	189,520.	21,040.	2,535. 2,493.
10	Payroll taxes	234,210.	206,338.	25,042.	2,830.
11	Fees for services (non-employees):				2,030.
a	Management				
b	Legal	48,659.	2,768.	45,891.	
C	Accounting	15,036.		15,036.	
d	Lobbying	28,905.	28,905.		
	Professional fundraising services. See Part IV, line 17	121,750.	Base of the York Maria		121,750.
f	Investment management fees				222,750.
g		826,632.	735,761.	82,077.	8,794.
12	Advertising and promotion	154,863.	154,851.	9.	3.
13	Office expenses	22,961.	18,984.	2,711.	1,266.
14	Information technology				1,2000
15	Royalties				
16	Occupancy	671,352.	591,689.	58,148.	21,515.
17	Travel	179,244.	171,349.	113.	7,782.
18	Payments of travel or entertainment expenses				7,702.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	304,766.	287,926.		16,840.
20	Interest				10,0101
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,997.	19,475.	381.	141.
23	Insurance	24,478.	21,306.	2,315.	857.
24	Other expenses. Itemize expenses not covered	Paragraphy (1997)	7.00 mm = 1.00 mm = 1		
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	PUBLIC OPINION ANALYSIS	286,800.	286,800.	0.	0.
b		163,494.	142,339.	15,441.	5,714.
c	COMMISSIONED PAPERS	91,097.	91,097.	0.	3,714.
đ	TELEPHONE	70,955.	61,602.	5,652.	3,701.
е	FURNITURE & EQUIPMENT E	66,192.	57,186.	6,648.	2,358.
f	All other expenses	387,566.	307,710.	54,638.	25,218.
25	Total functional expenses. Add lines 1 through 24f	7,580,502.	6,600,523.	716,051.	263,928.
26	Joint Costs. Check here if following			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	203,220.
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
		·		1	

			(A) Beginning of year		(B) End of year
$\Box$	1	Cash - non-interest-bearing		1	2,148,129.
	2	Savings and temporary cash investments		2	344,629.
	3	Pledges and grants receivable, net	267,668.	3	931,596.
	4	Accounts receivable, net	<u>Z07,000.</u>		331,330.
	5	Receivables from current and former officers, directors, trustees, key		4	
		employees, or other related parties. Complete Part II of Schedule L		_	
	6	Receivables from other disqualified persons (as defined under section	,	5	
	U			ilan ipi	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		\$17,75	
.,	7	Part II of Schedule L	.,.	6	
Assets	7	Notes and loans receivable, net	•••	7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	2,739.
		Land, buildings, and equipment: cost basis 10a 18, 23	<b>3.</b>		
	b	Less: accumulated depreciation. Complete			
		Part VI of Schedule D		10c	11,403.
	11	Investments · publicly traded securities		11	
	12	Investments - other securities, See Part IV, line 11		12	
	13	Investments - program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16,180.		6,750.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,427,506.		3,445,246.
	17	Accounts payable and accrued expenses	11,918.	17	1,092,986.
	18	Grants payable		18	
	19	Deferred revenue	•••	19	
	20	Tax-exempt bond flabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		i diga	
jab		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	A COLUMN TO THE PERSON OF THE
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	338,091.	25	0.
	26	Total liabilities. Add lines 17 through 25	350,009.	26	1,092,986.
		Organizations that follow SFAS 117, check here X and complete			
nces		lines 27 through 29, and lines 33 and 34.	73.63		
ano	27	Unrestricted net assets	921,559.	27	1,589,705.
3ali	28	Temporarily restricted net assets	155,938.	28	762,555.
g	29	Permanently restricted net assets		29	
Fund Bala	l	Organizations that do not follow SFAS 117, check here  and		1	of the first of the second
Net Assets or	ŀ	complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>e</u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,077,497.	33	2,352,260.
	34	Total liabilities and net assets/fund balances	1,427,506.	34	3,445,246.
Pa	rt XI	Financial Statements and Reporting			
					Yes No
1		ounting method used to prepare the Form 990; Cash X Accrual	Other		# 1 Sec. 1
2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	Wer	e the organization's financial statements audited by an independent accounta	nt?	<b></b>	2b X
С	lf "Y	es" to lines 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight of th	e aud	it,
	revie	ew, or compilation of its financial statements and selection of an independent a	accountant?		2c X
3a	As a	result of a federal award, was the organization required to undergo an audit o	r audits as set forth in the Sin	gle Au	ıdit
	Act	and OMB Circular A-133?			3a X
b	if "Y	es," did the organization undergo the required audit or audits?		· · · · · · · · · · · · · · · · · · ·	3b
83201	1 12-1	R_DR			E 000 (0000)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** 

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization because it received proposely to the parts unless the <b>General Rule</b> applies to this organization.

amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, fine 1. Complete Parts I and II.

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year.)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Fart	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	<u>-</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
3	· ———	\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$	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		\$ <u></u>	Person X  Payroll  loncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
823452 12-1	8-08	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

•			
Schedule B (F	Form 990, 990-EZ, ⇔ 990-PF) (2008)		Page 2 of 12 of Part )
Name of or	ganization	Empl	pyer identification number
CENTE	R FOR AMERICAN PROGRESS ACTION FUND	-	0-0192708
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
8		Aggregate contributions	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 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 Person 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 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (ď) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 12 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 823452 12-18-0\_ Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Employer identification number

### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part II	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d)
13		\$	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
14		<b>\$</b>	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		- \$	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
16	<u></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
17		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>18</u>	8-08	Schedule B (Form	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)  990, 990-EZ, er 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

raiti	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	·	\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	]	\$	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
23		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$	Person X Payroll
823452 12-1	80-6	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Part	Contributors (see instructions)		
(a) No.	(b) Name address and ZID . 4	(c)	(d)
140.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
25	1	\$	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
26	<u>i</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
27		\$	Person X Payroll  Noncash (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$	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
29	<u></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
30		\$	Person X Payroll
823452 12-	18-08	Schedule B (Form	990, 990-EZ, or 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	-	\$	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
32	<u></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
33		\$	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34	·	\$	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Namė, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35 (a)	]	\$	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36	<u> </u>	\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)
823452 12-1	8-08	Schedule B (Form !	990, 990-EZ, or 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$·	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
38		\$ <u>.</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
39		\$	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
40	·	\$	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
41		\$	Person X Payroll
(a) No.	(b) Name, address. and ZID - A	(c) Aggregate contributions	(d) Type of contribution
<u>42</u> 823452 12-1	] B-08	\$ Schedule B (Form	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)	•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	<u>.</u>	\$	Person X Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
44	·	\$	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
45		\$	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
46		\$	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
47		\$	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
48 823452 12-1	8-08	\$Schodulo B // Corre	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
		Centrality D (LDIM)	990, 990-EZ, or 990-PF) (2008)

Employer identification number

#### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	·	\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
50	Waine, address, and ZiF + 4	Aggregate contributions	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
51	· · · · · · · · · · · · · · · · · · ·	\$	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
52		\$	Person X Payroll Voncash 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>53</u>	•	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>54</b> 823462 12-1	18-08	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2008)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	·	\$	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
56		\$	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
57		\$	Person X Payroll  Noncash (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
58	}	- \$	Person X Payroll  Noncash  (Complete Part If if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
59		\$	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
823452 12-16	B-98	\$Schedule B (Form	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)  990, 990-EZ, or 990-PF) (2008)

Employer identification number

#### CENTER FOR AMERICAN PROGRESS ACTION FUND

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
62	?	\$ <u>,</u>	Person X Payrolt 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
63	•	\$	Person X Payroll  Noncash (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZJP + 4	(c) Aggregate contributions	(d) Type of contribution
64	]	\$	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
65		\$	Person X Payroll  Noncash  (Complete Part It if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
66		\$	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.)

Employer identification number

# CENTER FOR AMERICAN PROGRESS ACTION FUND

Partil	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
68		<b>\$</b>	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
69	<u></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
70		\$	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
71	<u> </u>	\$	Person X Payroli  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

		organizations: Complete Part III.			
Name	e of organization				loyer identification number
	CEN	TER FOR AMERICAN PR	OGRESS ACTIO	N FUND	30-0192708
Pai	t I-A To be compl	eted by all organizations exe	mpt under section	501(c) and section 5	27 organizations.
	See the instructi	ons for Schedule C for details.			
		e organization's direct and indirect poli			
2	Political expenditures		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b>	2,258,678.
3	Volunteer hours			*******************************	0.
TO CONTRACT OF THE PARTY OF THE					
Pa	tt I-B To be compl	eted by all organizations exe	mpt under section	501(c)(3).	
		ons for Schedule C for details.			
1	Enter the amount of any ex	cise tax incurred by the organization u	ınder section 4955		
2	Enter the amount of any ex	cise tax incurred by organization mana	agers under section 4958	5 <u> </u>	B
3	If the organization incurred	l a section 4955 tax, did it file Form 472	20 for this year?		Yes No
4a	Was a correction made?		***************************************	·	Yes No
	If "Yes," describe in Part I\	J			
Рa	rt I-C To be compl	eted by all organizations exe	mpt under section	501(c), except secti	on 501(c)(3).
		ons for Schedule C for details.			
1	Enter the amount directly of	expended by the filing organization for	section 527 exempt fund	ction activities	2,258,678.
		ing organization's funds contributed to			
					\$ <u>0.</u>
		exempt function expenditures. Add lin			
_	Form 1120-POL, line 17b		***************************************	<b>.</b>	\$ 2,258,678.
4	Did the filing organization i	file Form 1120-POL for this year?		***************************************	X Yes No
5	State the names, addresse	es and employer identification number	(EIN) of all section 527 p	olitical organizations to wh	ich payments were made.
	promptly and directly deliv	f indicate if the amount was paid from the vered to a separate political organization	une illing organization's to	unds or were political conti	ibutions received and
	If additional space is need	ed, provide information in Part IV.	n, such as a separate se	gregated fund or a politica	action committee (PAC).
	(a) Name		(-) Eth)	1 (1) 4	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0-	4
			į	Í	delivered to a separate
					political organization.  If none, enter ·0·.
		<u> </u>			
		İ			
******					
		}			

Sche	Schedule C (Form 990 or 990-EZ) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUNBO-0192708 Page 2							
Par	Part IIsA: To be completed by organizations exempt under section 501(c)(3) that filed Form 5768							
	(election under sec			edule C for details.				
		tion belongs to an affil	<b>.</b>					
B Ch	eck 🕨 🔛 if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.				
		ts on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influ	uence public opinion (	grassroots lobbying)					
b	Total lobbying expenditures to influ	uence a legislative boo						
	Total lobbying expenditures (add li							
	Other exempt purpose expenditure							
e	Total exempt purpose expenditure	s (add lines 1c and 1d	)	***************************************				
f,	Lobbying nontaxable amount. Enter	er the amount from the	following table in both	n columns.				
	If the amount on line 1e, column (a) o	or (b) is: The tobi	bying nontaxable am	ount is:				
	Not over \$500,000	20% of	the amount on line 1e.					
	Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.				
٠	Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.				
	Over \$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.				
ļ	Over \$17,000,000	\$1,000,0	000.		50.000	na natara		
-	Grassroots nontaxable amount (er							
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a				~~~~				
i	Subtract line 1f from line 1c. Enter	-0- if line f is more that	n line c	***************************************				
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720				
	reporting section 4911 tax for this					Yes No		
	(Some organiz	zations that made a s	eraging Period Under ection 501(h) election structions for lines 2a	do not have to com	plete all of the five			
			nditures During 4-Yea	=	su ucuons.j			
			<u> </u>					
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total		
	Lobbying non-taxable amount	ROSE STORY						
b	Lobbying ceiling amount	Charles Control of	tree to a verse tree or					
	(150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount	的可供加油方金	e chur and saide		CONTRACTOR OF			
	(150% of line 2d, column (e))		-1-24-7-64-61	(2 filt state of the sort state				
f	Grassroots lobbying expenditures			<u>annan an an an an an an an an an an an a</u>				

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (Form 990 or 990-EZ) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 Page 3

Part I-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		{/	(b)	
		Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or	144.55			g 45 <b>1</b> 0000	
	local legislation, including any attempt to influence public opinion on a legislative matter				1.00	
	or referendum, through the use of:					
a	Volunteers?			2.06		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			40	5	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
6	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?	<u> </u>				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	L				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
j	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i		<b>美国工程</b>			
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	<b>美国联系</b>	基础产生			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5	, or sec	tion	
	501(c)(6). See the instructions for Schedule C for details.					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	************	2		X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	*************	3		Х	
Par	To be completed by all organizations exempt under section 501(c)(4)	, section	501(c)(5	), or sec	tion	
	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR	if Part II	II-A, ques	stion 3 is	3	
	answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members	***********	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	ical	Č.			
	expenses for which the section 527(f) tax was paid).					
a	Current year		2a			
b	Carryover from last year					
С			2c			
3	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 ex		A.13			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	13.7			
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			
	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, complet	e this part	
	ny additional information.					
PAI	RT I-A, LINE 1:					
CA.	P ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OF	ICE,	NOR DO	ES IT		
EX.	PLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF PAI	RTICUL.	AR			
~						
CAI	NDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR	, CAP	ACTIO	N	
MA.	DE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRIT	CIZIN	G PART	ICULA	R	
PU.	BLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES.	THES	E POLI	CY		
		Sched	ule C (Forn	990 or 99	0-EZ) 2008	

Schedule C (Form 990 or 990-EZ) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 Part IV Supplemental Information (continued)	age 4
ASSESSMENTS TOOK THE FORM OF POSITION PAPERS, BLOG POSTS, PRESS	
RELEASES, AND OTHER SIMILAR PUBLIC COMMUNICATIONS.	
	<del></del>
	·

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

CENTER FOR AMERICAN PROGRESS ACTION FUND

2008
Copen to Public
Inspection

Schedule D (Form 990) 2008

Name of the organization

Employer identification number 30-0192708

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		·
		(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		ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may b	e used only
	for charitable purposes and not for the benefit of the donor		
Par	till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
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	pleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	<u> </u>	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified con-	servation contribution in the form of a co	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organization during the taxable
	year >		
4	Number of states where property subject to conservation ea	asement is located >	_
5	Does the organization have a written policy regarding the pe		
	enforcement of the conservation easements it holds?	***************************************	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		·
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva-		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describe	s the organization's accounting for
652	conservation easements.		
	Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
40	If the expenitation shorted as a similar day of AO 440		
ıa	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, etho footbots to its financial statements that describes the		oublic service, provide, in Part XIV, the text of
h	the footnote to its financial statements that describes these		
D	If the organization elected, as permitted under SFAS 116, to	or report in its revenue statement and bail	ance sneet works of art, historical treasures,
	or other similar assets held for public exhibition, education, these items:	or research in turtherance of public servi	ce, provide the following amounts relating to
			<b>*</b>
	(i) Revenues included in Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical tr	ongueso or other similar access for finance	
-			ciai gain, provide
а	the following amounts required to be reported under SFAS  Revenues included in Form 900, Part VIII, line 1	•	<b>▶</b> ↑
	Revenues included in Form 990, Part VIII, line 1		
L)	Assets included in Form 990, Part X	***************************************	

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

	fule D (Form 990) 2008 CENTER E	FOR AMERIC	AN PROGRES	SS ACTIO	ON FU	JND 30-	0192708	B Page <b>2</b>
Par	III Organizations Maintaining C	ollections of A	rt, Historical Tı	reasures, c	or Othe	er Similar As	sets (conti	nued)
3	Using the organization's accession and other	records, check any	y of the following th	at are a signifi	cant use	of its collection	items (chec	k all
	that apply):	•					•	
a	Public exhibition	τ	Loan or exc	change progra	ıms			
b	Scholarly research	6		- · -				
C	Preservation for future generations							
4	Provide a description of the organization's co	llections and explai	in how they further	the organizati	on's exe	mpt purpose in	Part XIV.	
5	During the year, did the organization solicit or	receive donations	of art, historical trea	asures, or oth	er similar	assets		
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	Trust, Escrow and Custodial reported an amount on Form 990, Par	Arrangements	. Complete if organ	ization answe	ered "Yes	s" to Form 990,	Part IV, line 9	9, or
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for contributio	ns or other as	sets not	included		
	on Form 990, Part X?						Yes	□ No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:							
	·	,					Amount	•
c	Beginning balance					10	7 (11) (3) (1)	
	Additions during the year	***************************************				1d		
е	Distributions during the year	***************************************		***************************************		i le		<del></del>
f	Ending balance				• • • • • • • • • • • • • • • • • • • •	11		
2a	Did the organization include an amount on Fo	om 990, Part X. line	21?				Yes	No
	If "Yes," explain the arrangement in Part XIV.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************				140
	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.							
		(a) Current year	(b) Prior year			(d) Three years b	ack (e) Four	years back
1a	Beginning of year balance		er engris en sik s			in a designation	14.00	Secretaria
	Contributions		Constant	M. Carlo			19.00	
C	Investment earnings or losses			ever e	riki siste			
	Grants or scholarships		gers and a second state of		1.24		100	
	Other expenditures for facilities			# / # O S			0.00	
	and programs				5.5	ero en a la		
f	Administrative expenses				1.0			Marie Commence
	End of year balance		17 (18 Feb. 1981)		14 - 12	5 2 2 2 2 2 1		44.00
2	Provide the estimated percentage of the year	r end balance held	as:				100-00-00-00-00-00-00-00-00-00-00-00-00-	San and American
a	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
C	Term endowment	<del>/</del> 6						
За	Are there endowment funds not in the posse	ssion of the organiz	zation that are held	and administe	ered for t	he organization		
	by:					•	Ī	Yes No
	(i) unrelated organizations	*****					3a(i)	
	(ii) related organizations						3afii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Schedule R?		************		3b	
4	Describe in Part XIV the intended uses of the	organization's end	lowment funds,					
Par	t VI Investments - Land, Building	ıs, and Equipm	<b>1ent.</b> See Form 99	0, Part X, line	10.			
	Description of investment	(a) Cost or basis (invest		st or other s (other)	(c) E	epreciation	(d) Boo	k value
1a	Land						· · · · · · · · · · · · · · · · · · ·	
b	Buildings							
C	Leasehold improvements					<del></del>		
	Equipment			18,233.		6,830.	1	1,403.
e	Other						l	
Total	l. Add lines 1a-1e. <i>(Column (d) should equal Fo</i>	orm 990, Part X, col	lumn (B), line 10(c).)				1	1,403.

Schedule D (Form 990) 2008 CENTER FOR	AMERICAN PRO	GRESS ACTI	ON FUND	30-0192708 Page 3
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.	******	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of v Cost or end-of-year	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		_ <b> </b>	<del></del>	
		<u> </u>		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)		0.00.02.00.00		
Part VIII Investments - Program Related.	Ree Form 900 Part V line	12		
	- Time	1	(c) Method of	valuation
(a) Description of investment type	(b) Book value		Cost or end-of-year	
				······································
				<u></u>
Total (Col (b) should equal forms 000. Doubly and (D) the 40.)		Secretor Secretor		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, lin	0.15			
	) Description			(b) Book value
	,	<del></del>		(W) DOOK TURAO
Total (Calumn (h) abouted around Form 2000 Dart V and (D)	V 45 \		·	
Total. (Column (b) should equal Form 990, Part X, col (B)  Part X Other Liabilities. See Form 990, Part >	/ line 75.)		***************************************	▶
(a) Description of liability	, iii e 25.	(b) Amount		
Federal income taxes			_	
			4,000	
			e jes	
			14 - 15 (14)	
T-1-1 (0.4				
Total. (Column (b) should equal Form 990, Part X, col (B)				
In Part XIV, provide the text of the footnote to the organic	zation's financial stateme	nts that reports the	organization's liab	ility for uncertain tax positions

	Dule D (Form 990) 2008 CENTER FOR AMERICAN PROGRE				192708 Page 4
	TXI Reconciliation of Change in Net Assets from Form 990 to	o Financia	ıl Statement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	***************************************	1		8,855,265.
2	Total expenses (Form 990, Part IX, column (A), line 25)				7,580,502.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,274,763.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
7	Prior period adjustments	****************	7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net). Add lines 4-8		9		0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		1,274,763.
Par	tixIII Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue pe	r Return	
1				1	8,855,265.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			100	
а	Net unrealized gains on investments	. 2a			
þ	Donated services and use of facilities	. 2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	•••••	******************	3	8,855,265.
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				
þ	Other (Describe in Part XIV)	. 4b		770.77	
C	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	8,855,265.
	**************************************				
1	Total expenses and losses per audited financial statements			1	7,580,502.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
C	Losses reported on Form 990, Part IX, line 25				
d	Other (Describe in Part XIV)			95 N	
e	Add lines 2a through 2d				0.
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •		3	7,580,502.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b				0.
5 (Da	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	7,580,502.
	TXIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	: III, lines 1a a	and 4; Part IV, lin	es 1b and 2l	b; Part V, line 4; Part
X; Pa	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
	The state of the s				
		<del></del>		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>			

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization						Employer ide	ntification number
CENTE	R FOR AMERICAN PRO	GRESS	AC	TION FUND		30-0192	
Part Fundraising Activit	les. Complete if the organization ar	nswered "Y	es" to	Form 990, Part IV,	line 1	7.	
<ul> <li>1 Indicate whether the organization</li> <li>a X Mail solicitations</li> <li>b X Email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a writtee</li> <li>key employees listed in Form 98</li> </ul>	e 🔀 Soli f 🔙 Soli g 🛣 Spe	icitation of r icitation of ç ecial fundrai dual (includ	non-g gover ising ing o	overnment grants nment grants events fficers, directors, tru	stees	or XYes	. No
<b>b</b> If "Yes," list the ten highest paid	d individuals or entities (fundraisers) p y the organization. Form 990-EZ filers	pursuant to	agre	ements under which	the 1	fundraiser is to	be
(i) Name of Individual or entity (fundraiser)	(ii) Activity	(iii) (fundra have cu or contribu	stody rol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
	PROFESSIONAL	Yes	No				
THE BONNER GROUP	FUNDRAISING		Х	974,000.	-	121,750.	852,250.
			· · · · · ·				
			<u></u>				
					<del>-</del>		
Total  3 List all states in which the organi	zation is registered or licensed to so	. <b>&gt;</b>	r has	974,000.	yemn	121,750.	852,250.
DC,AL,AK,AZ,AR,CA,C OH,OK,OR,PA,SC,TN,U	T, FL, GA, IL, KS, KY, M	E,MD,	ΜA,	MI, MN, MS, M	iO,1	NH, NJ, NM	, NY, NC, ND
LHA For Privacy Act and Paperwork	k Reduction Act Notice, see the In	structions	for F	orm 990.	Sche	dule G (Form 9	990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUND 0 - 0 1 9 2 7 0 8 Page 2

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

on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other Events (d) Total Events ANNUAL NONE (Add col. (a) through DINNER col. (c)) (event type) (event type) (total number) 1 Gross receipts 224,125. 224,125. 2 Less: Charitable contributions 208,701 208,701. 3 Gross revenue (line 1 minus line 2) ..... 15,424 15,424. 4 Cash prizes 5 Non-cash prizes Expenses 6 Rent/facility costs 16,840. 16,840. Direct Other direct expenses 14,345, 14,345. 8 Direct expense summary. Add lines 4 through 7 in column (d) 31,185) 9 Net income summary. Combine lines 3 and 8 in column (d) ..... -15,761. Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Non-cash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 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? 9a b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 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?

Generating G (Form 990 of 990 E2) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUNBO-	0137/0	8 P	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			ti sir
a The organization's facility  13a	%		7.6
b An outside facility  13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ►	1		
Name	—   We		
Address ►			
	— <b> </b>		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
, and any analysis of the second of the seco			of the c
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			40.57
of gaming revenue retained by the third party > \$	1		
c If "Yes," enter name and address:			
Name			
		震声	
Address			
16 Gaming manager information:			
daming manager miormation:			
Name >			
	—	製造	
Gaming manager compensation ▶ \$	Più :		
Description of services provided			
	— [		
	—		
Director/officer Employee Independent contractor			
47 Name distance all a North	1		
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	1864 A	100	
retain the state gaming license?  b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the	17a	Commence on	1940auroliporer
organization's own exempt activities during the tax year \$\infty\$\$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE 1		, to	Grante and Other Accietance to Organizations	to Organizations	N		OMB No. 1545-0047
(Form 990)		Governm	Governments, and Individuals in the U.S.	uals in the U.S.	5		2008
Department of the Treasury Internal Revenue Service	▲ Comi	► Complete if the organization	n answered "Yes," on F ▼ Attach to Form 990.	" on Form 990, Pa n 990.	organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  ▶ Attach to Form 990.		Openito Public - Inspection-
Name of the organization	CENTER FOR AMERICAN	PROGRESS	ACTION FUND	Ą			Employer identification number 30-0192708
Part General Information or			. 1				
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	n records to substantiate the	ne amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	istance, and the select	:
criteria used to award the grants or assistance?	nts or assistance?						No X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedures for mon	itoring the use of grant i	funds in the United	States.		tron Coo march on hory	W line 04 for any
Grants and Other Assistant And Footback of State	Grants and Other Assistance to Governments and Organizations in the Onited States. Complete if the Organization ariswered Tes On Porti 350, Part 17, 101 alry	id Organizations in the is box if no one recipien:	d received more than	omplete II the orga an \$5 000 Tise Pa	anization ariswered in	es on Form 990, if additions	space is needed
1 (a) Name and address of organization or government	nization (b) EIN	(c) IRC section	(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	FOR 1825 V						TO SUPPORT EDUCATIONAL
SULTE 400 -	<del></del>	1	6	· ·			HEALTH CARE FOR AMERICA
WASHINGTON, DC 20006	35-2332813	501(C)(3)	.000,001				AND BUT
LEADERSHIP CONFERENCE ON CIVIL RIGHTS EDUCATION FUND - 1629 K STREET, NW, SUITE 1000 -	JIV 6	TO SELL L					TO SUPPORT EDUCATIONAL
MASHINGTON, DC 20006	23-7026896	501(C)(3)	21,000.	0.		-734	ANTI-POVERTY PROJECT
2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and government or	rganizations					7.
3 Enter total number of other organizations	anizations				***************************************		• 0
.HA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ork Reduction Act Notice,	see the instructions for	or Form 990,				Schedule I (Form 990) 2008

CENTER FOR AMERICAN PROGRESS ACTION FUND Schedule 1 (Form 990) 2008

Page 2

30-0192708

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

Schedule I (Form 990) 2008 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) TAX-EXEMPT WILL ALLOW CAPAF STAFF OR REPRESENTATIVES TO CONDUCT EVALUATIONS AND AUDITS PORTION OF GRANT FUNDS WILL BE USED DIRECTLY OR INDIRECTLY TO EXPRESSLY OR REVIEW AND Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. H THAT PROVIDE A BENEFIT TO ANY POLITICAL PARTY OR CANDIDATE; THAT IMPLICITLY SUPPORT OR OPPOSE ANY CANDIDATE SEEKING ELECTION TO PUBLIC I, LINE 2: CENTER FOR AMERICAN PROGRESS ACTION FUND THAT NO CAPAF'S THE USE OF GRANT FUNDS, WHICH MAY INVOLVE VISITS TO OBSERVE, WARRANT AND AGREE: (d) Amount of non-cash assistance SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE; GRANT FUNDS SOLELY FOR PURPOSES CONSISTENT WITH (c) Amount of cash grant REQUIRES GRANTEE ORGANIZATIONS TO REPRESENT, (b) Number of recipients (a) Type of grant or assistance I, PART STATUS UNDER OFFICE OR SCHEDULE WILL USE OF THE 1

Schedule I (Form 990) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0192708 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 O** (Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection -----

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

FORM 990, PART VI, SECTION A, LINE 1: THE CAP ACTION EXECUTIVE COMMITTEE WAS ESTABLISHED BY THE BOARD AND DELEGATED AUTHORITY TO ACT ON THE BOARD'S BEHALF ON MOST MATTERS BETWEEN FORMAL BOARD MEETINGS. AMONG OTHER AUTHORITIES, THE EXECUTIVE COMMITTEE OR THE FULL BOARD MUST APPROVE SIGNIFICANT CHANGES TO THE BUDGET DURING THE YEAR.

THE CAP ACTION EXECUTIVE COMMITTEE CONVENED ON JULY 30, 2008: (1) TO REVIEW THE PROPOSED REVISED CAP ACTION 2008 BUDGET THAT WAS RECOMMENDED TO THE EXECUTIVE COMMITTEE BY STAFF, AND (2) IF SATISFIED, TO APPROVE AND ADOPT SUCH BUDGET (AS PROPOSED OR AS MODIFIED BY THE EXECUTIVE COMMITTEE) THE COMMITTEE VOTED TO APPROVE AND ADOPT THE BUDGET. BEHALF OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 10: 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 A DRAFT 990, WHICH WAS REVIEWED AND COMMENTED ON BY THE FINANCE. ADMINISTRATION AND LEGAL TEAMS. CERTAIN PORTIONS OF THE 990 WERE REVIEWED AND COMMENTED ON BY OUTSIDE TAX COUNSEL, THE CORPORATE OFFICERS AND THE SVP FOR COMMUNICATIONS AS WELL.

AFTER REVIEW AND COMMENT BY THE EVP AND CEO, 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, AS WELL AS THE OUTSIDE TAX COUNSEL AND THE ACCOUNTING FIRM THAT PREPARED THE 990. THE

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection.

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

AUDIT COMMITTEE APPROVED THE FORM 990 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

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

POLICIES TO PREVENT CONFLICTS OF INTEREST AND THE APPEARANCE OF CONFLICTS

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

DIRECTORS, AND (2) EMPLOYEES.

COMPLIANCE WITH POLICIES GOVERNING OFFICERS AND DIRECTORS

UNDER THE TERMS OF THE CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD OF THE CORPORATION, AN INTERESTED BOARD MEMBER OR OFFICER IS DEFINED AS ANY BOARD MEMBER, OFFICER OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS WHO HAS A FINANCIAL INTEREST IN A PARTICULAR TRANSACTION OR ARRANGEMENT. 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

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIALS FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE DISINTERESTED BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS WITHOUT THE 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.

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990** 

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open-to Public

Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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
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

INTEREST SO THAT SAFEGUARDS CAN BE ESTABLISHED IF APPROPRIATE. UPON ANY

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

Schedule O (Form 990) 2008

832211
22-18-08

CEO OR THE EVP THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 30-0192708

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

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 OUGHT TO BE PUT IN PLACE.

FORM 990, PART VI, SECTION B, 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' AND PAYS FOR GENERAL AND ADMINISTRATIVE EXPENSES, AND CAP ACTION REIMBURSES CAP FOR ITS SHARE OF THESE EXPENSES. COMPENSATION FOR STAFF AND FELLOWS IS SET BY THE COMPENSATION COMMITTEE OF CAP'S BOARD OF DIRECTORS AND CAP ACTION RELIES ON THE PRACTICES PUT IN PLACE BY CAP'S BOARD OF DIRECTORS TO ENSURE EMPLOYEE COMPENSATION IS NOT EXCESSIVE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: DC, AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, 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 CAP ACTION'S GOVERNING DOCUMENTS ARE INCLUDED IN ITS FORM TO THE PUBLIC. 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 CAP ACTION'S ANNUAL FORM 990 IS ALSO MADE WASHINGTON, D.C. OFFICE.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047 Inspection 🖅

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

CAP ACTION'S AUDITED FINANCIAL STATEMENTS ARE MADE GUIDESTAR.ORG. 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. AΤ 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 REOUIRED 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 VII, SECTION A

COMPENSATION

CENTER FOR AMERICAN PROGRESS ACTION FUND ("CAP ACTION") ENTERED INTO A COST SHARING AGREEMENT WITH THE CENTER FOR AMERICAN PROGRESS ("CAP") A PUBLIC CHARITY DESCRIBED IN SECTION 501(C)(3) ON JUNE 1, 2003 (LATER AMENDED ON JUNE 1, 2008.) CAP AND CAP ACTION ARE NOT RELATED ORGANIZATIONS FOR PURPOSES OF FORM 990. IN ACCORDANCE WITH THE COST SHARING AGREEMENT, FOR CONVENIENCE, CAP PAYS ALL OF BOTH ORGANIZATIONS'

EMPLOYEES' WAGES AND ANY OTHER OBLIGATIONS RELATED TO THEIR EMPLOYMENT,

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Rublic Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

AND CAP ACTION IN TURN, REIMBURSES CAP FOR ITS SHARE OF THESE EXPENSES						
ATTRIBUTABLE TO ITS OWN OPERATIONS.						
AS A RESULT OF THIS ARRANGEMENT, CAP ACTION PAYS NO WAGES TO ANY						
EMPLOYEES. ALL WAGES ATTRIBUTABLE TO WORK PERFORMED FOR CAP ACTION AND						
CAP ARE PAID BY CAP AND REPORTED BY CAP ON FORM W-2. CALENDAR YEAR						
2008 COMPENSATION ATTRIBUTABLE TO CAP ACTION AND REIMBURSED TO						
CAP AND THEREFORE NOT INCLUDED IN COLUMNS D, E, AND F, RESPECTIVELY,						
ARE AS FOLLOWS: JOHN PODESTA - \$75,967, \$0, \$7,601; SARAH ROSEN WARTELL						
- \$26,665, \$0, \$2,501; DEBORAH FINE - \$63,848, \$0, \$5,766; DAVID						
MADLAND, \$101,812, \$0, \$15,046. THE HOURS PROVIDED IN PART VII,						
SECTION A., COLUMN B REFLECT THE ACTUAL HOURS ATTRIBUTABLE TO CAP						
ACTION ACTIVITIES.						
FORM 990, PART IX						
STATEMENT OF FUNCTIONAL EXPENSES						
OFFICER, DIRECTOR, TRUSTEE, AND KEY EMPLOYEE COMPENSATION REPORTED IN						
PART IX, LINE 5, ARE PREPARED UNDER THE ACCRUAL METHOD OF ACCOUNTING						
AND THEREFORE REFLECT REPORTABLE COMPENSATION ATTRIBUTABLE TO CAP						
ACTION.						

# <sub>Form</sub> 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2009

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

Open to Public Inspection

A	For th	e 2009 calendar year, or tax year beginning and endin	9		
В	Chack if applicate	le: Plasso C Name of organization	D Employer ide	ntificati	ion number
	Addr				
	Nem chan	typn	30-	019270	18
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	suite E Telephone nur	nber	
	Termi			2)682-	-1611
	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$		8,998,678.
	Appli	WASHINGTON, DC 20005	H(a) Is this a grou	ip retur	п
	pend	F Name and address of principal officer: JOHN PODESTA	for affiliates?	<i>}</i>	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliate	s include	ed? Yes No
		empt status: 🗓 501(c) ( 4 ) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527	If "No," attac	ch a list.	. (see instructions)
		te: > WWW.AMERICANPROGRESSACTION.ORG	H(c) Group exem	ption ni	umber 🕨
			Year of formation: 2002	M St	ate of legal domicile; DC
P	art I	Summary			
é	1	Briefly describe the organization's mission or most significant activities: SHAPE THE N	ATIONAL POLICY DEP	ATE	
Activities & Governance		AND TRANSFORM IDEAS INTO POLICY.			
e.	2	Check this box  if the organization discontinued its operations or disposed of	more than 25% of its ne	et asset	S.
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	7
৺	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
ies	5	Total number of employees (Part V, line 2a)		5	0
₹	6	Total number of volunteers (estimate if necessary)		6	0
Ac	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	138,428.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b	79,319.
	_		Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,653,39	99.	8,839,425.
	9	Program service revenue (Part VIII, line 2g)			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,3		2,285.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187,4		125,233.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,855,20	$\overline{}$	8,966,943.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	127,0	<del>30.</del>	212,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,968,7		4,465,569.
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)	121,7		
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)  86,499.			
	177	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,362,9		2,789,243.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,580,50		7,466,812.
- S	19	Revenue less expenses, Subtract line 18 from line 12	1,274,70		1,500,131.
and Since			Beginning of Current Ye		End of Year
SSE	20	Total assets (Part X, line 16)	3,445,24		3,970,349.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	1,092,98		117,958.
_	art li	Net assets or fund balances, Subtract line 21 from line 20	2,352,26	10.	3,852,391.
	<del>,</del> 11.6.11	Under penalties of pertury, I declare that I have exemined this return, including accompanying schedules and statem	ents and to the heat of my kno	wladaa aa	al hadiad it la taux assault
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	edge.	widege an	d bellet, it is true, correct,
Sig	n		1		
Her		Signature of officer	Date		
,,,,,		NEERA TANDEN TREASURER/COO	00.0		
		Type or print name and title			
		Preparer's Date	Check if Pro	eparer's ic	lentifying number
Paie		signature Tender ulsko	self- employed > (se	e instructi	ions)
	parer's	Film's name (or Lab SONALLEN LLD	EIN >		
use	Only	self-employed), 2900 SOUTH OUINCY ST. SUITE 150	L-III		
		address, and ZIP+4 ARLINGTON VA 22206	Phone no.	703-0	198-5160
May	/ the IS	RS discuss this return with the preparer shown above? (see instructions)	Frione iid.	,,,,,,	
					X Yes No

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

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete  Part I only	▶□
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file on noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 99 you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, viswww.irs.gov/efile and click on e-file for Charities & Nonprofits.	t the additional 30-T. instead,
Type or Name of Exempt Organization Employer identif	ication number
CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192	708
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  1333 H STREET, NW 10TH FLOOR	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WASHINGTON, DC 20005	
Check type of return to be filed (file a separate application for each return):  X Form 990	
<ul> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole g box</li> <li>If it is for part of the group, check this box</li> <li>and attach a list with the names and EINs of all members the externation.</li> </ul>	roup, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2009 or tax year beginning , and ending .	n
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in ac	counting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	
See instructions. 3c \$	N/A

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

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

			Υe	s No				
1	7.							
	If "Yes," complete Schedule A							
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	Х					
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for							
	public office? If "Yes," complete Schedule C, Part I	. <u>  3</u>	х					
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	. 4						
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and		1					
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	. 5		х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to							
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,							
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7		х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1					
	Schedule D, Part III	, 8		х				
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide							
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	·	T	`				
	ff "Yes," complete Schedule D, Part V	. 10	-	x				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X							
	as applicable							
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	7.5	T.					
	Part VI.							
•	<ul> <li>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total</li> </ul>							
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.							
•	• 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.							
•	<ul> <li>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</li> </ul>							
	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.	-	de:					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses							
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			1				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	2.5						
	Schedule D, Parts XI, XII, and XIII.	12	x					
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	<b>5</b>	1-11	- 22				
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X	7						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х				
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business.		T					
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		$\top$	1				
or entity located outside the United States? If "Yes," complete Schedule F, Part II								
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	1				
located outside the United States? If "Yes," complete Schedule F, Part III								
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.								
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I								
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	1	1				
	1c and 8a? If "Yes, complete Schedule G, Part II	18	х	1				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes."	-	1	1				
	complete Schedule G, Part III	19		x				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		x				

30-0192708

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

<b></b>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
1	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		х
26	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-20		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			113
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	_30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Х
	Schedule N, Part II	30		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			*****
	If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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

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

Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body	7					
b		5	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	Ī					
	officer, director, trustee, or key employee?	2		х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Х				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х			
6	Does the organization have members or stockholders?	6		х			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		х			
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
а	The governing body?	8a	X	ĺ			
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		_				
	and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	х				
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			:			
12a	and the state of t	12a	х				
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b	х				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this is done	12c	х				
13	Does the organization have a written whistleblower policy?	13	х				
14	Does the organization have a written document retention and destruction policy?	14	х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		5 · ·	arti i			
а	The organization's CEO, Executive Director, or top management official	15a		х			
b	Other officers or key employees of the organization	15b		х			
	If "Yes" to line 15a or 15b, describe the process in Schedule 0. (See instructions.)	3153		100			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a	- "	X			
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			7.X.E.			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	i and					
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶DC, AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for					
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd finar	ncial				
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨					
	NEERA TANDEN - (212)682-1611						
	1333 H STREET, NW 10TH FLOOR, WASHINGTON, DC 20005						
		Form !	990 (2	2009)			

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	T		(4	C)			(D)	(E)	(F)
Name and Title	Average	l		Pos		ו		Reportable	Reportable	Estimated
	hours	(0	hecl	k all	that	app	ıly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN PODESTA		$\vdash$	┢		╁	H				
DIRECTOR/PRESIDENT/CEO	9.00	x		х				59,840,	0.	5,612.
PETER EDELMAN				<u> </u>				, , , , ,		
DIRECTOR	1,00	x						0.	0.	0.
JUDITH FEDER			<b></b>				_			
DIRECTOR	1.00	x						17,404.	0.	0.
BRODERICK JOHNSON		1		T			<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·		
DIRECTOR	1.00	x						0.	0.	0.
TOM PEREZ	<u> </u>	T		$\vdash$		<b>†</b>		-		
DIRECTOR	1,00	x		ŀ				0.	O.	0.
HILARY ROSEN		-	$\vdash$	<u> </u>			_			
DIRECTOR	1.00	x						0.	0.	0.
DANIEL ZINGALE		İ					-			
DIRECTOR	1.00	x						0.	0.	0.
CHRISTIE HEFNER		<del>                                     </del>				一				
DIRECTOR	1.00	х						0,	0.	0.
SARAH ROSEN WARTELL						Г				
TREASURER/EXECUTIVE VP	1.00			х				8,330.	0.	805.
DEBORAH FINE									-	
SECRETARY/GEN. COUNSEL	14.00			x				56,943.	0.	5,174.
JENNIFER PALMIERI					_					
SVP FOR COMMUNICATIONS	23.00					х		111,978.	0.	12,793.
DAVID MADLAND										
DIR AMERICAN WORKER PROJ	40.00		١.			x	,	107,905.	0.	16,057.
TARA MCGUINNESS									-	<del></del>
DIRECTOR, PROGRESSIVE ME	40.00					X		130,757.	0.	12,793.
FAIZ SHAKIR		Γ								·
DIRECTOR OF RESEARCH	40,00				L	Х		110,894.	0.	11,497.
ILIA V RODRIGUEZ										
DIRECTOR GOVERNMENT AFFA	40.00					x		101,584.	0.	10,955.
										<del> </del>

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Part VII   Section A. Officers, Directors, Tru		mple	oyee			High	iest		í			
(A) Name and title	(B)			۱) Pos	C) ition			(D) Reportable	(E)	^	(F Estima	
Ivallie and title	Average hours	(c)	hecl				ıly)	compensation	Reportable compensation		amou	
	per	-				Ϊ	Ϊ	from	from relate	:d	oth	
	week	diec	:	l		E .		the	organization (W-2/1099-M		compen	
	<u> </u>	Stee	rustee			ESISSI		organization (W-2/1099-MISC)	(44-27 1099-1411	30)	from organiz	
		E E	l kuoi		ploye	E S		',			and re	
	<u> </u>	Individual Irustee or director	Institutional trustee	Officer	Хсу атрюуее	Highest compensated employee	orme				organiz	₃tions
		-	F	H		H	<u> </u>		<u>-</u>			
		$\vdash$				┢						
						<u> </u>						
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•												
		1										
1b Total						$\blacktriangleright$		705,635.		0.	7	5,686.
2 Total number of individuals (including but n	ot limited to th	ıose	liste	d al	DOV	e) wh	no re	eceived more than \$100	1,000 in reportab	ole		
compensation from the organization											Lv-	- 1 31-
3 Did the organization list any former officer,	director or tru	stee	kov	, em	volov		orb	inhest compensated or	nnlavaa on	i	Ye	s No
line 1a? If "Yes," complete Schedule J for s			_								3	х
4 For any individual listed on line 1a, is the su			mpe	ensa	ıtion	anc	otl	her compensation from	the organization			1
and related organizations greater than \$150	),000? If "Yes,	° co	mple	ete S	che	dule	JI	or such individual	***************************************		4	х
5 Did any person listed on line 1a receive or a												vi.
the organization? If "Yes," complete Schede Section B. Independent Contractors	ule J for such	pers	on .								5	Х
	mnenested in	done	ndo	nt o	onte		t	that recolued were there	£100.000 - £		.45	
<ol> <li>Complete this table for your five highest co the organization.</li> </ol>	inhensared kir	ache	HIUE	ant Ç	Ottr	acic	/15 L	mai received more man	9100'non ot cot	npens	ation from	
(A)							T	(B)			(C)	
Name and business								Description of s	ervices	C	ompensat	ion
CHRIS WAYNE & ASSOCIATES, 1111 19TH S	TREET						-					
NW, STE. 406, WASHINGTON, DC 20036 VAN NESS, FELDMAN, P.C., 1050 THOMAS	<del></del>		•		_		_	EVENT PLANNING		<u> </u>	40	2,584.
JEFFERSON STREET, NW , WASHINGTON, DO	i						ļ	WHITE PAPER		1	10	
, , , , , , , , , , , , , , , , , , , ,							$\dashv$	MAIL FAFER		$\vdash$	1.2	0,000.
										1		
							7					
											<u> </u>	
2 Total number of independent and a "	-11:- 1 2	-4 **								. 1,	. ee .eue Sirii ee	1011111111
2 Total number of independent contractors (ir \$100,000 in compensation from the organiz		OT III	nited	o to		se lis 2	ted	above) who received m	ore than			\$ N
4.00,000 in compensation noil the organiz	autil									<u> </u>	tyre) Lari	-

	11 000					r	1	, ago -
Pa	rt VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22 23	1 a	Federated campaigns	1a				医髓性质 把自由	
grants		Membership dues						
. E		Fundraising events		160,060.				
s, gifts, nilar an		Related organizations		,				
			·····					
Sir	4	All other contributions, gifts, gran	·····,					
ig ig		similar amounts not included abo		8,679,365.				
불탕				0,079,303.				
Contributions, and other sim	g	Noncash contributions included in lines						
<u> </u>	h	Total. Add lines 1a-1f			8,839,425.	Annual State	The second second second	
				Business Code		Mark to Mick		
Program Service Revenue	2 a	·	<del></del>					
<u>}</u> •	b	·						
Sign	C	·						
<u>6</u> 3	d							
8	е	·						
죠	f	All other program service reve	enue					
j		Total. Add lines 2a-2f			1			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		-	2,285.			2,285
	4	Income from investment of ta						,
	5	Royalties						
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Real	(ii) Personal			2711 1 Av. 1. W	High to the control
	6 2	Gross Rents		(II) I CISORIAI				
		Less: rental expenses						
i						(1) 电测量色谱。		
Į		Rental income or (loss)		<u> </u>		は 別籍時 おんげき	Alle on the second	
l		Net rental income or (loss)			14.8. 5.1.5 pt. 12. pe	Address Control of the Control		argum i militar
ŀ	/ a	Gross amount from sales of	(i) Securities	(ii) Other				謝 护力原本
l		assets other than inventory						
ŀ	ь	Less: cost or other basis					쌀대 그런 첫	
		and sales expenses		<u></u>				
		Gain or (loss)		İ				
	d	Net gain or (loss)		······ <b>&gt;</b>				
ā	8 a	Gross income from fundraising						1.
Revenue		including \$160	,060. of			is its existing to		
è		contributions reported on line	1c). See					
<u> </u>		Part IV, line 18	а	18,540.				la de la Secución de la Companya de la Companya de la Companya de la Companya de la Companya de la Companya de La companya de la Companya de
ŧ	b	Less: direct expenses		31,735,				
١	С	Net income or (loss) from fund	draising events		~13,195.		1 . 2 1 1 1	-13,195.
- 1	9 a	Gross income from gaming ac	tivities. See		\$70 line (AHV C.)	Street Land Comp	Argignation in Late	24. 0. 1. 4. 1. 1. 1.
		Part IV, line 19	а					
	b	Less: direct expenses			外事事的 工具			
		Net income or (loss) from gam			** ** ** * * * * * * * * * * * * * * * *	Alliani e anti-		
		Gross sales of inventory, less					1.171.9 1 0.2	
		and allowances						
ı	h	Less: cost of goods sold	b:					
ļ		Net income or (loss) from sale						
t		Miscellaneous Revenu		Duainana Cada		i garikan hilibi selektu	NATIONAL PROPERTIES	
ŀ	11 ~	WEBSITE ADVERTISING RE		Business Code 541800	120 420	psym+numman au Mi		
- 1		RDVDATIBING RE	<del></del>	247000	138,428.		138,428.	
	b		<del></del>					
ŀ		All athermalian	<del></del>					
J	ď	**. A.1 A.3.1" da da t						
1					138,428.			
93200	12	Total revenue. See instructions.			8,966,943.	0.	138 428	-10,910.
93200 02-04-	10							Form 990 (2009)

#### Part IX | Statement of Functional Expenses

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

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

932010 02-04-10

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

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

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2009

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

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

Schedule 9 (Form 990, 990-EZ, or 990-PF) (2009)  Name of organization			Page 2 of 5 of Part 1	
	ON AMERICAN PROGRESS ACTION FUND	30	-0192708	
Part I	Contributors (see instructions)		T	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
7		\$5,000.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
8		\$\$	Person x Payroll Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
9		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
10		\$\$.	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
11		\$\$	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
12		\$84,000.	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			yer identification number	
	yanizanon	Emplo	Employer racimination nember	
CENTER F	OR AMERICAN PROGRESS ACTION FUND	30	-0192708	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZiP + 4	(c) Aggregate contributions	(d) Type of contribution	
13		\$ \$	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	
14		\$ 12,500,	Person x Payroli  Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
15		\$\$, \$	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	
16		\$\$, 	Person x Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
17		\$\$	Person x Payroli  Noncash  (Complete Part if if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
18		\$\$, 7,500,	Person x Payroll Noncash (Complete Part II if there is a noncash contribution.)	
923452 02-01-	10	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2009)	

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

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

#### SCHEDULE C

Department of the Treasury

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

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

932041 02-04-10

LHA

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

Schedule C (Form 990 or 990-EZ) 2009

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

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

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

## Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

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

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

Schedule D (Form 990) 2009

Sche	edule D (Form 990) 2009 CENTER FOR	AMERICAN PROGRE	ess action funi	)	;	30-0192	708	P	age 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Ot	her Simil	ar Asse	ts (con	tinued	1)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	e following that are a	significant	use of its	collectio	n iten	ns
	(check all that apply):		_						
a	Public exhibition	c	oan orex ∟	change programs					
b Scholarly research e Other									
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's e	xempt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other simi	lar assets				
	to be sold to raise funds rather than to be m						Yes		□Nο
Pai	rt IV Escrow and Custodial Arran						9, or		
	reported an amount on Form 990, Pa		-						
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contributio	ns or other assets n	ot included				
	on Form 990, Part X?						Yes		□No
b	If "Yes," explain the arrangement in Part XIV								
			J				Amoun	ıt	
С	Beginning balance				1c				
	Additions during the year								
	Distributions during the year					•			
f	Ending balance	***************************************			1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	217			1	Yes		No
	If "Yes," explain the arrangement in Part XIV			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		- /		
_	rt V Endowment Funds. Complete		nswered "Yes" to Fe	orm 990. Part IV. line	10.				
<b>L</b>	***************************************	(a) Current year		(c) Two years back		ears back	(e) Fou	r vears	
1a	Beginning of year balance	(-,	(, ,		1,47	. 7 70	(0).00	Jours	
								<u> </u>	7.5
	Net investment earnings, gains, and losses			86. A 1 AA 1		N GB			
d						era era era era era era era era era era	110		<del></del>
	Other expenditures for facilities				1 11 11 11 11 11	The State of the S	8 (8 g 7 5 7	<del></del>	1
•	and programs					1965 4 19 3 3			4. 4:
f	Administrative expenses						<u> </u>	<del></del>	<del></del>
	End of year balance				<del></del>		# f /	<del>ara.</del> Arjan	
2	Provide the estimated percentage of the year			1 2 2 2 2					· ·
	Board designated or quasi-endowment		95. 04						
	Permanent endowment	%							
		^%							
	Are there endowment funds not in the posse	· -	ation that are hold	and administrated for	the evenuing	+1			
- Ou	by:	sosion of the organiza	anon mai are neio	and administered for	rine organiz	ation	ı	37	
							0.0	Yes	No
	(i) unrelated organizations					• • • • • • • • • • • • • • • • • • • •	3a(i)		
h	(ii) related organizations	a listed on required a	n Cobodula DO	***************************************		•••••••	3a(ii)		├
4	If "Yes" to 3a(ii), are the related organization:					•	3b		<u> </u>
	Describe in Part XIV the intended uses of the tVI Investments - Land, Building	s organization's endo	ent Con Ferra 00'	2 Dad V Bas 10					
	Description of investment								
	Description of silvestment	(a) Cost or o basis (investr			Accumulate epreciation	q	(d) Boo	k valu	e
1a	Land			1.6.	1 1/2 10 1974 1	. 14			
b	Buildings				··				
c	Leasehold improvements			-	7.4				
	Equipment			18,233.	10,	361.		7	872.
	Other								
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)		<b>&gt;</b>		7.	872.

Part VII Investments - Other Securities. Sec (a) Description of security or category	(b) Book value	(c)	Method of valuation:	
(including name of security)	(b) Sook value		end-of-year market va	alue
Financial derivatives			-	
Closely-held equity interests				
Other			<del>.</del>	
		-		
	-			
			···	
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	The first see public
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	13.		· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	77 78 78 78 78 78 78 78 78 78 78 78 78 7		Method of valuation:	
(a) Description of investment type	(b) Book value		end-of-year market va	lue
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<del>-</del>	18 1 15 15 14 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15		
Part IX Other Assets. See Form 990, Part X, line	15	The second secon	<u> </u>	evinejs et u e <del>B</del> EC
	Description			(b) Book value
	<u>'</u>			(a) = 00x 14(40
			···	
		7		
				<del></del>
(0.)				
otal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, li	15.)		<u></u>	· · · · · · · · · · · · · · · · · · ·
(1) 5	ne 25.	G. S. Australia		
(a) Description of liability		(b) Amount		
ederarincome (axes		Parties No. of		
		A : 373		
				$\{i, j \in \mathcal{F}_{i, \min}^{(i)} \mid j \in \{i, j \in \mathcal{F}_{i, \min}^{(i)} \mid j \in \mathcal{F}_{i, \min}^$
otal. (Column (b) must equal Form 990, Part X, col (B) line 2				

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

	dule D (Form 990) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUN			30-0192708	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		8,966,943.
2	Total expenses (Form 990, Part IX, column (A), line 25)				7,466,812.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1,500,131.
4	Net unrealized gains (losses) on investments				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments		······		
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				0.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at			· .	1,500,131,
10 Dar	t XII   Reconciliation of Revenue per Audited Financial Statements	onte With	Revenue per	Peturn	1,500,151,
	<u> </u>				8,015,053.
1	Total revenue, gains, and other support per audited financial statements	***************************************		1	0,013,033.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1			
a	Net unrealized gains on investments				
þ	Donated services and use of facilities				
C	Recoveries of prior year grants			4.7	
d	Other (Describe in Part XIV.)		2,509,672		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)		3,461,562		
C	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.
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses pe	r Return	<u> </u>
1	Total expenses and losses per audited financial statements				7,498,547.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************	a. ( )	<u></u>
а	Donated services and use of facilities	2a			
b	Prior year adjustments			<b>∃</b> ∵	
c				<b>-</b>   * ∴	
d	Other losses Other (Describe in Part XIV.)	2d	31,735	∄ 11	
					21 726
	Add lines 2a through 2d			2e	31,735.
3	Subtract line 2e from line 1			3	7,466,812.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
_	Investment expenses not included on Form 990, Part VIII, line 7b			<b>-</b>  -  -  -  -  -  -  -  -  -  -  -  -  -	
þ	Other (Describe in Part XIV.)	4b			
	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.
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com				
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
NET .	ASSETS RELEASED FROM RESTRICTIONS: 2477937.				
SPEC	IAL EVENT EXPENSES: 31735.				
PART	XII, LINE 4B - OTHER ADJUSTMENTS:	· · · .			
CONT	RIBUTION: 3461562,			····	
		······································		Schedule D (Fo	orm QQO) 2000
22064				Consours D (F)	, iii 220) 2009

Schedule D (Form 990) 2009 CENTER FOR AMERICAN FROGRESS ACTION FUND	30-0192/08	Page 5
Part XIV Supplemental Information (continued)		
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES: 31735.		
		•
	·	
		-
	<u></u>	

### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

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

ٽ	17 L	on Form 990-EZ, line 6a. List events with	<del>-</del>		, m.o .o, or reported	
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
ds			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts	178,600.			178,600.
	2	Less: Charitable contributions	160,060.			160,060.
	3.	Gross income (line 1 minus line 2)	18,540.			18,540.
	4	Cash prizes				
ses	5	Noncash prizes				
Expen	6	Rent/facility costs	25,060.			25,060.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	6,675.			6,675.
	10		n 9 in column (d)			31,735 <sub>1</sub> -13,195.
Pa	irt	Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	20,230.
	1	\$15,000 on Form 990 EZ, line 6a.		T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>"</u>	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	£	Volunteer labor	Yes%	Yes%	Yes%	
		Direct expense summary. Add lines 2 through		NU	□ No ►	()
	8	Net gaming income summary. Combine line 1	, column (d), and line 7			
_			-			Yes No
		er the state(s) in which the organization operat he organization licensed to operate gaming act		etates?		
		No," explain:	avides in each of these s		,	9a
10a	We	re any of the organization's gaming licenses re	voked suspended or to	rminated during the term	(nar)	10-
		Yes, explain:	adoptinata of le	made on any the tax y	-cal 1	10a
	_					
		es the organization operate gaming activities w				11
12		he organization a grantor, beneficiary or trustee ninister charitable gaming?				
93208		-03-10				m 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND	30-0192708		Page 3
		Υe	s No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility 13b	%		11
14 Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ds:		
Name ►	· ·		
Name			
Address ▶	l	S- 8	
	<del></del>		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<sup>1</sup> 1	5a	i lant i t
	75°		
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 > \$	·		
c If "Yes," enter name and address of the third party:	ļ, .		
Name		-	
Address >	į		
Address >	——— İ		
16 Gaming manager information:	[-]		
To darring manager mornigatory,	i i		
Name >	lud.		
	<del></del>		
Gaming manager compensation > \$			
	- "		
Description of services provided >			
			1.
	紘	Alta de	
Director/officer Employee Independent contractor	Q.		
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?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i		7a	<del></del>
organization's own exempt activities during the toy year.	n me		1

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

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

Open to Public Inspection 2009

OMB No. 1545-0047

Employer identification number 30~0192708 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. CENTER FOR AMERICAN PROGRESS ACTION FUND 1 Does the organization maintain records to substantiate the amo Part I General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service

orthorn and to proved the great and an annual and an an an an an an an an an an an an an	מונוסוני	ne amount of the grants of assistance, the grantees' eligibility for the grants of assistance, and the selection	or assistance, me	grantees eligiolilit	7 ior the grants or ass	istance, and the selec		[
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mon	itoring the use of grant	funds in the United	3 States.				ê ]
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 an	d Organizations in the	e United States, C	omplete if the orga	nization answered "Y	es" to Form 990. Part	IV. line 21. for any	
recipient that received more than \$5,000. Check the	\$5,000. Check th	his box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	it received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) if addition	al space is needed	
(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	rant
TIDES CENTER/HEALTH CARE FOR AMERICA EDUCATION FUND - 1825 K					THE THE THE THE THE THE THE THE THE THE		TO SUPPORT EDUCATIONAL	TONAL
STREET NW SUITE 400 - WASHINGTON, DC 20006	35-2332813	501(C)(3)	100,000.	0.			HEALTH CARE FOR AMERICA PROJECT	4ERICA
AFFIRMATIVE OPTIONS COALITION 555 PARK STREET, SUITE 420							SUPPORT CHARITABLE	, n
SAINT PAUL, MN 55103	41-1734880	501(C)(3)	30,000.	0.			EDUCATIONAL ACTIVITIES	TIES
9TO5, NATIONAL ASSOCIATION OF WORKING WOMEN - 207 EAST BUFFALO STREET, #211 - MILWAUKEE, WI 53202	34-1246311	501(c)(3)	30,000.	.0			SUPPORT CHARITABLE EDUCATIONAL ACTIVITIES	s TIES
ARABELLA LEGACY FUND 734 15TH STREET, NW, SUITE 600							SUPPORT CHARITABLE	6)
WASHINGTON, DC 20005	20-5806345	501(c)(3)	25,000.	0			EDUCATIONAL ACTIVITIES	TIES
COALITION ON HUMAN NEEDS 1120 CONNECTICUT AVENUE, SUITE 312 WASHINGTON, DC 20036	26-4680984	\$01(C)(3)	21,000.	0			SUPPORT CHARITABLE EDUCATIONAL ACTIVITIES	s Tries
USC UNRUCH INSTITUTE OF POLITICS 3518 TROUSDALE PARKWAX, VKC 263							a to sent destroy	
	95-1642394	501(C)(3)	5,000.	0			EDUCATIONAL ACTIVITIES	TIES
2 Enter total number of section 501(c)(3) and government o	nd government or	rganizations						6.
3 Enter total number of other organizations								

S Enter total number of other organizations

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

Schedule I (Form 990) 2009

31

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

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

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

Page 2

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

(Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

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

Department of the Treasury internal Revenue Service

(Form 990)

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

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

#### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

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

Supplemental Information to Form 990

(Form 990)
Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

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

(Form 990)

Supplemental Information to Form 990

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2009
Open to Public Inspection

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

CAP ACTION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT

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

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service

(Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

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

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

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A F	or the	2010 calendar year, or tax year beginning and	ending		
Bca	heck if	C Name of organization		D Employer identifi	cation number
	Addre	CENTER FOR AMERICAN PROGRESS ACTION F	UND		400-00
<u>_</u>	Name chang			30-0	192708
	]initial  return  Termir  ated	Number and street (or P.O. box if mail is not delivered to street address) 1333 H STREET, NW, 10TH FLOOR	Room/suite	E Telephone numbe	r 682–1611
X	⊒ated ]Amend _return	City or town, state or country, and ZIP + 4	MT	G Gross receipts \$	9,576,501.
	Applic			H(a) Is this a group re	
	pendir	F Name and address of principal officer: JENNIFER PALMIERI		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
	ax-exe	empt status: 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)
		e: ► WWW.AMERICANPROGRESSACTION.ORG		H(c) Group exemptio	·
		organization: X Corporation Trust Association Other ▶	L Year		A State of legal domicile: DC
	ırt I	Summary			***
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ S	HAPE I	HE NATIONAL	POLICY
Activities & Governance	-	DEBATE AND TRANSFORM IDEAS INTO POLICY.			
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	e than 25% of its net as	ssets.
Š				3	8
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			7
တ္		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			0
įį		Total number of volunteers (estimate if necessary)			0
cţi		Total unrelated business revenue from Part VIII, column (C), line 12			97,433.
⋖	ı	Net unrelated business taxable income from Form 990-T, line 34			54,615.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		8,839,425.	9,358,653.
	9	Program service revenue (Part VIII, line 2g)		0.	93,282.
eke		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,285.	677.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		125,233.	38,291.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,966,943.	9,490,903.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,000.	580,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,465,569.	
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	92,699.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)   438,3	50.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,789,243.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,466,812.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,500,131.	1,491,391.
os es				eginning of Current Year	End of Year
Assets of Balance	20	Total assets (Part X, line 16)		3,970,349.	5,683,067.
t Ass	21	Total liabilities (Part X, line 26)		117,958.	189,285.
Net A Fund	22	Net assets or fund balances. Subtract line 21 from line 20		3,852,391.	5,493,782.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			ly knowledge and belief, it is
true	, corre	t, and complete Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	
		I Whoal Their			9/ <i>1</i> 1
Sig	n	Signature of officer	1	) C	
Her	e e	Deborah Lting SUP, GC, C	er par	ale Decreto	my +1 reasurer
_		Type or print name and title	•	Date Check	TT PTIN
		Print/Type preparer's name Preparer's signature		l if L	—'i
Pai		FRANK H. SMITH Frank H. Smit	~ !	11/29/11 self-employ	/ed
	parer	Firm's name RAFFA, P.C.		Firm's EIN	
Use	Only	Firm's address 1899 L STREET NW, SUITE 900		D	202-822-5000
		WASHINGTON, DC 20036		Phone no. 2	X Yes No.
V4~	v the !	PS discuss this return with the preparer shown above? (see instructions)			IALIYES I INO

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

Total program service expenses

6,916,960.

Form 990 (2010)

) (Revenue \$

Page 3

			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	37	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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			Х
_	Schedule D, Part III	8		
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	9		х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		Х
11	If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		M. St.	
	as applicable.			g, iyasisi Bollofed
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		х
·	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			
<u> </u>	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	l
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	х	
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		Х
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			77
	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	40		х
	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	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''</del>	<del></del> -	<del>                                     </del>
18	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		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	990	(2010)

032003 12-21-10

Page 4

			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		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	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
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	27		x
28	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	intellection is	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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			X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity?	34		x
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
ან a		00		
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2010)

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

	Check if Schedule O contains a response to any question in this Part V					ᆜ
		1			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	32			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 1		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,		Red.	
	filed for the calendar year ending with or within the year covered by this return	2a	0	i		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	101 ()	ie terroad
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction				v	
	•	• • • • • • • • • • • • • • • • • • • •		3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ту г	4a	giran in in	
D	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	A c c c u	nts			
<b>5</b> 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.		······································	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					<del>                                     </del>
-	any contributions that were not tax deductible?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices <sub>l</sub>	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	1	 1	7c	25047 0127 4	1.01001194
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		<del> </del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g 7h		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			111	és la j	ands.
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8	accessor a clean shall	American Service
9	Sponsoring organizations maintaining donor advised funds.				Sec	Valent.
a	Did the organization make any taxable distributions under section 4966?			9a	altan ilmih m	i international
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
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		1		1 (S. 9)
11	Section 501(c)(12) organizations. Enter:	1	1			
а	***************************************	11a		4	. 4°	
b	,					
	amounts due or received from them.)	11b	<u> </u>		. Since in the	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	Î	12a		11. 15
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a		1
а	Is the organization licensed to issue qualified health plans in more than one state?	• • • • • • • • • • • • • • • • • • • •		150	<u> </u>	1,-
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
ט	organization is licensed to issue qualified health plans	13b	1	*		
С		13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b		
				Form	990	(2010)

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			ili.
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	i		
	to conflicts?	12b	X	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	land and a		
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		4.5%	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			-
	taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b	<u> </u>	
	tion C. Disclosure	TZ C	72'37	ME
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, II		, 1	, 1416
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	incial	
00	statements available to the public.	.: <b>.</b>		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza JOSEPH W. SMOLSKIS - 202-741-6276	นดก: 🕨	_	
	1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 20005		•••	
	1000 II DIRECT, MM, TOTH FROOK, WASHINGTON, DC 20000	Form	990	(2010)

032006 12-21-10

SEE SCHEDULE O FOR FULL LIST OF STATES

Page 7

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)	l		((			104.	(D)	(E)	(F)
Name and Title	Average hours per	(cl		Pos	ition	app	ly)	Reportable compensation	Reportable compensation	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 organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANNA BURGER									•	0
DIRECTOR	1.00	X						0.	0.	0.
PETER EDELMAN	,									0
DIRECTOR	1.00	X						0.	0.	0.
JUDITH FEDER	1							4 222		0
DIRECTOR (AND CONSULTANT)	1.00	X				<u> </u>		4,332.	0.	0.
CHRISTIE HEFNER										0
DIRECTOR	1.00	X				ļ		0.	0.	0.
BRODERICK JOHNSON										•
DIRECTOR	1.00	X			<u> </u>			0.	0.	0.
HILARY ROSEN		İ								•
DIRECTOR	1.00	X	<u> </u>		<u>.</u>			0.	0.	0.
DANIEL ZINGALE										•
DIRECTOR	1.00	X						0.	0.	0.
JOHN PODESTA		l						40 500		4 700
PRESIDENT, CHAIR & DIRECTOR	7.00	X	ļ	X		ļ		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										
TREASURER/COO	6.00			X				24,611.	0.	3,629.
TARA MCGUINNESS										
VP & DIR. THINKPROGRESS	40.00					X	<u> </u>	149,998.	0.	12,905.
JOSEPH ROMM							ł		_	
FELLOW	40.00			<u> </u>		X		136,241.	0.	8,186.
FAIZ R. SHAKIR			ĺ	1	ŀ					
VP & EDITOR, THINKPROGRESS	40.00			<u> </u>	_	X		119,998.	0.	11,309.
DAVID MADLAND					1		1			15 000
DIRECTOR, AME WORKER	40.00	_		igspace	_	X	<u> </u>	108,898.	0.	15,320.

Form 990 (2010)

Par	t VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	s, a	nd I	High	est	Compensated Employ	ees (continued)	
	(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
	Name and title	Average	 		Pos		n : app	1\	Reportable	Reportable	i i
		hours per week	(6	leck	l all	liiai	арр Т	(у)	compensation from	compensatio from related	į.
		(describe	rector						the	organization	
		hours for	eordi	tee			sated		organization	(W-2/1099-MIS	' !
		related organizations	truste	al trus		)ee	mpen		(W-2/1099-MISC)		organization and related
		in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		0)	Pul	Sil	980	Key	語品	For			
					_	_					
							_				
							-				
						-					
							Ĺ		771,243.		0. 77,805.
	Sub-total Total from continuation sheets to Part VII								0.		0. 77,803.
	Total (add lines 1b and 1c)								771,243.		0. 77,805.
2	Total number of individuals (including but no							no r	<u> </u>	,000 in reportabl	e
	compensation from the organization										5
											Yes No
3	Did the organization list any former officer,										3 X
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su								her compensation from		
•	and related organizations greater than \$150										1 1 1
5	Did any person listed on line 1a receive or a										
	rendered to the organization? If "Yes," com	olete Schedul	e J t	or s	uch	pers	son .				5 X
	tion B. Independent Contractors		<b></b>						that we sail and make them	\$100,000 of cor	ananation from
1	Complete this table for your five highest couthe organization.	mpensated ind	зере	enae	ent c	ont	racto	ors 1	that received more than	\$100,000 01 0011	npensation from
	(A) Name and business	address							(B) Description of s	services	(C) Compensation
BOI	NNER GROUP, INC.								PROFESSIONAL		· · · · · · · · · · · · · · · · · · ·
	O. BOX 523523, SPRINGF	ELD, V	Α :	22:	15:	2			FUNDRAISING		129,573.
GEI	RSTEIN ANGE STRATEGIC,	10 G S'					Ε,		COMMUNICATIO	NS	
SU:	ITE 500, WASHINGTON, DO	20002							RESEARCH		104,500.
2	Total number of independent contractors (i	_	not li	imite	ed to		_	ste	d above) who received r	nore than	
	\$100,000 in compensation from the organize	zation 🕨					2				

Pa	rt VII	Statement of Reven	ue				- <del></del>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grant similar amounts not included above Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ons) 1e s, and e 1f 8 ,	454,300. 904,353.	9,358,653.			
Program Service Revenue	2 a b c	CONFERENCE REGI	STRATIO	Business Code 900099	93,282.	93,282.		
Program Reve	d e f	All other program service rever	nue		93,282.			
	3 4 5	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, inter	est, and	677.			677.
د	6 a b c	Gross Rents  Less: rental expenses  Rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraising including \$ 454,3 contributions reported on line	g events (not 00 • of 1c). See					
Other	С	Part IV, line 18  Less: direct expenses  Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	raising events tivities. See	85,598. ▶	<69,398.	>		<69,398.
	с 10 а	Less: direct expenses  Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities . returns	<b>&gt;</b>				
	С	Net income or (loss) from sale  Miscellaneous Revenu  ADVERTISING REV	s of inventory . e	Business Code 541800	97,433.		97,433.	
		TIONTOD A DITTIM		900099	5,256. 5,000.	5,000.		5,256.
03200 12-21	<b>12</b>	Total revenue. See instructions.			9,490,903		97,433.	<63,465. Form <b>990</b> (2010)

Part IX | Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	580,000.	580,000.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				, a plantary many
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	276,159.	182,353.	88,298.	5,508
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		,		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,374,744.	3,001,070.	299,405.	74,269
8	Pension plan contributions (include section 401(k)	_			ء د د <u>ب</u>
	and section 403(b) employer contributions)	150,308.	134,965.	12,243.	3,100
9	Other employee benefits	281,609.	248,466.	28,688.	4,455
0	Payroll taxes	258,471.	224,503.	27,621.	6,347
1	Fees for services (non-employees):				
а	Management				
b	Legal	36,608.	12,677.	23,931.	
C	Accounting	36,157.		36,157.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	92,699.			92,699
f	Investment management fees				
g	Other	178,169.	165,625.	12,544.	
12	Advertising and promotion	650,913.	650,807.	106.	-
13	Office expenses	97,275.	29,190.	67,574.	511
14	Information technology				
15	Royalties				
16	Occupancy	710,500.		710,500.	
17	Travel	78,549.	72,769.	297.	5,483
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	410,810.	402,010.		8,800
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,036.		2,036.	
23	Insurance	22,370.		22,370.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)		발발 발 그림없다		
	amount, list line 24f expenses on Schedule O.)		배계를 걸리다 그		
а	UBI TAXES	13,078.		13,078.	
b	MISCELLANEOUS	369,947.	179,965.	188,435.	1,547
C	OTHER FUNDRAISING COSTS	202,905.	0.	0.	202,905
d	OPINION ANALYSIS POLL	115,000.	115,000.		
e	COMMISSIONED PAPERS	32,374.	32,374.		
f	All other expenses	28,831.	885,186.	<889,081.	
25	Total functional expenses. Add lines 1 through 24f	7,999,512.	6,916,960.	644,202.	438,350
26	Joint costs. Check here   if following SOP				
	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		<u> </u>	<u> </u>	Form <b>990</b> (201

032010 12-21-10

		2010) CENTER FOR AME	RICA	N PROGRESS A	CTION FUND	30-	0192708 Page 11
Pai	rt X	Balance Sheet				Τ	
					(A) Beginning of year		(B) End of year
	1	Cook non interest heaving			2,593,308.	1	2,426,396.
	2		Cash - non-interest-bearing Savings and temporary cash investments			2	346,314.
	3	Pledges and grants receivable, net			346,121. 1,023,048.	3	2,185,242.
	4					4	48,390.
Liabilities	5	Accounts receivable, net  Receivables from current and former officers, directors, trustees, key					
	١	employees, and highest compensated employees. Complete Part II					
						5	
	6	of Schedule L  Receivables from other disqualified persons (as defined under section					
	ľ	· · · ·					
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			<u>SANTA PROPERTIES SERVICES AND SERVICES (SANTA SERVICES ).</u>	6	
	7	Notes and loans receivable, net				7	
						8	
	8	Inventories for sale or use Prepaid expenses and deferred charges				9	
			 I . I				
	10a	basis. Complete Part VI of Schedule D	100	148,295.			
		Lass assumulated depresiation	10a	142,459.	7,872.	10c	5,836.
					,,,,,,,,	11	7,000
	11   12	Investments - publicly traded securities				12	
	13	Investments - other securities. See Part IV, line 11				13	
	14	Investments - program-related. See Part IV, line 11				14	
	1	Intangible assets			0.	15	670,889.
	15 16	Other assets. See Part IV, line 11			3,970,349.		5,683,067.
	17		117,958.		189,285.		
	18	Accounts payable and accrued expenses				18	
	19	Grants payable				19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
	21			21			
	22	Escrow or custodial account liability. Complete Part IV of Schedule D				1983	W. Carlotte and Carlotte
	22	highest compensated employees, and disqualified persons. Complete Part II of Schedule L				1444	
						22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			117,958.	26	189,285.
ets or Fund Balances		Organizations that follow SFAS 117, check h			41.5		
		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			2,106,211.	27	2,718,071.
	28	Temporarily restricted net assets			1,746,180.	28	2,775,711.
	29	Permanently restricted net assets				29	
	_	Organizations that do not follow SFAS 117, check here   and					
		complete lines 30 through 34.				1	
	30	Capital stock or trust principal, or current funds			Affactava a di la spiriga col e de la abanda e fuero anne que e el estado de antenio de e e e	30	The state of the s
	1	Capital stock of trust principal, or carrent funds					

5,493,782. 5,683,067. Form **990** (2010)

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds ......

Total net assets or fund balances .....

Total liabilities and net assets/fund balances

31

32

33

3,852,391. 3,970,349.

31

33

X Separate basis Consolidated basis Both consolidated and separate basis

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Act and OMB Circular A-133?

За

X

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

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

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2010

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192708 Organization type (check one): Filers of: Section: X 501(c)( 4 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 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-FF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Employer identification number

	TOD	AMERICAN		3 007037	TTTTTTT
C. H. WILLIAM D	H-1 1 P	AMH.B.I.G.VI		Δ1''' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	H-I I IXI I
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30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1   -		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3 -		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>4</u> -		\$1,365,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>5</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
6		\$ 5,415,677.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

Name of organization

Employer identification number

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30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$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
9		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12		\$ 150,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

Name of organization

Employer identification number

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30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15	Nume, add ood, and an	\$\$	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
16		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
18		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

023452 12-23-10

Employer identification number

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CENTER	FUR	AMERICAN	EUGIUDO	ACTION	F UNU

30-0192708

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$	Person X Payroll 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
23		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$\$	Person X Payroll

023452 12-23-10

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

Employer identification number

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CENTER FOR AMERICAN PROGRESS ACTION FUN	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
25		\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$ 90,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$\$, 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$ 650,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$ 40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010

of Part II

Name of organization

Employer identification number

### CENTER FOR AMERICAN PROGRESS ACTION FUND

30-0192708

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
		 \$	00 000.E7 or 000.PE\/2010

023453 12-23-10

023454 12-23-10

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

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

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

Open to Public Inspection

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	e of organization				ployer identification number
	CENTER	FOR AMERICAN PRO	OGRESS ACTIO	N FUND	30-0192708
Pa	rt I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political expenditures Volunteer hours			<b>&gt;</b>	\$ 679,375.
Pa	rt I-B Complete if the org	ganization is exempt un	der section 501(c)	)(3)	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5	\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	O for this year?		Yes No
4a	Was a correction made?				Yes INo
<u>b</u>	if "Yes," describe in Part IV.		1	\	4/5/0)
	rt I-C Complete if the org				
	Enter the amount directly expended				\$ 679,375.
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-PO		s 679,375.
	line 17b				
4	Did the filing organization file Form				·····
5	Enter the names, addresses and er made payments. For each organiza	nployer identification number (E	IN) of all section 527 p	olitical organizations to wi	the amount of political
	contributions received that were pr	comptly and directly delivered to	a a separate political or	ganization, such as a sepa	arate segregated fund or a
	political action committee (PAC). If				0 0
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's	contributions received and
				funds. If none, enter -(	promptly and directly delivered to a separate political organization.  If none, enter -0
	***************************************				

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

Schedule C (Form 990 or 990-EZ) 2010

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010  Part II-A Complete if the order see (election under see	ganization is exe	AMERICAN P	ROGRESS ACT in 501(c)(3) and fil	ION FUNB0-0 led Form 5768	192708 Page 2				
A Check   if the filing organize	ation belongs to an affi ation checked box A ar	- '	ovisions annly						
Lim	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)								
1a Total lobbying expenditures to inf	luence public opinion (	grass roots lobbying)							
<b>b</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	***************************************			0 '					
e Total exempt purpose expenditur									
f Lobbying nontaxable amount. En	ter the amount from the	e following table in bot	h columns.		The state of the second st				
If the amount on line 1e, column (a)	or (b) is: The lob	bying nontaxable am	ount is:						
Not over \$500,000	20% of	the amount on line 1e	•						
Over \$500,000 but not over \$1,00		00 plus 15% of the exc		The second section of the section of the section					
Over \$1,000,000 but not over \$1,	500,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.						
Over \$1,500,000 but not over \$17	7,000,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.						
Over \$17,000,000		gradio necessitati							
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 reporting section 4911 tax for this	ro or less, enter -0- ro or less, enter -0- ero on either line 1h or s year?		ation file Form 4720	[	Yes No				
	zations that made a s olumns below. See th	ection 501(h) election e instructions for line	n do not have to com es 2a through 2f on pa						
	Lobbying Exper	nditures During 4-Ye	ar Averaging Period	T	Т				
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) Total				
2a Lobbying nontaxable amount		book the second		one and address of the control of th					
<b>b</b> Lobbying ceiling amount									
(150% of line 2a, column(e))									
c Total lobbying expenditures		1							
d Grassroots nontaxable amount									
e Grassroots ceiling amount									
(150% of line 2d, column (e))									
f Grassroots lobbying expenditures	3								
				0 to 1 to 0 /F	000 ex 000 EZ\ 2010				

Schedule C (Form 990 or 990-EZ) 2010

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

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(6	a)	(b)		
		Yes	No	, Amo	unt	
1,	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?  Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			-		
;	Other activities? If "Yes," describe in Part IV					
;	Total. Add lines 1c through 1i	A CONTRACTOR OF STREET				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Modern Prince 1 1 Active	SERTION V		
	If "Yes," enter the amount of any tax incurred under section 4912	To A STATE OF THE WAY TO STATE A STATE OF THE STATE OF TH		processor security		
	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?	SATI A SEASON OF CASE OF	ANAMASAN ANAMASAN			
	t III-A   Complete if the organization is exempt under section 501(c)(4), sect	on 501(c)	(5). or se	ction	. Major 20 (Kanagagan)	
	501(c)(6).					
	\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			Yes	No	
	Were substantially all (90% or more) dues received nondeductible by members?		1		-	
1	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
2	Did the organization make only in-ribuse lobbying experiditures of \$2,000 or less:  Did the organization agree to carryover lobbying and political expenditures from the prior year?					
3 Dar	t III-B Complete if the organization is exempt under section 501(c)(4), sect	on 501(c	*****	ection	•	
r ai	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines III-A, lines III-A, lines III-A, lines III-A, lines II-A, line	art III-A. li	ne 3 is a	nswered		
	"Yes."					
	Dues, assessments and similar amounts from members		1	····		
1	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		····		<del></del>	
2		icai				
_	expenses for which the section 527(f) tax was paid).		2a			
	Current year		·····			
	Carryover from last year		·····			
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					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			}		
_	expenditure next year?		<u>4</u>			
	Taxable amount of lobbying and political expenditures (see instructions)		5	l		
Com for a	t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; any additional information.  RT I-A, LINE 1:	and Part II-B	, line 1i. Als	o, complete	this part	
CA:	P ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OF	FICE,	NOR DO	ES IT		
EX	PLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF PA	RTICUL.	AR			
CA	NDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX	YEAR,	CAP A	CTION		
MA.	DE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRIT	ICIZIN	G PARI	CULA	З	
PU	BLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES.		E POLI		0-EZ) 2010	

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

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		•
		(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 advise	d funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
_	listed in the National Register		f F
3	Number of conservation easements modified, transferred, re		
	year >		
4	Number of states where property subject to conservation ea	sement is located >	•
5	Does the organization have a written policy regarding the per	•	
_	violations, and enforcement of the conservation easements i		Yes No
6	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) above		
	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 organiza	·	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	her 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 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtheran	ce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	·	•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	, , , , , , , , , , , , , , , , , , , ,		

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

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 CENTER  † III Organizations Maintaining C	FOR AMERIC Collections of A						30-01 ar <b>A</b> sse					
3	Using the organization's acquisition, accessi												
	(check all that apply):	,		,									
а	Public exhibition	c	1 🗆 La	oan or excl	hange progra	ams							
b	Scholarly research	- -			ilango progra								
c	Preservation for future generations	•	,			••••							
4	<del>-</del>	alloctions and explai	in how that	v further th	ho organizati	on's ava	mpt purp	oco in Bar	VIV				
5	3												
3	to be sold to raise funds rather than to be ma		-		•				Yes		No		
Par	t IV Escrow and Custodial Arran										JIVO		
ı dı	reported an amount on Form 990, Pa		ete ii the o	organizatio	nanswered	res to	FORM 990	J, Part IV, I	ine 9, oi				
4.0			diam, fau an	ممانا بطاليقم									
та	Is the organization an agent, trustee, custod								٦.,	_	٦.,		
	on Form 990, Part X?							<u></u>	Yes		No		
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing tal	ble:							<del></del>		
							-		Amount		<u> </u>		
	Beginning balance										<del></del>		
	Additions during the year										<del></del>		
е	Distributions during the year						<u>1e</u>						
f	Ending balance										<del></del>		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					.,	Yes		No		
	b If "Yes," explain the arrangement in Part XIV.												
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.												
		(a) Current year	(b) Pric	or year	(c) Two year	's back	(d) Three	years back	(e) Four	years	back		
1a	Beginning of year balance												
b	Contributions												
	Net investment earnings, gains, and losses												
d	Grants or scholarships												
e	Other expenditures for facilities						1511						
-	and programs												
f	Administrative expenses												
	End of year balance								Tanana a	1985 V 52			
2	Provide the estimated percentage of the year	r and halance hald s	1			J.	DESCRIPTION OF THE PARTY	(1) 4 (6) 1	15 VI 5 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12,722,927,2	<u> </u>		
	Board designated or quasi-endowment	i end balance neld a											
	Permanent endowment	%											
		% %											
		· -		la -t-t									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are neid a	na aaministe	erea tor t	ne organi	zation	Г				
	by:								r	Yes	No		
	(i) unrelated organizations								3a(i)				
	(ii) related organizations								3a(ii)				
b	If "Yes" to 3a(ii), are the related organization:					. <b> </b>			3b				
4	Describe in Part XIV the intended uses of the												
Pai	t VI   Land, Buildings, and Equipm			ine 10.									
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulat preciation		(d) Bool	valu	e 		
1a	Land					<u> </u>							
	Buildings												
	Leasehold improvements												
	Equipment				3,990.		3,9	90.			0.		
	Other	1			4,305.		138,4	69.		5,8	36.		
	i. Add lines 1a through 1e. (Column (d) must e		X, column					. •			36.		

Schedule D (Form 990) 2010

Schedule [	) (Form 990) 2010	CENTER	FOR	AMERICAN	PROG	RESS	ACTIO	N FUND	30-	0192708	Page 3		
	Investments -		ti <b>es.</b> Se	e Form 990, Part	X, line 12								
(	a) Description of secu including name o			(b) Book value			Cos	(c) Method of valuation: Cost or end-of-year market value					
(1) Financ	ial derivatives												
	-held equity interests												
(3) Other													
(A)													
(B)													
(C)											·······		
(D)								<del></del>		<del>. ,</del>			
(E) (F)				,,									
(G)			····	-				<del></del>					
(H)													
(1)													
	b) must equal Form 990,						fileta e Españ		eri Ethnisi (97)				
Part VII	Investments -	Program Rela	ated. S	ee Form 990, Part	X, line 1	3.							
(a) Description of investment type			(b) Book va	lue		Cos	(c) Method of the control of the con						
(1)													
(2)													
(3)													
(4)													
(5) (6)													
(7)													
(8)			<del> </del>										
(9)													
(10)													
Total. (Col (	b) must equal Form 990,				,								
Part IX	Other Assets.	See Form 990, Pa											
	III EDOM AEE	TTTAME	(a)	Description	<del></del>					(b) Book v	,889.		
	JE FROM AFF	TLTALE								0/0	,009.		
(2)													
(3)													
(5)										,			
(6)													
(7)													
(8)				-									
(9)													
(10)			<u> </u>								0.00		
Total. (Colt	umn (b) must equal Fo Other Liabilitie						<u></u>		<b>&gt;</b>	670	,889.		
1.	(a) De	escription of liabil	ty			(b) Amo	unt				77, 1		
	deral income taxes						,						
(2)				•				gast dississ					
(3)									1. 14 cm				
(4)								ngaran ng 1907. Tangga ng Pangaran					
(5)													
(6)			<del></del>		_						in a community of the c		
(7)					-								
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(10)					_								
(11)		• • • • • • • • • • • • • • • • • • • •											
Total. (Col	umn (b) must equal Fo	orm 990, Part X, c	ol (B) line	e 25.)	<b>▶</b>								
2. FIN 48 (A	SC 740) Footnote, in Part XIV	, provide the text of th	e footnote to	o the organization's fina	nciai statem	ents that rep	oorts the organi	zation's liability fo	r uncertain	ax positions unde	r		
032053 12-20-10									Sched	lule D (Form	990) 2010		

	edule D (Form 990) 2010 CENTER FOR AMERICAN PROGRES  rt XI Reconciliation of Change in Net Assets from Form 990 to A	SS ACT	ION FUND	30-	0192708 Page 4
1	T . 1			atemen	
2		• • • • • • • • • • • • • • • • • • • •		<del>.</del>	9,490,903.
3	Total expenses (Form 990, Part IX, column (A), line 25)	• • • • • • • • • • • • • • • • • • • •	2		7,999,512.
4	Excess or (deficit) for the year. Subtract line 2 from line 1	•••••	3		1,491,391.
5	Net unrealized gains (losses) on investments	• • • • • • • • • • • • • • • • • • • •	4		
6	Donated services and use of facilities	• • • • • • • • • • • • • • • • • • • •	5		
7	Investment expenses		6		450.000
8	Prior period adjustments		7		150,000.
9	Other (Describe in Part XIV.)		8		150.000
10	Total adjustments (net). Add lines 4 through 8		9		150,000.
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and it XII Reconciliation of Revenue per Audited Financial Statemen	te With	10	w Dotum	1,641,391.
1	Total revenue, gains, and other support per audited financial statements	ILS VVILLE	nevenue pe	neturi	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • • • • • • • • • • • • • • • • • • •		1	9,576,501.
a		اما			
	Donated services and use of facilities	2a			
	Donated services and use of facilities	2b			
4	Recoveries of prior year grants  Other (Deposits in Rest VIV.)	2c	0E E0	_	
u	Other (Describe in Part XIV.)	2d	85,59		05 500
- e	Add lines 2a through 2d		•••••	2e	85,598.
3	Subtract line 2e from line 1		••••••	3	9,490,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1000000	
	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			4c	0.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XIII Reconciliation of Expenses per Audited Financial Statemen			. 5	9,490,903.
1 2	Total expenses and losses per audited financial statements	• • • • • • • • • • • • • • • • • • • •	•••••	. 1	8,085,110.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 1			
a	Donated services and use of facilities	2a			
D	Prior year adjustments	2b			
C	Other losses	2c	05 50		
ď	Other (Describe in Part XIV.)	2d	85,598		05 500
e	Add lines 2a through 2d			2e	85,598.
3	Subtract line 2e from line 1	•••••		3	7,999,512.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ī			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
D	Other (Describe in Part XIV.)	4b			_
	Add lines 4a and 4b			4c	0.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information			5	7,999,512.
X, line	plete 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. Also comple T X, LINE 2: IN ACCORDANCE WITH ASC TOPIC	te this par	t to provide anv	additional	information.
	TILL TOOUTHIELD WITH ADC TOFIC	, <del>-</del> U , .	THOOME IF	very'	1116
ACI	ION FUND HAS EVALUATED ITS INCOME TAX POSIT	rions	FOR THE	YEARS	E ENDED
DEC	EMBER 31, 2010 AND 2009, AND DETERMINED THE	AT TH	ERE WERE	NO MA	ATERIAL
UNC	ERTAIN TAX POSITIONS AND, ACCORDINGLY, THE	ACTIO	ON FUND H	IAS NO	ΣT
REC	OGNIZED ANY LIABILITY FOR UNRECOGNIZED INCO	OME T	AX.		
					· · · · · · · · · · · · · · · · · · ·
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				· · · · · · · · · · · · · · · · · · ·
SPE	CIAL EVENTS EXPENSES				85,598.
032054 12-20-1	0			Schedu	ile D (Form 990) 2010

Schedule D (Form 990) 2010 Part XIV Supplemental Info	CENTER FOR	AMERICAN	PROGRESS	ACTION	FUND30-019:	2708 Page 5
Part XIV Supplemental Info	rmation (continued)		· · · · · ·	<del></del>		
DADE WITH LINE OD		TORNER				
PART XIII, LINE 2D	- OTHER ADJ	JSTMENTS:				
SPECIAL EVENTS EXPE	ENSES					85,598.
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### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Name of the organization

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

Open To Public Inspection

CENTER	FOR AMERICAN PROG	RESS	AC	TION FUND	30-0192	2708
Part I Fundraising Activities required to complete this pa	Complete if the organization ans	wered "\	es" t	o Form 990, Part IV,	line 17. Form 990-E2	I filers are not
<ul> <li>1 Indicate whether the organization rai</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid incompensated at least \$5,000 by the</li> </ul>	e X Solicit f Solicit g X Specia or oral agreement with any individu Part VII) or entity in connection with lividuals or entities (fundraisers) pur	ation of ation of al fundra al (inclui profess	non-g gover lising ding o ional f	overnment grants rnment grants events  fficers, directors, tru- fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	istody trol of	(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.
Total				476,000.	02.600	202 201
3 List all states in which the organization or licensing.	on is registered or licensed to solicit			or has been notified	·	
AL,AK,AZ,AR,CA,CT,DC, OH,OK,OR,PA,RI,SC,TN,	UT, VA, WA, WV, WI	, MD , .	ΜА.,.	MI,MN,MS,M	MI, UI, HI, O	,NY,NC,ND

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

032081 01-13-11

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

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010 CENTER FOR AMERICAN PROGRESS ACTION FUND 0 -	0192	708	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?	. <sub>I</sub> LL	Yes	L No
13 Indicate the percentage of gaming activity operated in:  a The organization's facility	13a		%
b An outside facility			%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  c If "Yes," enter name and address of the third party:			
Name		.,	
Address >	-		<del>,</del>
16 Gaming manager information:			
Name			<del></del>
Gaming manager compensation > \$			
Description of services provided ▶			
besoription of solvided provided p			
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		Yes	□ No
retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<u> </u>	res	NO
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			
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informat	ion (see	instru	ctions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	ERS:		
(I) NAME OF FUNDRAISER: BONNER GROUP			
(1) NAME OF FORDICATION. BOMMIN CHOOL			
(I) ADDRESS OF FUNDRAISER:			
729 15TH STREET, NW, #3, WASHINGTON, DC 20005-2105			
			<del> </del>
032083 01-13-11 Schedule G (Fo	rm 990	or 99	0-EZ) 2010

SCHEDULE

Open to Public OMB No. 1545-0047 Inspection

Schedule I (Form 990) (2010) ž Employer identification number 30-0192708 SUPPORT CHARITABLE AND SDUCATIONAL ACTIVITIES SDUCATIONAL ACTIVITIES SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES (h) Purpose of grant 먑 5 F 5 P SUPPORT CHARITABLE or assistance SUPPORT PROGRAMS SUPPORT PROGRAMS SUPPORT PROGRAMS X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any OVERTY OVERTY POVERTY recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 0 ö 。 。 Ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. CENTER FOR AMERICAN PROGRESS ACTION FUND 15,000, 500,000 15,000, 15,000 30,000 5,000 (d) Amount of cash grant (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations ...... 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(4) 20-4465717 501(C)(4) 501(C)(4) 71-0492205 52-1861766 30-0126510 26-4680984 52-0789800 Part I General Information on Grants and Assistance criteria used to award the grants or assistance? (p) EIN 1120 CONNRCTICUT AVE. NW SUITE 312 1 (a) Name and address of organization STREET, NW #1000 - WASHINGTON, DC ARKANSAS ADVOCATES FOR CHILDREN RIGHTS EDUCATION FUND - 1629 K LEADERSHIP CONFERENCE ON CIVIL 1825 K STREET, NW, SUITE 400 CAMPAIGN FOR AMERICAS FUTURE CENTER FOR AMERICAN PROGRESS 1333 H STREET NW, 10TH FLOOR 1400 W MARKHAM, SUITE 306 COALITION ON HUMAN NEEDS or government SAN FRANCISCO, CA 94110 LITTLE ROCK, AR 72201 WASHINGTON, DC 20005 WASHINGTON, DC 20006 WASHINGTON, DC 20036 60 29TH STREET #664 Name of the organization Department of the Treasury NETROOTS NATION (Form 990) Part II 20006 0

COPY

30-0192708

Page 2

Schedule | (Form 990) (2010) CENTER FOR AMERICAN PROGRESS ACTION FUND

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

Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance							- All						School (19040) (2010)
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	ACTION FUND	AGREE: THAT IT	S TAX-EXEMPT	THAT NO	EXPRESSLY OR	PUBLIC	E; THAT IT	NS AND AUDITS	, REVIEW AND	
(d) Amount of non- cash assistance			ine 2, and any othe		AND	WITH CAPAF		INDIRECTLY TO	ELECTION TO	R CANDIDAT	CONDUCT EVALUATIONS	TO OBSERVE	
(c) Amount of cash grant			n required in Part I, I	AMERICAN PROGRESS	SENT, WARRANT	CONSISTENT WITH CAPAF'S	INTERNAL REVENUE CODE;		SEEKING E	POLITICAL PARTY OR CANDIDATE;	TO CONDUCT	INVOLVE VISITS TO OBSERVE,	34
(b) Number of recipients			ide the information	FOR	TO REPRESENT,	PURPOSES CO	OF THE INTER	ED DIRECTLY OR	CANDIDATE		REPRESENTATIVES	MAY INVOL	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: CENTER	REQUIRES ANY GRANTEE ORGANIZATION	WILL USE GRANT FUNDS SOLELY FOR PU	STATUS UNDER SECTION 501(C)(4) OF	PORTION OF GRANT FUNDS WILL BE USED	IMPLICITLY SUPPORT OR OPPOSE ANY C	OFFICE OR PROVIDE A BENEFIT TO ANY	WILL ALLOW CAPAF STAFF OR REPRESEN	OF THE USE OF GRANT FUNDS, WHICH M	332102 01-13-11

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

## **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	nded in content		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	}	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
		The air-th		
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:			
_	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
	Participate in, or receive payment from, a supplemental nonqualined retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?			X
С		70	Tage 15	1.200
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	and the rest Very Legatives and the large E.A.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		100 400 1	X
	The organization?		ļ	X
b	Any related organization?	5b		^
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		A Para Area	7
а	The organization?	6a	ļ	X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			l
	not described in lines 5 and 6? If "Yes," describe in Part III	. 7	<u> </u>	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(0)	(Q)	(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
	8	149,998.	0	0	7,500.	5,405.	162,903.	0
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9	<u>(ii)</u>							
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	Ξ							
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10	(E)							
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13	Ξ							
	Ξ							
14	≘							
	Ξ							
15	Ξ							
	Ξ							
16	≘							

Schedule J (Form 990) 2010

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010
Open to Public Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

CENTER FOR AMERICAN PROGRESS ACTION FUND 30-0192700
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROGRESSIVE LEADERS THROUGHOUT THE COUNTRY AND THE WORLD.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ONLINE COMMUNICATIONS
EXPENSES \$ 521,587. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
POLICY - ECONOMIC
EXPENSES \$ 397,257. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
POLICY - DOMESTIC
EXPENSES \$ 228,881. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
EXECUTIVE OFFICE
EXPENSES \$ 170,213. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
DEVELOPMENT
EXPENSES \$ 95,440. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ENOUGH PROJECT
EXPENSES \$ 50,770. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CALIFORNIA OFFICE
EXPENSES \$ 34,363. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAMPUS PROGRESS

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

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

Name of the organization CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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

POLICY - INTERNATIONAL/NATIONAL SECURITY

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

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

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

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

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

THE NUMBER OF DIRECTORS.

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

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

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

COORDINATION WITH THE LEGAL DEPARTMENT. THE ACCOUNTING FIRM PROVIDED A

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

CORPORATE OFFICERS.

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

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

PREVENTING OUTSIDE FINANCIAL INTERESTS OF ITS BOARD MEMBERS, OFFICERS OR

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

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

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CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

ENFORCES POLICIES TO PREVENT CONFLICTS OF INTEREST AND THE APPEARANCE OF

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

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

COMPLIANCE WITH POLICIES GOVERNING OFFICERS, DIRECTORS AND KEY EMPLOYEES

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

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

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

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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

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

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

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

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

PRIOR PERIOD ADJUSTMENTS:

150,000.

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