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

| For Individuals: | | | | | | | |
|---|--|--|--|--|--|--|--|
| . Name: | | | | | | | |
| 2. Address: | | | | | | | |
| 3. Email Address: | | | | | | | |
| 4. Phone Number: | | | | | | | |
| * * * * | | | | | | | |
| For Witnesses Representing Organizations: | | | | | | | |
| 1. Name: Michael J. Conathan | | | | | | | |
| 2. Name of Organization(s) You are Representing at the Hearing: | | | | | | | |
| Center for American Progress Action Fund | | | | | | | |
| 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] | | | | | | | |
| | | | | | | | |

Name/Organization Conathan/Center for American Progress Action Fund
Title/Date of Hearing The President's New National Ocean Policy – A Plan for Further Restrictions on Ocean, Coastal, and Inland Activities

- 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 Conathan/Center for American Progress Action Fund
Title/Date of Hearing The President's New National Ocean Policy – A Plan for Further Restrictions on Ocean, Coastal, and Inland Activities

<u>In addition, for witnesses representing organizations:</u>

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)).

_{Form} 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 | 019270 | 18 | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/ | suite E Telephone nur | phone number | | | | |
| | 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 | | | |
| ne | 8 | Contributions and grants (Part VIII, line 1h) | 8,653,39 | 99. | 8,839,425. | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | | | | |
| æ | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 14,3 | | 2,285. | | | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 187,4 | ` | | | | |
| | 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 | 30. | 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. | | | |
| - SS | 19 | Revenue less expenses, Subtract line 18 from line 12 | 1,274,70 | | 1,500,131. | | | |
| and Since | | T + 1 | 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. | | | |
| | , 11.6.11 | Under ponalties of pertury, I declare that I have exemined this return, including accompanying schedules and statem | ents and to the heat of my kno | wladaa aa | al hadiad it la taux assault | | | |
| | | and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know | edge. | widege an | d bellet, it is true, correct, | | | |
| Sig | n | | 1 | | | | | |
| Her | | Signature of officer | Date | | | | | |
| ,,,,, | | NEERA TANDEN TREASURER/COO | 00.0 | | | | | |
| | | Type or print name and title | | | | | | |
| | | Preparer's Date | Check if Pro | eparer's ic | lentifying number | | | |
| Paie | | signature Tender ulsko | self- employed > (se | e instructi | ions) | | | |
| | parer's | Film's name (or Lab SONALLEN LLD | EIN > | | | | | |
| use | Only | self-employed), 2900 SOUTH OUINCY ST. SUITE 150 | L-III | | | | | |
| | | address, and ZIP+4 ARLINGTON VA 22206 | Phone no. | 703-0 | 198-5160 | | | |
| May | / the IS | RS discuss this return with the preparer shown above? (see instructions) | Frione iid. | ,,,,,, | | | | |
| | | | | | X Yes No | | | |

| Form 8868 (Rev. 4-2009) | | Pag |
|--|--------------|------------------------------|
| • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check | his box | ▶ 🗓 |
| 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. ► | | |
| If the organization does not have an office or place of business in the United States, check this box | | > |
| 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 DOCUEDE |
| 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 | † \$ |
| 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 8868 (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 | |
| If the organization does not have an office or place of business in the United States, check this box 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 If it is for part of the group, check this box and attach a list with the names and EINs of all members the externation. | 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 | (| |
| | 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. | | ··· |
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| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$ | (Revenue \$ | |
| | Management and the second seco | | |
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| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| 4d | Other program services. (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | ì | |
| 4e | Total program service expenses ►\$ 6,615,824. | | |
| | | *************************************** | Form 990 (2009 |
| | | | |

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

| | | | Υe | s No | | | | | | | |
|-----|--|--------------|--------|------|--|--|--|--|--|--|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | | | | | | | | |
| | If "Yes," complete Schedule A | 1 | | Х | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | | | | | | | | |
| | public office? If "Yes," complete Schedule C, Part I | . <u> 3</u> | х | | | | | | | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | . 4 | | | | | | | | | |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | | 1 | | | | | | | | |
| | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | . 5 | | х | | | | | | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to | | | | | | | | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part | / 6 | | х | | | | | | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | | | | | | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | . 7 | | х | | | | | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | 1 | | | | | | | | |
| | Schedule D, Part III | , 8 | | х | | | | | | | |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | | | | | | | | | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | . 9 | | x | | | | | | | |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | · | T | ` | | | | | | | |
| | ff "Yes," complete Schedule D, Part V | . 10 | - | x | | | | | | | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X | | | | | | | | | | |
| | as applicable | . 11 | x | | | | | | | | |
| • | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 7.5 | T. | | | | | | | | |
| | Part VI. | 1 | | | | | | | | | |
| • | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | : h | | | | | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | 1.50 | | 1 | | | | | | | |
| • | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | | | | | | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | | | | | | | | |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | | | | | | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX. | • | 1 - | Jane | | | | | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | - | de: | | | | | | | | |
| • | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | | | | | | | | |
| | the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | 1 | | | | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 2.5 | | | | | | | | | |
| | Schedule D, Parts XI, XII, and XIII. | 12 | x | | | | | | | | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | 5 | 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 | 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals. | | | | | | | | | | |
| | located outside the United States? If "Yes," complete Schedule F, Part III | | | | | | | | | | |
| 17 | 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 | 1 | 1 | 1 | | | | | | | |
| | 1c and 8a? If "Yes, complete Schedule G, Part II | 18 | х | 1 | | | | | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If "Yes." | - | 1 | 1 | | | | | | | |
| | complete Schedule G, Part III | 19 | | x | | | | | | | |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | x | | | | | | | |

Form **990** (2009)

30-0192708

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

| | | | 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 | 0.54 | | х |
| 26 | Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified | 25b | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | -20 | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | 112 |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| C | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was | | | |
| | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 31 | contributions? If "Yes," complete Schedule M | _30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| 32 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | Х |
| | Schedule N, Part II | 30 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | х |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | | | ***** |
| | If "Yes," complete Schedule R, Part V, line 2 | 35 | | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |

Form 990 (2009)

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

932005 02-04-10

30-0192708

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

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

SEE SCHEDULE O FOR FULL LIST OF STATES

30-0192708

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

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

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

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

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

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

932007 02-04-10

Form 990 (2009)

| Part VII Section A. Officers, Directors, Tru | | mple | oyee | | | High | iest | | í | | | |
|--|------------------|--------------------------------|-----------------------|--------------|-------------|------------------------------|----------|---|---|----------|-------------------|------------|
| (A) Name and title | (B) | | | ۱) Pos | C) ition | | | (D) Reportable | (E) Reportable | ^ | (F Estima | |
| Ivallie and title | Average hours | (c) | hecl | | | | ıly) | compensation | compensati | | amou | |
| | per | - | | | | Ϊ | Ϊ | from | from relate | :d | oth | |
| | week | diec | : | l | | E . | | the | organization (W-2/1099-M | | compen | |
| | <u></u> | Stee | rustee | | | ESISSI | | organization (W-2/1099-MISC) | (44-27 1099-1411 | 30) | from organiz | |
| | | E E | l kuoi | | ploye | E S | | ', | | | and re | |
| | <u> </u> | Individual Irustee or director | Institutional trustee | Officer | Хсу атрюуее | Highest compensated employee | orme | | | | organiz | ₃tions |
| | | - | F | H | | H | <u> </u> | | <u>-</u> | | | |
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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 | o r | 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 | |
| Complete this table for your five highest co the organization. | 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 | | | • | | _ | | _ | EVENT PLANNING | | <u> </u> | 40 | 2,584. |
| JEFFERSON STREET, NW , WASHINGTON DO | i | | | | | | ļ | WHITE PAPER | | 1 | 10 | |
| , | | | | | | | \dashv | WHILE FAFER | | \vdash | 1.2 | 0,000. |
| | | | | | | | - | | | 1 | | |
| | | | | | | | 7 | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | |
| 2 Total number of independent and a " | -11:- 1 2 | -4 ** | | | | | | | | . 1, | . ee .eue Sinning | 1011111111 |
| 2 Total number of independent contractors (ir \$100,000 in compensation from the organiz | | OT III | nited | o to | | se lis 2 | ted | above) who received m | ore than | | | \$ N |
| 4.00,000 in compensation noil the organiz | autil | | | | | | | | | <u> </u> | tyre) Lari | - |

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

Part IX | Statement of Functional Expenses

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

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

932010 02-04-10

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

Form 990 (2009)

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

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2009

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

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

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

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

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

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

SCHEDULE C

Department of the Treasury

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

| | 01(c)(4), (5), or (6) organiza | tions: Complete Part III. | | | |
|---------------|--------------------------------|---|---|-------------------------------|---|
| Name of orga | inization | | | Emp | loyer identification number |
| | | AMERICAN PROGRESS ACTIO | | | 30-0192708 |
| Part I-A | Complete if the or | ganization is exempt und | ler section 501(c |) or is a section 527 c | rganization. |
| 1 Provide | a description of the organi | zation's direct and indirect politic | cal campaign activities | s in Part IV. | |
| 2 Political | expenditures | | | ▶\$ | 869,989. |
| 3 Voluntee | 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 |
| | | | | | |
| | | | | | |
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| | | | | | |
| 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 expenditur | | | | | |
| e Total exempt purpose expenditure | | | | | |
| f Lobbying nontaxable amount. Ent | | | | | |
| If the amount on line 1e, column (a) | or (b) is: The lob | bying nontaxable am | ount is: | | |
| Not over \$500,000 | 20% of | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,00 | 0,000 \$100,0 | 00 plus 15% of the exc | ess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,5 | 500,000 \$175,0 | 00 plus 10% of the exc | ess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17 | ,000,000 \$225,00 | 00 plus 5% of the exce | ess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000 | \$1,000,000. | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | During the Arthurst Arthur | PROPERTY OF THE PROPERTY OF TH |
| h Subtract line 1g from line 1a. If zei | ro or less, enter -0- | | | | |
| i Subtract line 1f from line 1c. If zer | o or less, enter-0- | | | | |
| j If there is an amount other than ze | ero on either line 1h or | line 1i, did the organiz | ation file Form 4720 | | |
| reporting section 4911 tax for this | year? | *************************************** | | | Yes No |
| | 4-Year Av zations that made a s | eraging Period Under section 501(h) election se instructions for line | Section 501(h) a do not have to com | plete all of the five | |
| | Lobbying Expe | nditures During 4-Ye | er Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | , |
| f Grassroots lobbying expenditures | | | <u> </u> | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |

Schedule C (Form 990 or 990-EZ) 2009

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

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

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

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

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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 | e L Other | | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's c | ollections and explai | in how they further | the organization's e | xempt purpo | ose in Par | t XIV. | | |
| 5 | During the year, did the organization solicit of | or receive donations | of art, historical tre | asures, or other simi | lar assets | | | | |
| | to be sold to raise funds rather than to be m | | | | | | Yes | | □Nο |
| Pai | rt IV Escrow and Custodial Arran | | | | | | 9, or | | |
| | reported an amount on Form 990, Pa | | - | | | | | | |
| 1a | Is the organization an agent, trustee, custod | lian or other intermed | diary for contributio | ns or other assets n | ot included | | | | |
| | on Form 990, Part X? | | | | | | Yes | | □No |
| b | If "Yes," explain the arrangement in Part XIV | | | | | | | | |
| | | | J | | | | Amoun | ıt | |
| С | Beginning balance | | | | 1c | | | | |
| | Additions during the year | | | | | | | | |
| | Distributions during the year | | | | | • | | | |
| f | Ending balance | *************************************** | | | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990. Part X. line | 217 | | | 1 | Yes | | No |
| | If "Yes," explain the arrangement in Part XIV | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *************************************** | | - / | | |
| _ | rt V Endowment Funds. Complete | | nswered "Yes" to Fe | orm 990. Part IV. line | 10. | | | | |
| L | *************************************** | (a) Current year | | (c) Two years back | | ears back | (e) Fou | r vears | |
| 1a | Beginning of year balance | (-, | (, , | | 1,47 | 7 70 | (0).00 | Jours | |
| | | | | | | | | <u> </u> | 7.5 |
| | Net investment earnings, gains, and losses | | | 86. A 1 AA 1 | | N GB | | | |
| d | | | | | | era era era era era era era era era era | 11 | | |
| | Other expenditures for facilities | | | | 1 11 11 11 11 11 | The State of the S | 8 (8 g 1 1 3 1 | | 1 |
| • | and programs | | | | | 1965 4 19 3 3 | | | 4. 4: |
| f | Administrative expenses | | | | | | <u> </u> | | |
| | End of year balance | | | | | | ## fr # | ara. 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 | ation that are netur | and administered for | rine organiz | ation | i | 37 | |
| | | | | | | | 0.0 | Yes | No |
| | (i) unrelated organizations | | | | | • | 3a(i) | | |
| h | (ii) related organizations | a listed on required a | n Cobodula DO | *************************************** | | ••••••• | 3a(ii) | | ├ |
| 4 | If "Yes" to 3a(ii), are the related organization: | | | | | • | 3b | | <u> </u> |
| | Describe in Part XIV the intended uses of the tVI Investments - Land, Building | s organization's endo | ent Con Ferra 00' | 2 Dad V Bas 10 | | | | | |
| | Description of investment | | | | | | | | |
| | Description of silvestment | (a) Cost or o basis (investr | | | Accumulate epreciation | q | (d) Boo | k valu | e |
| 1a | Land | | | 1.6. | 1 1/2 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).) | | > | | 7 | 872. |

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

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

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

| Schedule D (Form 990) 2009 CENTER FOR AMERICAN FROGRESS ACTION FORD | 30-0192708 | Page 5 |
|---|------------|--------|
| Part XIV Supplemental Information (continued) | | |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS: | | |
| | | |
| SPECIAL EVENT EXPENSES: 31735. | | |
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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 | Complete if the organization answer. | ered " | es" to | o Form 990, Part IV, | line 1 | 7. Form 990-EZ | ! filers are not |
| 1 Indicate whether the organization rais a | e Solicita s f Solicita g Special or oral agreement with any individual cart VII) or entity in connection with p | tion of tion of fundra (inclu | non-g gover alsing ding o ional 1 | overnment grants nment grants events fficers, directors, tru fundraising services? | stees | Yes | |
| compensated at least \$5,000 by the | | ount t | o agro | cinera ander winer | 1116 1 | uliulaisel is to | DE |
| (i) Name of individual or entity (fundralser) | (ii) Activity | (iii) 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 | | | | |
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| Total 3 List all states in which the organization | n is registered or licensed to solicit f | unds | r has | been notified it is ex | empt | from registration | on or licensing. |
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| HA For Privacy Act and Paperwork Re | duction Act Notice, see the Instruc | tions | for Fo | orm 990 or 990-EZ. | S | chedule G (Form | 990 or 990-EZ\ 2009 |

| <u>`</u> | 17 L | on Form 990-EZ, line 6a. List events with | _ | | , m.o .o, or reported | |
|-----------------|------|--|---|--|--------------------------|--|
| | | | (a) Event #1 ANNUAL DINNER | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| d) | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | | | | | | |
| Вev | 1 | Gross receipts | 178,600. | | | 178,600. |
| | 2 | Less: Charitable contributions | 160,060. | | | 160,060. |
| | 3. | Gross income (line 1 minus line 2) | 18,540. | | | 18,540. |
| | 4 | Cash prizes | | | | |
| Ses | 5 | Noncash prizes | | | | |
| Expen | 6 | Rent/facility costs | 25,060. | | | 25,060. |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 6,675. | | | 6,675. |
| | 10 | | 19 in column (d) | | | 31,735 ₁ -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 | U No ▶ | () |
| | 8 | Net gaming income summary. Combine line 1 | , column (d), and line 7 | | | |
| _ | F | | - | | | Yes No |
| | | er the state(s) in which the organization operat he organization licensed to operate gaming act | | states? | | 9a |
| | | No," explain: | | | | 38 |
| | | | | | | |
| 10a | We | re any of the organization's gaming licenses re | voked, suspended or te | rminated during the tax y | ear? | 10a |
| | | Yes," explain: | | | | |
| | | | , | | | |
| 11 | | es the organization operate gaming activities w | | | | 11 |
| 12 | | he organization a grantor, beneficiary or trustee | e of a trust or a member | of a partnership or other | entity formed to | |
| 93208 | | ninister charitable gaming? | | | | m 990 or 990-EZ) 2009 |

| Schedule G (Form 990 or 990 EZ) 2009 CENTER FOR AMERICAN PROGRESS ACTION FUND | 30-0192708 | | Page 3 |
|--|-------------|---------|--------------|
| | | Υe | s No |
| 13 Indicate the percentage of gaming activity operated in: | | | |
| a The organization's facility 13a | % | | |
| b An outside facility 13b | % | | 1:- |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and record | ds: | | |
| Name ► | | | |
| Name | | | |
| Address ▶ | | | |
| | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | 5a | in Lamb in a |
| | 75 | | |
| b if "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou | ınt 🗔 | | |
| of gaming revenue retained by the third party > \$ | 1. | | |
| c If "Yes," enter name and address of the third party: | " i - | | |
| | [. | | |
| Name | | - 4 | |
| Adduses N | | | |
| Address > | | | |
| 16 Gaming manager information: | | | |
| To Carring manager mornation. | | | |
| Name > | lud. | 1 | |
| | | | |
| Garning manager compensation > \$ | | | |
| | | | |
| Description of services provided | | | |
| | | | |
| | | | 1. |
| | | Sala je | |
| Director/officer Employee Independent contractor | 4.5 | | |
| 47. Manufatana P. 19. 19. | | | |
| 17 Mandatory distributions: | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| retain the state gaming license? | | 7a | |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in | n the | | |

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE 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 anned the great and an anned to a second and a second a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second a second a second a second a second a second a second a | 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 select | | [|
|---|-------------------|---|-----------------------------|---|---|---|--|-----------|
| 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 | 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 | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, EMV, 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 | MERICA |
| 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 | ITIES |
| 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 | 50 |
| 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 | 76-4680984 | 501(C)(3) | 21,000. | 0 | | | SUPPORT CHARITABLE EDUCATIONAL ACTIVITIES | e Ties |
| USC UNRUCH INSTITUTE OF POLITICS 3518 TROUSDALE PARKWAY, VKC 263 | | | | | | | TICKETOKET OF TO THE PERSON OF | |
| | 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)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047
2009
Open to Public Inspection

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

Internal Revenue Service

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

| CHID 110, 1040 0047 |
|---------------------------|
| 2008 |
| Open to Public Inspection |

| A | or the | 2008 calendar | year, or tax year beginning | | and | ending | · | |
|--------------|--------------------|--|--|---|---|---|---------------------------------------|--|
| В | theck if | Please C Na | ne of organization | | | | D Employer identific | cation number |
| ε | | use in a | | | | | ' | |
| | _Addres | label or CEN | TER FOR AMERICAN | PROGRESS A | ACTION | FUND | | |
| | _Name _chang | type. Do | ng Business As | | | | 30-0 | 192708 |
| |]initial return | See Nu | nber and street (or P.O. box if mail i | s not delivered to stre | et address) | Room/suite | | · |
| | Termiz ation | Specific 133 | 3 H STREET, NW 10 | TH FLOOR | • | | 1 ' |)682-1611 |
| | Ameno return | I Git | or town, state or country, and ZI | P+4 | | | G Gross receipts \$ | 8,886,450. |
| | Applic | WAS | HINGTON, DC 2000 | 15 | | | H(a) Is this a group re | |
| | pendir | F Name and | address of principal officer:JOF | N PODESTA | | | for affiliates? | Yes X No |
| | | SAME A | S C ABOVE | | | | H(b) Are all affiliates inc | |
| 1 | Гах-ех | empt status: X | 501(c) (4) ◀ (insert no.) | 4947(a)(1) or | 527 | | 1 | list, (see instructions) |
| J | Websit | e: NWW . A | MERICANPROGRESSAC | | · | | H(c) Group exemptio | |
| K | Type of | organization: X | Corporation Trust A | ssociation Oth | her 🕨 | L Year | | A State of legal domicile; DC |
| Р | art I | Summary | | | | | | |
| -0 | 1 | Briefly describe | the organization's mission or mos | t significant activitie | es: SHAP | E THE | NATIONAL PO | LICY DEBATE |
| Governance | | | SFORM IDEAS INTO | | | | | |
| rna | 2 | Check this box | if the organization disco | ontinued its operation | ons or dispo | sed of more | than 25% of its asset | S. |
| Ş | 3 | Number of votin | g members of the governing body | (Part VI, line 1a) | · | | 3 | 6 |
| ري مح | 4 | Number of inde | pendent voting members of the go | overning body (Part | VI, line 1b) | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 4 | 4 |
| Se | 5 | Total number o | employees (Part V, line 2a) | | , | | 5 | 0 |
| ξ | 6 | Total number o | volunteers (estimate if necessary |) | **************** | | 6 | 0 |
| Activities & | 7a | Total gross unre | lated business revenue from Part | VIII, line 12, column | n (C) | ************* | 7a | 34,631. |
| ٩ | b | Net unrelated b | usiness taxable income from Forn | 990-T, line 34 | | | 7b | 19,724. |
| | | | | | | | Prior Year | Current Year |
| ø | 8 | Contributions a | nd grants (Part VIII, line 1h) | ****************** | | | 3,146,131. | 8,653,399. |
| Revenue | 9 | Program servic | · · · · · · · · · · · · · · · · · · · | , | | | | |
| ě | 10 | Investment ince | me (Part VIII, column (A), lines 3, | 4, and 7d) | | | 25,092. | 14,396. |
| Œ | | | Part VIII, column (A), lines 5, 6d, 8 | | | | · · · · · · · · · · · · · · · · · · · | 187,470. |
| | | | add lines 8 through 11 (must equa | | | | 3,171,223. | |
| | | | lar amounts paid (Part IX, column | | | | 2,766. | 127,000. |
| | 14 | | or for members (Part IX, column | | | | | |
| (A) | 15 | Salaries, other | compensation, employee benefits | | | | 1,409,048. | 3,968,755. |
| Expenses | 16 a | Professional fu | draising fees (Part IX, column (A), | , line 11e) | | | | 121,750. |
| Š | b | Total fundraisin | g expenses (Part IX, column (D), li | ne 25) 🕨 | 263,9 | 28. | | 2.00 |
| ш | 17 | Other expenses | (Part IX, column (A), lines 11a-11 | d, 11f-24f) | | | 1,207,050. | 3,362,997. |
| | | | Add lines 13-17 (must equal Part | | | | 2,618,864. | 7,580,502. |
| | 19 | Revenue less e | kpenses. Subtract line 18 from lin | e 12 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 552,359. | 1,274,763. |
| Assets or | 3 | | | | | | Beginning of Year | End of Year |
| Set | 20 | Total assets (P | urt X, line 16) | | | | 1,427,506. | 3,445,246. |
| T. A | 21 | Total liabilities | | | | | 350,009. | |
| Net | MIS SA HAIT I A AI | | ind Valances, Subtract line 21 fro | m line 20 | | ********* | 1,077,497. | 2,352,260. |
| L | art II | 9 | | | | | | |
| | | Under penalties of and complete, Dec | perjury, I declare that I have examined this re- aration of preparer (other than officer) is base | lum, including accompany d on all information of whi | ing schedules a ich preparer has | and statements, any knowledge | and to the best of my knowled | dge and belief, it is true, correct, |
| | | . 6 | la Mah M | H | | | . دا اه | 1.0 |
| Sig | y n | | ry water | <u> </u> | | | 1116 | 109 |
| He | re | Signature | | | | | Date 1 | |
| | | | | TREASURER/ | EXECUI | IVE V | ₽ | |
| | | | nt name and title | | × 110.1. | | | |
| Pa | id | Preparer's | kan a Callan | 1 | Date | مما ، | | rer's identifying number nstructions) |
| Pre | parer' | signature | THE THE | re | Dillik | eloup | nployed 🕨 🔲 (see ii | |
| Us | e Only | yours if self-employed), | LARSONALLEN LLY | 037 AM 277 | rrmen 4 c | - ^ | EIN 🕨 | |
| | | address, and | 2900 SOUTH QUIN | | TTE IS | οU | | 102 000 5100 |
| | | ZIP+4 | ARLINGTON, VA 2 | | | | Phone no. | 703-998-5100 |
| M | ıy the | | return with the preparer shown al | | | | | X Yes No |

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 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 ĸ Х 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 Х 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 X 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 b 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 X 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 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 19 X 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and If 21 Х 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 23 X 23 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 questions 24b-24d and complete Schedule K. If "No", go to question 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 X 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 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 X

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: | N. | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an | | | e e |
| | indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other | 1 | | |
| | person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? | | | |
| | If "Yes," complete Schedule L, Part IV | 28b | | Х |
| 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 | | Х |
| 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 | ŀ | 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 | 1.70 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |

Form 990 (2008)

| Par | tW Statements Regarding Other IRS Filings and Tax Compliance | | | | | |
|-----|--|---------|--|----------|--------------------|--------------|
| | | | | - 1 | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | | | | Militar Militar | 10.0 |
| | U.S. Information Returns, Enter -0- if not applicable | 1a | 6 | 8 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | 0 - | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eporta | ıble gaming | 1 | aria; | |
| | (gambling) winnings to prize winners? | | | . 1c | X | Association. |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | 14.5 | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | | 0 | 30 | |
| þ | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | 2b | ************* | 2000 |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | | | 存着 | 编档 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | ed by t | this retum? | За | Χ | |
| | MANAGE AND A SECOND TO A SECON | | ********************** | | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | int)? | . 4a | | X |
| 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 | | 基定 | |
| | Financial Accounts. | | | i i | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer | | | . 5b | | X |
| C | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity | / Rega | rding Prohibited | | | |
| | Tax Shelter Transaction? | | | . 5c | | |
| 6a | Did the organization 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 contribu | tions o | or gifts | | | |
| | were not tax deductible? | | | . 6b | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more | e thar | \$75? | . 7a | | X |
| b | | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v | | • | | | |
| | to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a | | | 1000 | 遊遊 | 3 |
| | benefit contract? | | ••••••••• | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf | tract? | | | <u> </u> | Х |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required | i? | | 7g | | |
| 8 | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098- | | | 7h | মূল কা উক্ত | 240000 |
| Ü | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and secupporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization. | | | 100 | | |
| | excess business holdings at any time during the year? | irganiz | ation, nave | 24325.0 | | CEPT-N |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | , | *************************************** | 8 | | 25 |
| a | Did the organization make any taxable distributions under section 4966? | | | 25.75 | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9a 9b | ļ <u>.</u> | |
| 10 | Section 501(c)(7) organizations, Enter: N/A | ******* | | 90 | | FIG. 3241 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1 | | 1.2 | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 多變 | |
| 11 | Section 501(c)(12) organizations. Enter: N/A | 100 | 1 | | | |
| а | Gross income from members or shareholders | 11a | l | (4) | 透達 | |
| b | | -" | | | | |
| | amounts due or received from them.) | 11b | | 1 | 景麗 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | 20.25 | 27 G 24 S |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | 1 | | A THE PARTY | 25 P |

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

| Sec | tion A. Governing Body and Management | | | |
|-------|--|---------------|---------------|-------------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, | | | |
| | processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body 1a 6 | | riate. | |
| | Enter the number of voting members that are independent 1b 4 | | | |
| 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 | 1000 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | <u> </u> | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material 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 | ۲ | | |
| | governing body? | 7a | · | х |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | 77/2 | 2732 | \$2.00 m |
| | by the following: | | | |
| а | The governing body? | 8a | Х | 300 55.00 |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | | 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? | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must | | - | \vdash |
| | describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | х | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | F | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 111 | | x |
| Sec | tion B. Policies | | L | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| b | 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 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 10 | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | 90 | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | | X |
| b | Other officers or key employees of the organization? | 15b | | Х |
| | Describe the process in Schedule O. (see instructions) | | 24 | |
| 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 |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | 98 | |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | | | 152 |
| | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶DC, AL, AK, AZ, AR, CA, CT, FL, GZ | | , 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 | e 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, | and fin | ancial | |
| | 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 organiz | ation: | - | |
| | SARAH ROSEN WARTELL - (212)682-1611 | | | |
| ***** | 1333 H STREET, NW, 10TH FLOOR, WASHINGTON, DC 20005 | | | |

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 | icer | , dire | ecto | or, tn | ste | e, or key employee. | | |
|---|--------------|--------------------------------|------------------------|-------------|--------------|--|-----------|---------------------------------|---|-----------------------------|
| (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
| Name and Title | Average | | Position | | Reportable | Reportable | Estimated | | | |
| | hours | | (check all that apply) | | compensation | compensation | amount of | | | |
| | per . | tor | | | | | | from | from related | other |
| | week | direc | | | | _R | | the | organizations | compensation |
| | | tee or | ustee | | | ansate | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | | Ē | nai tri | | oyee | E C | | (***-2/1099-141130) | | organization and related |
| | | vid us | tutio | Officer | dwa | est c | 퍨 | | | organizations |
| | | Individual trustee or director | Inst | Offic | Key | Highest compensated employee | 79 | | | organizations |
| JOHN PODESTA | | 一 | _ | | - | | | | | |
| DIRECTOR/PRESIDENT/CEO | 14.00 | Х | | Х | | | | 0. | 0. | 0. |
| PETER EDELMAN | | П | | | | | | | | |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| JUDITH FEDER | | | | | | | | | | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| BRODERICK JOHNSON | | l | | | | | | - | | |
| DIRECTOR | 1.00 | X | | <u> </u> | | | | 0. | 0. | 0. |
| TOM PEREZ | | | | | | | | | | |
| DIRECTOR | 1.00 | Х | <u> </u> | | | | | 0. | 0. | 0. |
| HILARY ROSEN | | | | | | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | L | | | | 0. | 0. | 0. |
| RON KLAIN | | i | | | 1 | | | | | |
| DIRECTOR | 1.00 | X | <u> </u> | _ | | <u> </u> | | 0. | 0. | 0. |
| SARAH ROSEN WARTELL | | 1 | | | ļ | | | _ | _ | • |
| TREASURER/EXECUTIVE VP | 6.00 | <u> </u> | ļ | Х | ļ | | | 0. | 0. | 0. |
| DEBORAH FINE SECRETARY/GEN. COUNSEL | 1000 | | | х | | ŀ | | | | |
| DAVID MADLAND | 19.00 | ╀ | ├ | <u> ^ </u> | - | ├- | _ | 0. | 0. | 0. |
| DIR AMERICAN WORKER PROJ | 44.00 | | | ŀ | | x | | | | } |
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| Part VII Section A. Officers, Directors, Tru | istees, Key Ei | mplo | yee | s, a | nd J | High | est | Compensated Employ | ees (continued) | <u></u> |
|--|---------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|---|-------------------------------|--------------------------|
| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
| Name and title | Average | ١. | | Posi | | | | Reportable | Reportable | Estimated |
| | hours | (ct | neck | all | that | app | ly) | compensation | compensation | |
| | per week | ector | | | | | | from the | from related organizations | other |
| | | Individual trustee or director | 99 | | | Highest compensated employee | | organization | (W-2/1099-MISC | compensation from the |
| | | rustee | Institutional trustee | | 8 | npeus | | (W-2/1099-MISC) | , | organization |
| | } | dual t | tíona | _ | ge | st col | | | | and related |
| | | Indivi | Institi | Officer | Key e | Hahe Pigen | Eg. | | | organizations |
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| 1b Total | <u> </u> | <u>L</u> | <u></u> | | <u>L</u> . | Ļ | L | 0. | | |
| 2 Total number of individuals (including those | | | | | | n \$1 | | | | 0. 0. |
| | | | | | | | | ,000 iii reportable | | . • 0 |
| | | | | , | | | | *************************************** | | Yes No |
| 3 Did the organization list any former officer, | director or tru | istee | , ke | y en | nplo | yee, | or | highest compensated er | nployee on | 2.4 |
| line 1a? If "Yes," complete Schedule J for s | uch individual | ٠ | | | | | | | | |
| 4 For any individual listed on line 1a, is the si | um of reportab | ole co | omp | ensa | atio | n an | d ot | ther compensation from | the organization | |
| and related organizations greater than \$15 | | | | | | | | | | 4 X |
| 5 Did any person listed on line 1a receive or | accrue compe | nsat | ion 1 | from | an | y uni | rela | ted organization for serv | ices rendered to | |
| the organization? If "Yes," complete Sched Section B. Independent Contractors | ule J for such | pers | on . | | · · · · · · | | | | | 5 X |
| Complete this table for your five highest co | mpensated in | den | ende | ent o | ont | racti | ore | that received more than | \$100,000 of com- | |
| the organization. | mponoute u m | аср | CITO | 51 JL C | JOHN | iaci | 013 | mat received more man | a rou, out or comp | 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 0 3 | | | | | | ANALYSIS | | 259,622. |
| CHRIS WAYNE & ASSOCIATES | , IIII | 19 | PH | 2 | ^ ^ | 2.5 | | | | |
| STREET, NW, STE 406, WAS | HINGTON | , | DC | | υυ | 36 | | EVENT PLANNI | NG | 175,061. |
| | | | | | | | | | | |
| | | | - | | | | | | | |
| | | | | | | | | | į | |
| | .,,, | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (| | e in | 1) w | ho r | ece | ived | mo | ore than \$100,000 in con | pensation | |
| from the organization | 2 | | | | | | | | 23 23 | |

8855265.

Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e

34,631.

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).

| | All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|------------|---|--|---|-------------------------------------|--------------------------------|
| 1 | Grants and other assistance to governments and | | <u> </u> | | CAPCINCO |
| | organizations in the U.S. See Part IV, line 21 | 127,000. | 127,000. | eradayaka kalendarik d | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | SPREED TO SEE SEE | to the fact part of the |
| | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | -famigra araticales a | |
| 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) | | | | ,, |
| | 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. 2,830. |
| 10 | Payroll taxes | 234,210. | 206,338. | 25,042. | 2.830 |
| 11 | Fees for services (non-employees); | | | | 2,000. |
| а | Management | l | | | |
| b | Legal | 48,659. | 2,768. | 45,891. | |
| c | Accounting | 15,036. | | 15,036. | |
| d | Lobbying | 28,905. | 28,905. | | |
| e | Professional fundraising services. See Part IV, line 17 | 121,750. | Have the term of the court | | 121,750. |
| f | Investment management fees | | | | 22277301 |
| 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 | | | | |
| 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 | | | | . , , , , , |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 304,766. | 287,926. | | 16,840. |
| 20 | Interest | | | | |
| 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 | | 7 W 11 11 11 11 11 11 11 11 11 11 11 11 1 | | |
| | above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total | | | | |
| | expenses shown on line 25 below.) | parameter de la companya de la companya de la companya de la companya de la companya de la companya de la comp | | | |
| а | | 286,800. | 286,800. | 0. | 0. |
| b | OPERATIONAL OVERHEAD | 163,494. | 142,339. | 15,441. | 5,714. |
| c | COMMISSIONED PAPERS | 91,097. | 91,097. | 0. | 0. |
| d | 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. |
| 2 6 | Joint Costs. Check here 🕨 🔛 if following | | | | <u></u> |
| | SOP 98-2. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |

| | | | (A) Beginning of year | | (B) End of year |
|---------------|------------|--|---|----------|---------------------------------------|
| | 1 | Cash - non-interest-bearing | 793,285. | 1 | 2,148,129. |
| Į | 2 | Savings and temporary cash investments | 334,941. | 2 | 344,629. |
| ŀ | 3 | Pledges and grants receivable, net | 267,668. | 3 | 931,596. |
| | 4 | Accounts receivable, net | B07,000. | 4 | 331,3301 |
| ı | 5 | Receivables from current and former officers, directors, trustees, key | | - | |
| 1 | _ | employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section | | 3 | |
| | | 4958(f)(1)) and persons described in section 4958(c)(3)(B), Complete | | MANUFIZ. | |
| | | Part II of Schedule L | | | |
| ω | 7 | Notes and loans receivable, net | | 6 | <u> </u> |
| Assets | 8 | Inventories for sale or use | | 7 | |
| As | 9 | Prepaid expenses and deferred charges | | 8 | 2,739. |
| | | Land, buildings, and equipment: cost basis 10a 18,233. | | 9 | 4,139. |
| | | Less: accumulated depreciation. Complete | | | and the second second |
| | ~ | Part VI of Schedule D | 15,432. | | 11 402 |
| | 11 | Investments - publicly traded securities | 13,434, | | 11,403. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 11 | |
| | 13 | Investments - program-related, See Part IV, line 11 | | 12 | |
| | 1 4 | Intangible assets | | 13 | <u> </u> |
| | 15 | Other assets. See Part IV, line 11 | 16,180. | 14 | 6,750. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,427,506. | 15 16 | 3,445,246. |
| | 17 | Accounts payable and accrued expenses | 11,918. | 17 | 1,092,986. |
| | 18 | Grants payable | | 18 | 1,002,000 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ø | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | · · · · · · · · · · · · · · · · · · · |
| <u>iii</u> | 22 | Payables to current and former officers, directors, trustees, key employees, | 2 - SE - SE LA GARAGA | | |
| Liabilities | | highest compensated employees, and disqualified persons. Complete Part II | | i W | 27 (120) |
| <u>ا</u> | | of Schedule L | Enterthing and the strategic country and strategic families and | 22 | |
| | 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 | | | |
| ances | ŀ | lines 27 through 29, and lines 33 and 34. | | | 10.000000 |
| ä | 27 | Unrestricted net assets | 921,559. | 27 | 1,589,705. |
| Bal | 28 | Temporarily restricted net assets | 155,938. | 28 | 762,555. |
| Fund Ba | 29 | Permanently restricted net assets | | 29 | |
| | I | Organizations that do not follow SFAS 117, check here | | | 前子的基件的 |
| Net Assets or | | complete lines 30 through 34. | | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| \$ | 31 | Paid-in or capital surplus, or land, building, or equipment fund | <u></u> | 31 | |
| Š | 32 | Retained earnings, endowment, accumulated income, or other funds | 1 077 107 | 32 | 0.050.050 |
| | 33 34 | Total liabilities and not seem belongs | 1,077,497. | | 2,352,260. |
| Pa | rt XI | Total liabilities and net assets/fund balances Financial Statements and Reporting | 1,427,506. | 34 | 3,445,246. |
| OLD STATE | | 1 mandar otatements and resporting | | | Yes No |
| 1 | Acco | ounting method used to prepare the Form 990; Cash Accrual | Other | | |
| 2a | | e the organization's financial statements compiled or reviewed by an independen | | | 2a X |
| b | Were | e the organization's financial statements audited by an independent accountant? | *************************************** | | 2b X |
| С | If "Y | es" to lines 2a or 2b, does the organization have a committee that assumes respo | onsibility for oversight of th | e audi | it, |
| | revie | ew, or compilation of its financial statements and selection of an independent acc | ountant? | | 2c X |
| 3a | As a | result of a federal award, was the organization required to undergo an audit or a | udits as set forth in the Sin | gle Au | ıdit |
| _ | Act | and OMB Circular A-133? | | | За Х |
| b | if "Y | es," did the organization undergo the required audit or audits? | | | 3lb |

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, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

| | CENTER F | OR AMERICAN | PROGRESS | ACTION | FUND | 30-0192708 | | | | | |
|---|---|--|---|--|---|--|--|--|--|--|--|
| Organization type | (check one): | | | | | | | | | | |
| Filers of: | Section: | | | | | | | | | | |
| Form 990 or 990-E | orm 990 or 990-EZ X 501(c)(4) (enter number) organization | | | | | | | | | | |
| 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | | | | | |
| | ☐ 527 g | political organization | | | | | | | | | |
| For m 990-PF | 501(0 | c)(3) exempt private fou | undation | | | | | | | | |
| | 4947 | (a)(1) nonexempt chari | table trust treated | as a private for | undation | | | | | | |
| | 501 (c | c)(3) taxable private fou | undation | | | | | | | | |
| | | the General Rule or a Rule. See instructions. | | i te. Only a sect | tion 501(c)(7), (8), o | r (10) organization can check boxes | | | | | |
| | izations filing Form 99 | 90, 990-EZ, or 990-PF t | hat received, durin | o the year, \$5. | 000 or more (in mo | ney or property) from any one | | | | | |
| | or. Complete Parts I a | | | | · | , , ,,,, | | | | | |
| Special Rules | | | | | | | | | | | |
| 509(a)(1)/ | 170(b)(1)(A)(vi), and re | ation filing Form 990, or eceived from any one o line 1h or 2% of the ar | ontributor, during | the year, a con | tribution of the grea | the regulations under sections ater of (1) \$5,000 or (2) 2% of the | | | | | |
| aggregate | contributions or beq | 10) organization filing F Juests of more than \$1 cruelty to children or a | ,000 for use exclu | sively for religio | ous, charitable, scie | e contributor, during the year, entific, literary, or educational | | | | | |
| some cor \$1,000. (l etc., purp | stributions for use exc of this box is checked, nose, Do not complete | lusively for religious, che nter here the total co | naritable, etc., purp Intributions that we is the General Ru l | ooses, but thes ere received du e applies to thi | e contributions did Iring the year for an s organization beca | te contributor, during the year, I not aggregate to more than I exclusively religious, charitable, ause it received nonexclusively | | | | | |
| Caution. Organiza | ations that are not cov | ered by the General R | ule and/or the Spe | cial Rules do n | ot 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

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

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| (a) No. | (b) | | |
|------------|-----------------------------------|--------------------------------|--|
| 140, | 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 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>6</u> | 8-08 | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, et 990-PF) (2008) |

| Schedule B (Form 990, 990-EZ, or 990-PF) (2008) | Page 2 of 12 of Part |
|---|--------------------------------|
| Name of organization | Employer identification number |
| CENTER FOR AMERICAN PROGRESS ACTION FUND | 30-0192708 |
| Part Contributors (see instructions) | 1 30 3132700 |
| (a) (b) | (0) |

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|---|
| 7 | <u>.</u> | \$ <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 |
| 8 | | \$ | 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 | | \$ <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 |
| 12 | 10.6 | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

| | | | - |
|---------|--------|------|---|
| dama at | ** | | |

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) Type of contribution |
| 13 | <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 |
| 14 | <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 |
| 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 |

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) |
| 19 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 20 | · | \$ | 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 Somplete 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 Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 24 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| 823452 12-1 | 80-8 | Schedule B (Form | 990, 990-EZ, or 990-PF) (2008) |

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| (Parti) | Contributors (see instructions) | | |
|-------------|-----------------------------------|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) | (d) |
| 110. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| 25 | j | \$ | 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>.</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 Noncash Complete Part II if there |
| 823452 12-1 | I 16-08 | Schedule B (Form | 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 |
| 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 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 |
| 34 | · · · · · · · · · · · · · · · · · · · | \$ | Person X Payroll Noncash (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 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 |
| 36 | ए न | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| 823452 12-1 | 6-08 | 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 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 |
| 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 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 |
| 41 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address. and 7th . 4 | (c) Aggregate contributions | (d) Type of contribution |
| 42 823452 12-1 | <u>B-08</u> | \$ 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 | • | \$ | 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 |
| 44 | · | \$ <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 |
| 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 | <i></i> | \$ | 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 |
| 49 | | \$ | 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) |
| 50 | | \$ | 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 |
| <u>52</u> | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>53</u> | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>54</u> | 1B-08 | \$Schedule B /Form | Person X Payroll Soncash (Complete Part II if there is a noncash contribution.) 990, 999-EZ, or 990-PF) (2008) |

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Parti | 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 If 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 12-18 | 8-08 | \$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 |
| 61 | | \$ | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| <u>62</u> | ? | \$ <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 |
| 63 | | \$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 |
| 64 | <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 |
| 65 | | \$ | 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 |
| 66 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution,) |

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part I | Contributors (see instructions) | | |
|------------|-----------------------------------|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 67 | | \$ | 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 |
| 68 | - - - | \$ | 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 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.) |

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

| | section 501(c)(4), (5), or (6) organiza | ations: Complete Part III. | | | |
|-------------|---|---|---|---|---|
| Nan | ne of organization | | | | loyer identification number |
| | CENTER | FOR AMERICAN PRO | GRESS ACTIO | N FUND | 30-0192708 |
| Pε | irt I-A To be completed b | y all organizations exem | pt under section | 501(c) and section 5 | 27 organizations. |
| | See the instructions for | Schedule C for details. | | | |
| 1 | Provide a description of the organ | ization's direct and indirect politic | al campaign activities | in Part IV. | |
| | Political expenditures | | | | 2.258.678. |
| 3 | Volunteer hours | | | · | 0. |
| | | | *************************************** | | |
| Pe | nt I-B To be completed i | y all organizations exem | pt under section | 501(c)(3) | · · · · · · · · · · · · · · · · · · · |
| - Processor | See the instructions for | | , | (-)(-). | |
| 1 | Enter the amount of any excise ta | | der section 4955 | > | |
| 2 | Enter the amount of any excise tax | x incurred by organization manage | ers under section 495 | ···· | ′ |
| 3 | If the organization incurred a secti | ion 4955 tax, did it file Form 4720 | for this year? | · | Yes No |
| 4: | Was a correction made? | 200 11 00 11 11 11 11 11 11 11 11 11 11 1 | ror true your, | ••••••••••••••••••••••••••••••••••••••• | Yes No |
| ŀ | olf "Yes," describe in Part IV. | | ••••••••••••••••• | ••••••••••••••••••••••••••••• | Lifes Like |
| | | oy all organizations exem | pt under section | 501(c), except section | on 501(c)(3) |
| <u> </u> | See the instructions for | | • | | 00 . (0)(0)1 |
| 1 | Enter the amount directly expende | | ction 527 exempt fun | ction activities | 2 258 678 |
| | Enter the amount of the filing orga | | | | Z, Z30, 010. |
| | exempt function activities | | | | 0. |
| 3 | Total of direct and indirect exemp | t function expenditures. Add lines | 1 and 2 and enter he | ere and on | , |
| | Form 1120-POL, line 17b | | | | 2,258,678. |
| 4 | Did the filing organization file Form | | X Yes No | | |
| 5 | State the names, addresses and o | employer identification number (FI | N) of all section 527 r | ofitical organizations to whi | ch navmente were made |
| | Enter the amount paid and indicat | te if the amount was paid from the | e filing organization's f | funds or were political contri | ibutions received and |
| | promptly and directly delivered to | a separate political organization, | such as a separate se | egregated fund or a political | action committee (PAC) |
| | If additional space is needed, pro- | | , | 5 | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (,), | (2), 55,555 | (0) [] | filing organization's | contributions received and |
| | | | | funds. If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0-, |
| | | | | | |
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| Sched | ule C (Form 990 or 990-EZ) 2008 | CENTER FOR | AMERICAN P | ROGRESS ACT | ION FUNDO-0 | 192708 Page 2 |
|--|--|---|---|---|---|-----------------------------|
| i di | II-A To be completed by (election under sec | | | | it filed Form 5768 | |
| A Chi | | tion belongs to an affili | | edule C for details. | | |
| | | tion checked box A an | • . | vielone anniv | | |
| | Limit | s on Lobbying Expenditures" means amou | ditures | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influ | uence public opinion (g | grassroots lobbying) | | | |
| | Total lobbying expenditures to influ | | | | | |
| C | Total lobbying expenditures (add li | nes 1a and 1b) | | *************************************** | | |
| | Other exempt purpose expenditure | | | ,,- | | |
| | Total exempt purpose expenditure | | | | | |
| F | Lobbying nontaxable amount. Ente | | following table in bot | n columns. | | |
| | If the amount on line 1e, column (a) o | • • | oying nontaxable am | ount is: | | |
| - | Not over \$500,000 | · · · · · · · · · · · · · · · · · · · | the amount on line 1e. | | Section 25 and | |
| | Over \$500,000 but not over \$1,000 | | 0 plus 15% of the exc | ······································ | | |
| - | Over \$1,000,000 but not over \$1,5 | | 0 plus 10% of the exc | | Action in the second | |
| | Over \$1,500,000 but not over \$17, | · · · · · · · · · · · · · · · · · · · | 0 plus 5% of the exce | ss over \$1,500,000. | | Billion Bridge |
| L | Over \$17,000,000 | \$1,000,0 | 000. | | | |
| | Grassroots nontaxable amount (en | tor 250/ of line 1f) | | | | teration were |
| | | | on line a | | | |
| 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 than line c | | | | | | |
| | If there is an amount other than ze | | *************************************** | ation file Form 4720 | | |
| | reporting section 4911 tax for this | _ | | | Г | Yes No |
| | - | | raging Period Under | · | L. | |
| | | ations that made a s ns below. See the ins | ection 501(h) election | n do not have to com | | |
| | | Lobbying Exper | nditures During 4-Yea | ar Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| | Lobbying non-taxable amount | | | | | |
| ď | Lobbying ceiling amount | | | | | |
| | (150% of line 2a, column(e)) | | | 8-7-4 | | |
| С | Total lobbying expenditures | | | | | |
| rl | Grassroots non-taxable amount | | | | | |
| | Grassroots ceiling amount | | | | V-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2 | |
| · | (150% of line 2d, column (e)) | | www.down.com | | Maria de Para | |
| | . , , , , , , , , , , , , , , , , , , , | | | | | |
| f | Grassroots lobbying expenditures | | | | | |

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 | Am | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or | Marie de | | | 100 |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | far. | | | |
| a | Volunteers? | | | 1 15 | |
| þ | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | 100 | 5 |
| C | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | 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 | | ·美兴·苏斯 | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| þ | 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 | 有数数线 线 | 重要与重 | | |
| 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 |
| Fal | 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, que | 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 expenditures) | ical | 2.4 | | |
| | expenses for which the section 527(f) tax was paid). | | | | |
| a. | Current year | | 2a | | |
| | Carryover from last year | ••••• | 2b | | |
| C | Total | | 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 | | v#-165 | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | political | 13.4 | | |
| _ | expenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | | 5 | | |
| | 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; a | nd Part II-B | , line 1i. Als | o, complet | e this part |
| | ny additional information. | | | | |
| PA | RT I-A, LINE 1: | | | | |
| CA | P ACTION DOES NOT ENDORSE CANDIDATES FOR PUBLIC OF | CICE, | NOR DO | ES IT | |
| EX | PLICITLY ADVOCATE FOR THE ELECTION OR DEFEAT OF PAR | RTICUL | AR | | |
| CA | NDIDATES. HOWEVER, AT VARIOUS TIMES DURING THE TAX | YEAR | , CAP | ACTIO | N |
| <u>MA</u> | DE COMMUNICATIONS TO THE PUBLIC COMMENDING OR CRIT | CIZIN | G PART | CULA | R |
| יזזם | DIIRITO DOLTOV DOCUMENOM MAVEN DV VADIOUS CANDIDAMES MICE DOCUMENTO | | | | |
| r U | BLIC POLICY POSITIONS TAKEN BY VARIOUS CANDIDATES. | | E POLI | | |
| | | Sched | ute C (Forn | 1990 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. | |
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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. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 30-0192708

| | | N PROGRESS ACTION FUN | | | | |
|--------------------------|--|--|--|--|--|--|
| Par | Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds | or Accounts. Complete if the | | | |
| | organization answered "Yes" to Form 990, Part IV, lin | ne 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 advis | ed funds | | | |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes No | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds may be | used only | | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor or other impermissible pri | vate benefit? Yes No | | | |
| Par | till Conservation Easements. Complete if the or | rganization answered "Yes" to Form 990, F | art IV, line 7. | | | |
| 1 | Purpose(s) of conservation easements held by the organization | tion (check all that apply). | | | | |
| | Preservation of land for public use (e.g., recreation or | pleasure) Preservation of an his | torically important land area | | | |
| | Protection of natural habitat | Preservation of certific | ed 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 con- | servation easement on the last day | | | |
| | of the tax year. | | | | | |
| | | | Held at the End of the Year | | | |
| a | | *************************************** | | | | |
| b | Total acreage restricted by conservation easements | *************************************** | 2b | | | |
| c | Number of conservation easements on a certified historic st | tructure included in (a) | 2c | | | |
| d | Number of conservation easements included in (c) acquired | l after 8/17/06 | 2d | | | |
| 3 | Number of conservation easements modified, transferred, re- | eleased, extinguished, or terminated by the | e organization during the taxable | | | |
| | year > | | | | | |
| 4 | Number of states where property subject to conservation ea | | | | | |
| 5 | Does the organization have a written policy regarding the pe | - · · · · · · · · · · · · · · · · · · · | | | | |
| | enforcement of the conservation easements it holds? | | | | | |
| 6 | Staff or 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) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported on line 2(d) about the conservation easement reported easemen | | | | | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No | | | |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense 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 | | | | | |
| | | ation's financial statements that describes | the organization's accounting for | | | |
| Рa | conservation easements. Conservation easements. Conservation of the conservation of the conservation of the conservation of the conservation easements. | of Art Historical Transures or O | About Circillon Account | | | |
| Elektronia Elektronia | Complete if the organization answered "Yes" to Form | | ther Sinniar Assets. | | | |
| | Complete in the organization throwered Teo to To In | 11 000, 1 art 17, line 0. | | | | |
| 1a | If the organization elected, as permitted under SFAS 116, n | not to report in its revenue statement and b | alamaa ahaakuuulu ofuuk 12-1 | | | |
| | treasures, or other similar assets held for public exhibition, | education or research in furtherance of pu | blic contine provide in Det VIV. the text of | | | |
| | the footnote to its financial statements that describes these | | iblic service, provide, in Part XIV, the text of | | | |
| b | If the organization elected, as permitted under SFAS 116, to | | and about works of out historical transcript | | | |
| ~ | or other similar assets held for public exhibition, education, | or research in furtherance of public service | provide the fellowing emounts relation to | | | |
| | these items: | or research in fortherance of public service | s, provide the following amounts relating to | | | |
| | (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 tr | reasures, or other similar assets for financia | at gain provide | | | |
| | the following amounts required to be reported under SFAS | | a gain, provide | | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ | | | |
| b | Assets included in Form 990, Part X | | > \$ | | | |
| | *************************************** | *************************************** | | | | |

| | fule D (Form 990) 2008 CENTER 1 | FOR AMERIC | AN PROGRES | SS ACTIO | ON FU | ND 30-0 | 192708 | Page 2 |
|-------|--|------------------------------|---|--|-----------------------------|--|---------------------------------------|--|
| Par | III Organizations Maintaining C | ollections of A | rt, Historical T | reasures, c | r Other | r Similar Ass | ets (continu | ued) |
| 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 (check | all |
| | that apply): | | | J | | | , , , , , , , , , , , , , , , , , , , | |
| а | Public exhibition | 6 | Loan or ex | change progra | ıms | | | |
| b | Scholarly research | 6 | | 0, 3 | | | | |
| C | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | in how they further | the organization | on's exem | not nurnose in P | art XIV | |
| 5 | During the year, did the organization solicit o | r receive donations | of art. historical tre | asures, or other | er similar : | assets | uit/iii. | |
| | to be sold to raise funds rather than to be ma | | | | | | Yes | ☐ No |
| Par | Trust, Escrow and Custodial | Arrangements | . Complete if organ | nization answe | red "Yes | to Form 990. F | | Or |
| | reported an amount on Form 990, Par | t X, line 21. | | | | | unt 14, 11110 0, | |
| 1a | Is the organization an agent, trustee, custodi | an or other interme | diary for contribution | ns or other as | sets not i | ncluded | | |
| | on Form 990, Part X? | | | | | | Yes | □ No |
| b | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing table: | ****************** | | | | |
| | | | · | | | | Amount | |
| C | Beginning balance | | | | | 10 | | ······································ |
| d | Additions during the year | | | | | | | |
| е | Distributions during the year | | | •••••••••• | | 1e | | |
| 1 | Ending balance | | | | | 11 | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | · <u> </u> | Yes | No |
| | If "Yes," explain the arrangement in Part XIV. | | *************************************** | ******************* | | | | |
| Par | t V Endowment Funds, Complete i | f organization answ | ered "Yes" to Form | 990, Part IV, I | ine 10, | | | |
| | | (a) Current year | (b) Prior year | | | d) Three years bad | ck (e) Four y | ears back |
| 1a | Beginning of year balance | | es Compositor de Mari | ALCOHOLD A CONTRACTOR CONTRACTOR | | Victoria de la compania de la compania de la compania de la compania de la compania de la compania de la compa | 10000 | ASSESSIONAL CONTRACTOR |
| | Contributions | | Corporation | g Kir series | | THE COURTS | 1 (4) (1) | |
| | Investment earnings or losses | | | | | | 30,000 | |
| | Grants or scholarships | | in the second | é de la desta de la compansión de la compansión de la compansión de la compansión de la compansión de la compa | | i de la companya da la companya da la companya da la companya da la companya da la companya da la companya da | | |
| | Other expenditures for facilities | | | 6 m / 16 / 3 m | | 2.4426.0000 | 10000 | Section Car |
| | and programs | | | | | 1 M 9 1 | | |
| f | Administrative expenses | | | | | | | |
| | End of year balance | | Los de la constant | 表 10 1 2 - 20 | 45.00 | 1.0 | | |
| 2 | | | | | | | | |
| а | a Board designated or quasi-endowment > % | | | | | | | |
| b | Permanent endowment | % | | | | | | |
| C | Term endowment | % | | | | | | |
| За | 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization | | | | | | | |
| | by: | | | | | • | Г | res No |
| | (i) unrelated organizations | *********************** | | | | | | |
| | (ii) related organizations | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related organization: | s listed as required | on Schedule R? | | | | 3b | |
| 4 | Describe in Part XIV the intended uses of the | e organization's end | lowment funds, | | | | | |
| Par | t VI Investments - Land, Building | gs, and Equipm | 1ent. See Form 99 | 00, Part X, line | 10. | | | |
| | Description of investment | (a) Cost or basis (invest | | st or other s (other) | (c) De | preciation | (d) Book | value |
| 1a | Land | | | | 7.5 | | | |
| | Buildings | | | | COLUMN TO SECURITION OF THE | | | |
| C | Leasehold improvements | | | | | | | |
| | Equipment | | | 18,233. | | 6,830. | 11 | ,403. |
| e | Other | | | | | | | , |
| Total | l. Add lines 1a-1e. <i>(Column (d) should equal Fe</i> | orm 990, Part X, col | lumn (B), line 10(c).) |) | | | 11 | 403. |

| Schedule D (Form 990) 2008 CENTER FOR | AMERICAN PRO | GRESS ACTI | ON FUND 3 | 0-0192708 Page 3 |
|---|----------------------------|---------------------------------------|--|-------------------------------|
| Part VII Investments - Other Securities. Se | e Form 990, Part X, line | 12. | ····· | |
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of val Cost or end-of-year m | |
| Financial derivatives and other financial products | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
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| | | | | |
| Total (Col.(b) should equal Form 900. Part V. and (D) line 12.) | | 0.0% (%) 0.0584- 1808(%) | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. S | too Form 000, Dort V. line | 10 | Males inight desc | |
| | l''' | : 13. | (c) Method of val | untion |
| (a) Description of investment type | (b) Book value | | Cost or end-of-year m | |
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| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | | | | |
| Part IX Other Assets. See Form 990, Part X, line | Description | | | 1 |
| Įa, | Description | | | (b) Book value |
| | | | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) | line 15.) | |) | |
| Part X Other Liabilities. See Form 990, Part X | , line 25. | | | |
| (a) Description of liability | | (b) Amount | 4.1.3.200 | 经分类的 化二氯甲磺胺二氯 |
| Federal income taxes | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | or a see of the see |
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| | | | | je ba i ki zaminina kilonia. |
| | | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) | line 25.) | | | |
| in Part XIV, provide the text of the footnote to the organize | ation's financial stateme | nts that reports the | organization's liability | / for uncertain tax positions |

| | dule D (Form 990) 2008 CENTER FOR AMERICAN PROGR | | | <u> 30-</u> 0 | 192708 | Page 4 |
|-----------------|--|---|---|---------------|---------------------------------------|---------------|
| Pai | **Reconciliation of Change in Net Assets from Form 990 | to Financial S | tatements | | | |
| 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) | | 2 | | 7,580 | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | 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 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 | |
| Pai | XII Reconciliation of Revenue per Audited Financial States | ments With Re | evenue per | Return | # , 2 , 4 | , , 051 |
| 1 | | | | | 8,855 | 265. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | •••••• | ****** | 854 | 0,000 | , 2031 |
| а | Net unrealized gains on investments | 2a | | 1000 | | |
| ь | Donated services and use of facilities | 2b | | | | |
| c | Recoveries of prior year grants | 2c | | | | |
| q | | | | -14 | | |
| e | Other (Describe in Part XIV) Add lines 2a through 2d | | | 7. | | Λ |
| 3 | | | | | 0 0 5 5 | 0. |
| 4 | Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | •••••••••• | 3 | 8,855 | , 203. |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 1 4-1 | | 4.0000 | | |
| b | | | | | | |
| | | | | | | ^ |
| 5 | | | ····· | 4c | 0 055 | 0. |
| | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) **EXILI* Reconciliation of Expenses per Audited Financial State | monto With E | whomas n | . 5 Dobu | 8,855 | <u>, 265.</u> |
| 1 | | | | | | E 0.2 |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | . 1 | 7,580 | ,502. |
| a | | | | 72.50 | | |
| _ | Donated services and use of facilities | | | - 22 | | |
| b | Prior year adjustments | 2b | | | | |
| C | Losses reported on Form 990, Part IX, line 25 | | | | | |
| d | *************************************** | | | 67 W | | • |
| e | | | | 2e | | - 0. |
| 3 ₄ | 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 | | | | |
| а ь | Investment expenses not included on Form 990, Part VIII, line 7b | | | | | |
| D | Other (Describe in Part XIV) | 4b | | | | _ |
| c | Add lines 4a and 4b | | | | D 2005 | 0. |
| 5 Da | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 EXIV Supplemental Information | .) | *************************************** | . 5 | 7,580 | <u>,502.</u> |
| Carabina Anni A | | | | | | |
| | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa | art III, lines 1a and | 4; Part IV, lines | 3 1b and 2 | 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. | | | | | |
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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

Open To Public Inspection

| Name of the organization | | | | Employer ide | ntification number |
|--|--|--|--|--|---|
| CENTE | R FOR AMERICAN PRO | GRESS AC | TION FUND | 30-0192 | 708 |
| Part Fundraising Activi | ties. Complete if the organization an | swered "Yes" t | o Form 990, Part IV, | line 17. | |
| a X Mail solicitations b X Email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a write | f ☐ Solid g ☒ Spec ten or oral agreement with any individ | citation of non-citation of gove cial fundraising dual (including d | government grants imment grants events officers, directors, tru | stees or | |
| key employees listed in Form 99 b If "Yes," list the ten highest paid | 90, Part VII) or entity in connection wit d individuals or entities (fundraisers) p y the organization. Form 990-EZ filers | th professional ursuant to agre | fundraising services? eements under which | Yes | be No |
| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | PROFESSIONAL | Yes No | | | |
| THE BONNER GROUP | FUNDRAISING | Х | 974,000. | 121,750. | 852,250. |
| | | | | | |
| | | | | | |
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| | | | | | |
| | İ | | | | |
| Total | | > | 974,000. | 121,750. | 852,250. |
| DC, AL, AK, AZ, AR, CA, COH, OK, OR, PA, SC, TN, U | zation is registered or licensed to soli CT,FL,GA,IL,KS,KY,M TT,VA,WA,WV,WI | cit funds or has E,MD,MA , | s been notified it is ex ,MI,MN,MS,M | cempt from registrat O,NH,NJ,NM | ion or licensing. |
| | | | | | |
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| | | | | | |
| LHA For Privacy Act and Paperwor | k Reduction Act Notice, see the Ins | structions for F | orm 990. | Schedule G (Form (| 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 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 Νo 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?

| Schedule G (Form 990 or 990-EZ) 2008 CENTER FOR AMERICAN PROGRESS ACTION FUND 0-0 | 1927 |)8 p | age 3 |
|--|-------|------------|---------------------------------------|
| 40 hallanta (tanana) | | Yes | No |
| 13 Indicate the percentage of gaming activity operated in: | | | in str |
| a The organization's facility 13a | % | | 7 |
| b An outside facility 14 Provide the name and addissert the second and the secon | % | | 4.60 |
| 14 Provide the name and address of the person who prepares the organization's garning/special events books and records: | | | |
| Name > | 1 | | |
| Name | _ # | 4 | |
| Address ▶ | | | |
| Address > | - | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 2000 | | |
| gamma and party non whom the organization receives gaming revenue? | 15a | | dia n |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | | 90.5 |
| of gaming revenue retained by the third party >\$ | | | |
| c If "Yes," enter name and address: | | | |
| | | | |
| Name | | | |
| | - | 建 3 | |
| Address > | | | |
| | - | | |
| 16 Gaming manager information: | | | 10.00 |
| | | | |
| Name | i in | | |
| | _ | | |
| Gaming manager compensation > \$ | | | |
| Department of the Control of the Con | | | |
| Description of services provided | _ [8 | | |
| | _ [6 | | |
| | _ | | |
| Director/officer Employee Independent contractor | | | |
| Director/officer Imployee Independent contractor | | | |
| 17 Mandatory distributions: | | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| retain the state gaming license? | 47 | 1 0000 | \$2.54 |
| b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the | 17a | | i i i i i i i i i i i i i i i i i i i |
| organization's own exempt activities during the tax year > \$ | | | |

Schedule G (Form 990 or 990-EZ) 2008

| SCHEDULE 1 | | | Ć | | | | | OMB No. 1545-0047 |
|--|---|--------------------|---|--|---------------------------------------|--|--|--|
| Form 990) | | | Grants and Governn | Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. | to Organizations luals in the U.S. | ·6 | | 2008 |
| Department of the Treasury nternal Revenue Service | | ▲ Com | ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ➤ Attach to Form 990. | n answered "Yes," on F ▼ Attach to Form 990. | ," on Form 990, P₂ n 990. | art IV, lines 21 or 22. | | Open to Public |
| ا غا | e organization CENTER FOR AMERIC | R AMERICAN | PROGRESS | ACTION FUND | CIX CIX | | | Employer identification number 30-0192708 |
| Does the organiz | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | to substantiate th | e amount of the grants | or assistance, the | grantees' eligibility | y for the grants or ass | istance, and the selec | tion Yes No |
| criteria used to a 2 Describe in Part I | orderia used to award the grants of assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | stance (| foring the use of grant | funds in the United | d States. | | |] |
| | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any | Governments an | d Organizations in the | United States. | omplete if the orga | anization answered "Y | 'es" on Form 990, Part | . IV, line 21, for any |
| recipient that (a) Name and ad or gov | recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box if no one recipient that received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no received more than \$5,000. Check this box if no no no received more than \$5,000. Check this box if no no no received more than \$5,000. Check this box if no no no received more than \$5,000. Check this box if no no no no no no no no no no no no no | (b) EIN | s box if no one recipien (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | TH CARE FOR FUND - 1825 K | | () () () () () () () () () () | 6 | c | | | TO SUPPORT EDUCATIONAL HEALTH CARE FOR AMERICA DESCREE |
| ASHINGTON, DC 20006 | 000 | 33-4334013 | 201(0)(3) | .000,001 | 2 | | | |
| LEADERSHIP CONFERENCE ON CIVIL LIGHTS EDUCATION FUND - 1629 K STREET, NW, SUITE 1000 - PASHINGTON, DC 20006 | ENCE ON CIVIL FOND - 1629 K 1000 - | 23-7026896 | 501(C)(3) | 21,000. | 0 | | | TO SUPPORT EDUCATIONAL |
| | 400 | | | | THE MALE | | | |
| | | | | | | | | |
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| | | | | | | | | |
| 2 Fnter total numbe | Enter total number of section 501(c)(3) and government organizations | d government or | danizations | | | | | A |
| | Enter total number of other organizations | | | | | | , , , , , , , , , , , , , , , , , , , | •0 |
| ٦ | For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | tion Act Notice, | see the instructions for | or Form 990, | | | | Schedule I (Form 990) 2008 |

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

| Partill 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.

Page 2

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
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| Part IV Supplemental Information. Complete this part to provide the | de the information | required in Part I, I | ine 2, and any other | information required in Part I, line 2, and any other additional information. | |
| SCHEDULE I, PART I, LINE 2: CENTER | FOR | AMERICAN PROGRESS | RESS ACTION | r FUND | |
| REQUIRES GRANTEE ORGANIZATIONS TO | REPRESENT, | r, warrant | AND AGREE: | THAT IT | |
| WILL USE GRANT FUNDS SOLELY FOR PU | PURPOSES CO | CONSISTENT WITH | WITH CAPAF'S | S TAX-EXEMPT | |
| STATUS UNDER SECTION 501(C)(4) OF | THE INTE | INTERNAL REVENUE | CODE; | THAT NO | |
| PORTION OF GRANT FUNDS WILL BE USE | BE USED DIRECTLY | R. | INDIRECTLY TO E | EXPRESSLY OR | * |
| IMPLICITLY SUPPORT OR OPPOSE ANY CA | CANDIDATE | SEEKING E | ELECTION TO | PUBLIC | And the state of t |
| OFFICE OR PROVIDE A BENEFIT TO ANY | POLITICAL | AL PARTY OR | R CANDIDATE; | ; THAT IT | der jagging de sandry in men men men de sandra skalader de finger gegen en en |
| WILL ALLOW CAPAF STAFF OR REPRESENTATIVES TO | TATIVES 1 | TO CONDUCT | EVALUATIONS | IS AND AUDITS | A STATE OF THE STA |
| OF THE USE OF GRANT FUNDS, WHICH MAY | AY INVOLVE | VISITS | TO OBSERVE, | REVIEW AND | Schodule I (Form 99) 2008 |
| 832102 12-18-08 | | | | | ocuennie i (roim sau) zono |

| 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. |
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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) BEHALF OF THE BOARD. THE COMMITTEE VOTED TO APPROVE AND ADOPT THE BUDGET.

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 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008

SCHEDULE 0

(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 ARRANGEMENT WITH WHICH HE OR SHE MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT

SCHEDULE O (Form 990)

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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
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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.

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.

SCHEDULE O

(Form 990)

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

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2008

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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

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.

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Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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' 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,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

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

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.

2008
Open to Public Inspection

Name of the organization

CENTER FOR AMERICAN PROGRESS ACTION FUND

Employer identification number 30-0192708

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 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,

SCHEDULE 0 (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

| 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. |
| |
| |
| |
| |
| |
| |

CENTER FOR AMERICAN PROGRESS ACTION FUND

FOR THE YEAR ENDED DECEMBER 31, 2007

PUBLIC INSPECTION COPY

Form **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)

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

OMB No. 1545-0047
2007
Open to Public Inspection

| A | For tl | ne 20 | 07 calendar year, or tax year beginning | and | l ending | | | |
|---------------|------------|---------------|---|---|---|---|---|----------------------------------|
| В | Check | if | Please C Name of organization | | | ln. | Employer iden | ntification number |
| | applic | | use IRS | | | ال | Employer raci | inication number |
| | Add | dress inge | print or CENTER FOR AMERICAN | PROGRESS ACTION | CENTER E | ŀ | 30-019 | 2700 |
| | Nai cha | me ange | type. See Number and street (or P.O. box if mail is no | of delivered to street address) | 1 | Poom/ouite F | | |
| |] Init | ial urn | Specific 1333 H STREET, NW 10 | TH FLOOR | 15 | voom/suite [E | Telephone nui | |
| | _ | min- | linstructions. City or town, state or country, and ZIP + 4 | III PHOON | | | | 82-1611 |
| Ē | | endec | WASHINGTON, DC 2000! | E | | Į.F | Accounting method: | Cash X Accrual |
| F | App | olicatio | • Section 501(c)(3) organizations and 4947(a)(1 | 1) noneverent charitable tructs | T | | Other (specify) | |
| _ | pe | nding | must attach a completed Schedule A (Form 99 | O or 990-EZ). | | | | n 527 organizations. |
| e i | Nahe | ito I | ►WWW.AMERICANPROGRESSACT | • | L . | | rn for affiliates | |
| <u>.</u> | Drasi | nizati | ion type (check only one) X 501(c) (4) (insert | | | | per of affiliates | ► <u>N/A</u> |
| | | | | | 27 H(c) Are : | all affiliates inc lo," attach a lis | luded? N / | 'A Yes No |
| ^ ' | onoir | te or | e if the organization is not a 509(a)(3) support | ting organization and its gross | H(d) is th | is a senarate re | eturn filed hy ai | n or |
| | -hoos | oes tr | e normally not more than \$25,000. A return is not requi o file a return, be sure to file a complete return. | red, but if the organization | gani | zation covered | by a group rul | ing? Yes X No |
| | 31100 | 30310 | , me a return, be sore to me a complete return. | | | p Exemption I | | N/A |
| | Croos | | sinter Add lines Ch. Ob. Ob. of Later the | | M Ched | ck ▶ 🔲 if t | he organization | is not required to attach |
| | art l |) lece | eipts: Add lines 6b, 8b, 9b, and 10b to line 12 | 3,171,223. | . I Sch. | B (Form 990, | 990-EZ, or 990 |)-PF). |
| 2.53 | T | | Revenue, Expenses, and Changes in I | | lances | | | |
| | 1 | | Contributions, gifts, grants, and similar amounts receive | 1 | | | | |
| | l | | Contributions to donor advised funds | | | | | |
| | | b : | Direct public support (not included on line 1a) | 1 | b 1, | 349,89 | 5. | |
| Revenue | | C | Indirect public support (not included on line 1a) | 1 | c 1, | 796,23 | 5. | |
| | | d | Government contributions (grants) (not included on line | e 1a)1 | d | | | |
| | | e ' | Total (add lines 1a through 1d) (cash $\$$ 3 , 14 | 46,131. noncash \$ | |) | 1e | 3,146,131. |
| | 2 | ا ا | Program service revenue including government fees and | d contracts (from Part VII, line 93 | 3) | | 2 | |
| | 3 | | Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities | | | | | |
| | 4 | | | | | | | 25,092. |
| | 5 | 1 | | | | | | 23,032. |
| | 6 | a (| Gross rents | 6 | a | ****************** | 5 | |
| | | b I | Less: rental expenses | 6 | h | | | |
| | | C | Net rental income or (loss). Subtract line 6b from line 6a | 1 | | | - 6c | |
| | 7 | (| Other investment income (describe | | *************************************** | | 7 | <u>.</u> |
| | 8 | a (| Gross amount from sales of assets other | (A) Securities | (1 | B) Other | , <u>, , , , , , , , , , , , , , , , , , </u> | |
| | | t | than inventory | 8 | | 57 011101 | | |
| | | b l | acct coct or other begin and asles as as | . 8 | | | | |
| | | c (| Gain or (loss) (attach schedule) | 8 | | | \exists | |
| | | d ! | Net gain or (loss). Combine line 8c, columns (A) and (B) |) | <u> </u> | | 8d | |
| | 9 | 9 | Special events and activities (attach schedule). If any am | nount is from gaming, check her | e > | | Charles and a | |
| | ļ | | | contributions reported on line 1b) 9 | | | | |
| | | b l | ess: direct expenses other than fundraising expenses | 91 | | | 7/3/1 | |
| | | c t | Net income or (loss) from special events. Subtract line 9 | Ob from line 9a SEF | STATE | MENT 1 | 9c | |
| | 10 | a (| Gross sales of inventory, less returns and allowances | 10 | | ****** | 0.50% (\$10.55%) | |
| | | b l | Less: cost of goods sold | 10 | | | - | |
| | | c (| Gross profit or (loss) from sales of inventory (attach sch | nedule). Subtract line 10h from lin | ne 10a | | 100 | |
| | 11 | (| Other revenue (from Part VII, line 103) | -, | | | 10c | |
| | 12 | | Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c | c. and 11 | | | 11 | 2 171 222 |
| | 13 | F | Program services (from line 44, column (B)) | , | *************** | | . 12 | 3,171,223. |
| Expenses | 14 | M | Management and general (from line 44, column (C)) | | | | 13 | 2,377,289. |
| oen C | 15 | F | Fundraising (from line 44, column (D)) | | | | 14 | 213,029. |
| Ä | 16 | F | Payments to affiliates (attach schedule) | ••••••••••••••••••••••••••••••••••••••• | | | 15 | 28,546. |
| | 17 | 1 | Total expenses. Add lines 16 and 44, column (A) | | | | 16 | 2 610 064 |
| | 18 | | excess of (delicit) for the year. Subtract line 17 from line | e 12 | | | 40 | 2,618,864. |
| Net ssets | 19 | N | Net assets or fund balances at beginning of year (from li | ne 73. column (A)) | | | 10 | 552,359. |
| Ass | 20 | | princi changes in her assers of fund balances (attach exp | planation) | | | 100 | 525,138. |
| | 21 | | Net assets or fund balances at end of year. Combine line | s 18, 19, and 20 | | | 20 | 1 077 407 |
| 7230 12-27 | 01 7-07 | Li | HA For Privacy Act and Paperwork Reduction Act No | otice, see the senarate instructi | ons | | . 21 | 1,077,497. |
| | | | | , parato motiuoti | · · · · · · | | | Form 990 (2007) |

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| | Baracoic | | () () To the mp to man mas | io tradio par optionar for ou | 1612. |
|---|------------|------------------------------|------------------------------|-------------------------------|---------------------------------------|
| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
| 22a Grants paid from donor advised funds | | | | | |
| (attach schedule) | | | | | |
| (cash \$ 0 • noncash \$ 0 | | | | | |
| If this amount includes foreign grants, check here | 22a | | | | |
| 22b Other grants and allocations (attach schedule | ∍) | | | STATEMENT 3 | |
| (cash \$ 2,766. noncash \$ 0 | | | | | |
| If this amount includes foreign grants, check here | 22b | 2,766. | 2,766. | | |
| 23 Specific assistance to individuals (attach | | | | | |
| schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach | | | | | |
| schedule) | 24 | | | | |
| 25a Compensation of current officers, directors, key | | | | | |
| employees, etc. listed in Part V-A | 25a | 38,736. | 20,420. | 17,728. | F00 |
| b Compensation of former officers, directors, key | | 3077301 | 20, 420. | 11,140. | 588. |
| employees, etc. listed in Part V-B | 25b | 0. | 0. | 0 | |
| c Compensation and other distributions, not included | | | | 0. | 0. |
| above, to disqualified persons (as defined under | | | | | |
| section 4958(f)(1)) and persons described in | | | | | |
| section 4958(c)(3)(B) | 25c | | | | |
| 26 Salaries and wages of employees not | 200 | | | | |
| included on lines 25a, b, and c | 26 | 1,137,671. | 1 021 400 | 00 000 | |
| 27 Pension plan contributions not included on | 20 | <u> </u> | 1,031,488. | 98,083. | 8,100. |
| lines 25a, b, and c | 27 | | | | |
| 28 Employee benefits not included on lines | | | | | |
| 25a · 27 | 28 | 232,641. | 210 220 | 01 000 | |
| 29 Payroll taxes | 29 | | 210,220. | 21,293. | 1,128. |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | | | | |
| 32 Legal fees | 32 | 17,146. | | | |
| 33 Supplies | 33 | | 0.004 | 17,146. | |
| | 34 | 9,120. | 8,224. | 809. | 87. |
| 34 Telephone | 35 | 24,009. | 22,555. | 1,266. | 188. |
| 36 Occupancy | 36 | 2,342. | 1,647. | 484. | 211. |
| 37 Equipment rental and maintenance | 37 | 221,615. | 201,149. | 18,048. | 2,418. |
| 38 Printing and publications | 38 | 21,998. 12,763. | 19,604. | 2,158. | 236. |
| 39 Travel | 39 | | 12,166. | 142. | 455. |
| 40 Conferences, conventions, and meetings | 40 | 76,855. | 76,483. | 19. | 353. |
| 41 Interest | 41 | 196,462. | 180,501. | 3,072. | 12,889. |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 99 262 | 01 060 | | · · · · · · · · · · · · · · · · · · · |
| 43 Other expenses not covered above (itemize): | 42 | 88,262. | 81,960. | 5,553. | 749. |
| a such expenses not covered above (itemize): | 40- | | | | |
| b | 43a 43b | | | | |
| | | | | | |
| d | 43c | | | | |
| e | 43d | | | | |
| f | 43e | | | | |
| g SEE STATEMENT 2 | 431 | F2C 470 | F00 106 | | |
| 44 Total functional expenses. Add lines 22a through | 439 | 536,478. | 508,106. | 27,228. | 1,144. |
| 43g. (Organizations completing columns (B)-(D), | | | | | |
| carry these totals to lines 13-15) | | 2 610 064 | 0 277 000 | | |
| Joint Costs. Check I if you are following | 44 COD | 2,618,864. | 2,377,289. | 213,029. | 28,546. |
| Are any joint costs from a combined advertised | SOP | 98-2. | | | _ |
| Are any joint costs from a combined educational campai f "Yes," enter (i) the aggregate amount of these joint cos | gn and | TUNDIANSING Solicitation rep | orted in (B) Program service | ces? ▶ [| Yes X No |
| (iii) the amount allocated to Management and general \$ | is \$ _ | <u>N/A</u> ;(| ii) the amount allocated to | Program services \$ | <u>N/A</u> ; |
| IMP the amount anocated to Management and general \$ 723011 12-27-07 | | N/A ; and (i | v) the amount allocated to | Fundraising \$ | N/A |
| 12-27-07 | | | | | Form 990 (2007) |

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| W | nat is the organization's primary exempt purpose? ► SEE STATEMENT 5 | |
|------|---|--|
| ••• | SEE STATEMENT 5 | Program Service |
| Cłie | organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
| b | THE ACTION FUND PROMOTES A PROGRESSIVE AGENDA OF NEW POLICY IDEAS AND BATTLES CONSERVATIVE POLICIES THROUGH ONLINE ACTIVISM, STATE BALLOT INITIATIVES, AND ADVOCACY AND EDUCATIONAL WORK WITH CITIZENS AND POLICYMAKERS ON CAPITOL HILL, IN STATE HOUSES, WITH STATE LEGISLATORS, AND IN CITY HALLS AROUND THE COUNTRY. (Grants and allocations \$ 2,766.) If this amount includes foreign grants, check here SEE STATEMENT 4 | 1,865,344. |
| С | (Grants and allocations \$) If this amount includes foreign grants, check here | 5 11,945. |
| d | (Grants and allocations \$) If this amount includes foreign grants, check here | • |
| | (Grants and allocations \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services) | 2 277 222 |
| | Program services) | 2,377,289. |
| | | Form 990 (2007) |

723021 12-27-07 Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year (B) End of year should be for end-of-year amounts only. Cash - non-interest-bearing 45 456,990. 45 <u>793,285.</u> 46 Savings and temporary cash investments _____ 318,302 46 334,941. Accounts receivable 47 a 47a Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 267,668. 48a Less: allowance for doubtful accounts 48b 0. 26,530. 48c 267,668. Grants receivable 49 49 50 a Receivables from current and former officers, directors, trustees, and key employees _____ b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts 51b 51c Inventories for sale or use 52 52 Prepaid expenses and deferred charges 53 53 54 a Investments - publicly-traded securities _____ > [Cost FMV 54a Investments - other securities _____ > [__ Cost 54b 55 a Investments - land, buildings, and equipment: basis 55a Less: accumulated depreciation 55b 55c 56 Investments - other 56 57 a Land, buildings, and equipment: basis 57a 18,233. Less: accumulated depreciation STMT 6 2,801. 57b 11,570. 57c 15,432. 58 Other assets, including program-related investments (describe > SEE STATEMENT 7 36,471 16,180. 58 59 Total assets (must equal line 74). Add lines 45 through 58 849,863. 427,506. 59 60 Accounts payable and accrued expenses 16,018. 11,918. 60 61 Grants payable 61 62 Deferred revenue _____ 62 Loans from officers, directors, trustees, and key employees 63 63 64 a Tax-exempt bond liabilities 64a h Mortgages and other notes payable 64b 65 Other liabilities (describe SEE STATEMENT 8 308,707. 65 <u>338,091.</u> Total liabilities. Add lines 60 through 65 324,725 66 350,009. Organizations that follow SFAS 117, check here \(\subseteq \text{X} \) and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 67 Unrestricted 514,138 67 921,559. 68 Temporarily restricted 11,000 155,938. 68 69 Permanently restricted 69 Organizations that do not follow SFAS 117, check here complete lines 70 through 74. Capital stock, trust principal, or current funds 70 70 71 Paid-in or capital surplus, or land, building, and equipment fund 71 Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 525,138 73 1,077,497. Total liabilities and net assets/fund balances. Add lines 66 and 73 849.863. 74 1,427,506.

| | 1990 (2007) CENTER FOR AMERICAN PROGRESS ACTION FUND 30-01 | 92708 | } F | age 7 |
|-------|--|--------------|--------------|--|
| | ter Cure information (continued) | | | No |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantiall | v | T | \Box |
| | less than fair rental value? | 82a | | X |
| b | if "Yes," you may indicate the value of these items here. Do not include this | | | |
| | amount as revenue in Part I or as an expense in Part II. | | | |
| | (See instructions in Part III.) 82b N/A | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | Х | 100000 |
| b | Did the organization comply with the disclosure requirements relating to guid pro guo contributions? | 025 | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X | |
| b | Tes, did the organization include with every solicitation an express statement that such contributions or gifts were not | 100 | | |
| | tax deductible? | 0.41 | Х | |
| 85 a | 19/19/19/19/19/19/19/19/19/19/19/19/19/1 | Or. | X | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85a 85b | X | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a | 000 | ├ ^- | |
| | waiver for proxy tax owed for the prior year. | | | |
| C | Dues assessments and similar amounts from | | | |
| đ | Section 162(a) John and a state of a section 19 | - | | |
| е | Address to pondeductible amount of a setting cook (A)(4)(4) | | | |
| f | 13Vable amount of lobbying and a Pitari | | | |
| g | Door the organization elect to act the second to | | | 186 |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f | 85g | | <u> </u> |
| | to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the | | | |
| | | | | |
| 86 | following tax year? N/A 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on | 85h | | |
| | lino 10 | | | |
| Ь | | _ | | |
| 87 | Gross receipts, included on line 12, for public use of club facilities 501(c)(12) organizations. Enter: a Gross income from march as a second of the second | | + - | |
| b. | 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A | | | lina. |
| _ | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| 88 a | against amounts due or received from them.) At any time during the year did the organization owns 5000 | | 65 SA | |
| | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, | | | |
| | or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? | | | |
| b | If "Yes," complete Part IX At any time during the year did the organization discett as indicate. | 88a | | X |
| _ | At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(h)(13)2 If "Yes." complete Part VI | | | 1 |
| R9a | section 512(b)(13)? If "Yes," complete Part XI | ▶ 88b | 1.2 (2.20) | X |
| | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A | 3-46 | | |
| h | 501(c)(3) and 501(c)(4) properties a Did the appropriations Did the appropriations of the properties o | _ - | | 121 |
| - | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | | |
| | transaction during the year or did it become aware of an excess benefit transaction from a prior year? | | | |
| c | If "Yes," attach a statement explaining each transaction | 89b | | X |
| • | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under | | | |
| d | sections 4912, 4955, and 4958 | | | |
| ٩ | Enter: Amount of tax on line 89c, above, reimbursed by the organization All organizations. At any time during the tax was a set of the second | <u>.</u> | | |
| f | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? | 89e | | _X |
| 'n | All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? | . 89f | | X |
| y | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization | , 4 | | |
| 20. 2 | or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? List the states with which a copy of this return is filed DC | . 89g | | X |
| b | Number of employees employed in the annual in the first that the interest of employees employed in the annual in the first of the first of employees employed in the annual in the first of employees employed in the first of employees emp | <u>-</u> | | |
| 21 2 | Number of employees employed in the pay period that includes March 12, 2007 The books are in care of ► THE ORGANIZATION Telephone no ► (202) | | | 140 |
| ,, a | located at 1333 H CHIRITIAN Telephone no. (202) | 682-1 | 161 | 1 |
| h | Located at 1333 H STREET, NW 10TH FLOOR, WASHINGTON, DC ZIP + 4 | | | |
| ט | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91b | . 1 | X |
| | The res, enter the name of the foreign country \(\bigvarP\) \(\bigvarN\) \(\bigvarA\) | _ and a | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank | | | skopyni z Parvini |
| | and Financial Accounts. | MOSE SE | 200 A | |
| | | Form ' | 990 (| 2007) |

| Part VI Unier Information (continued | <u>) </u> | | PROGRESS . | | | 0192708 Page Yes N |
|--|--|---------------------------|--------------------------|----------------|--|---------------------------------------|
| c At any time during the calendar year, did the | ne organizatio | n mainta | | of the Unit | ted States? | 91c X |
| If "Yes," enter the name of the foreign could Section 4947(a)(1) nonexempt charitable tr | ntry 🚩 | <u>N</u> | /A | -· <u></u> | | |
| () () | usts tiling For | n 990 in | lieu of Form 1041- (| Check her | e | |
| and enter the amount of tax-exempt interest Part VII Analysis of Income-Produ | cina Activi | ties (Sc | during the tax year | | > 92 | N/A |
| Note: Enter gross amounts unless otherwise | | | business income | Excluded | d by section 512, 513, or 514 | |
| indicated. | (/ | | (B) | (C) | (D) | (E) |
| 93 Program service revenue: | | ness de | Amount | Exclu- sion | Amount | Related or exempt function income |
| a | | | | code | | Tunction income |
| b | | | | + | | |
| С | | | | | | |
| đ | 1 | | | | | |
| e | | | | | | |
| f Medicare/Medicaid payments | | | | | | |
| g Fees and contracts from government agence | ies | | | | | |
| 94 Membership dues and assessments | | | | | | · · · · · · · · · · · · · · · · · · · |
| 95 Interest on savings and temporary cash investme | nts | | | 14 | 25,092. | |
| 6 Dividends and interest from securities | | | | | | |
| 97 Net rental income or (loss) from real estate: | - 20 G | | | | | |
| a debt-financed property | | | | | | |
| b not debt-financed property | | | | | | |
| Net rental income or (loss) from personal pro | - | | | | | |
| 99 Other investment income | | | | | | |
| 00 Gain or (loss) from sales of assets | | - 1 | | | | |
| other than inventory | | | | - | | |
| Of Gross profit or (loss) from sales of inventory | | | | ++ | | · |
| Of Other revenue: | | | | +-+ | | |
| a | | İ | | | | |
| b | | | | ++ | | |
| C | | | | | | |
| d | 6 | | | | | |
| e | | | | | | |
| 94 Subtotal (add columns (B), (D), and (E)) | - 19 | | 0. | | 25,092. | 0 |
| 5 Total (add line 104, columns (B), (D), and (E) |) | | | <u> </u> | <u> </u> | 25,092 |
| ote: Line 105 plus line 1e, Part I, should equal ti | ne amount on | line 12, l | Part I. | | ······································ | |
| Relationship of Activities to ine No. Explain how each activity for which income exempt purposes (other than by providing the p | e is reported in | column (E |) of Part VII contribute | d importan | oses (See the instruction to the accomplishment of the accomplishm | ons.) If the organization's |
| Part IX Information Regarding Tax | able Subs | idiarie | s and Disregard | led Enti | | |
| Name, address, and EIN of corporation, Percen | age of p interest | N | ature of activities | | (D) Total income | (E) End-of-year assets |
| | % | _ | | | | |
| N/A | % | | | | | |
| | % | | | | | |
| art X Information Regarding Tra | % | | | | | |
| 3 3 | nsters Ass | ociate | with Personal | Benefi | t Contracts (See the | instructions.) |
| a) Did the organization, during the year, receive anyb) Did the organization, during the year, pay premiu | funds, directly on its directly or its directl | or indirect ndirectly, | ly, to pay premiums on | a persona | l benefit contract? | Yes X No |
| Note: If "Yes" to (b), file Form 8870 and Form 4 | /20 (see instru | ıctions). | | | | |
| | | | | | | Form 990 (2007) |

Phone no. ► 703-998-5100

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

Name of organization

Employer identification number

| | INTER FOR AMERICAN PROGRESS ACTION FUND | 30-0192708 |
|--|--|--|
| Organization type (check of | one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | X 501(c)(4) (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |
| | and the second s | |
| Check if your organization if for both the General Rule a | is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or and a Special Rule-see instructions.) | (10) organization can check boxes |
| | , | |
| General Rule- | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mor olete Parts I and II.) | ney or property) from any one |
| Special Rules- | | |
| sections 509(a)(1), | c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of /170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of ine 1 of these forms. (Complete Parts I and II.) | |
| aggregate contrib | c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one utions or bequests of more than \$1,000 for use exclusively for religious, charitable, scient revention of cruelty to children or animals. (Complete Parts I, II, and III.) | e contributor, during the year, ntific, literary, or educational |
| some contribution \$1,000. (If this box charitable, etc., pu | c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one is for use exclusively for religious, charitable, etc., purposes, but these contributions did it is checked, enter here the total contributions that were received during the year for an irrpose. Do not complete any of the Parts unless the General Rul e applies to this organizations, charitable, etc., contributions of \$5,000 or more during the year.) | not aggregate to more than exclusively religious, |
| they must check the box in | t are not covered by the General Rule and/or the Special Rules do not file Schedule B (Fo the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify 3 (Form 990, 990-EZ, or 990-PF). | orm 990, 990-EZ, or 990-PF), but \prime that they do not meet the filing |

723451 12-27-07

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part I | Contributors (See Specific Instructions.) | | |
|------------|---|-----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | | - \$_1,796,235. - | 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 |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 4 | | - \$ 105,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 5 | | \$\$\$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 6 | | - _ \$96,497. | Person X Payroll |

Page 2 of 5 of Part I
Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part I | Contributors (See Specific Instructions.) | | |
|------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 7 | | \$50,000. | 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 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 | · | \$38,524. | 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 |
| 10 | | \$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 |
| 11 | | \$ 22,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 12 | | \$20,000. | Person X Payroll |

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part I | Contributors (See Specific 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 | | \$19,000. | 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 |
| 15 | | \$15,000. | 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) |
| 16 | | \$15,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 17 | | \$12,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 18 | | s10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part I | Contributors (See Specific Instructions.) | | |
|------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 19 | | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 20 | | \$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 |
| 21 | | s10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 22 | | \$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 |
| 23 | | \$10,000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 24 | | \$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

CENTER FOR AMERICAN PROGRESS ACTION FUND

| Part I | Contributors (See Specific Instructions.) | | |
|----------------|---|--------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 25 | | \$8,000. | 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 |
| 26 | | \$6,000. | 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 | | \$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 |
| 28 | | \$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 |
| 29 . | | \$5,000. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 723452 12-27-0 | | \$ | Person Payroli Noncash (Complete Part II if there is a noncash contribution.) |

2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

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| | PROGRAM | * 990 PAGE 2 TOTAL PROGRAM SERVICES MANAGEMENT AND GEN | . 9 20 A | FUNDRAISING | FUNDRAISING * GRAND TOT 2 DEPR | | | |
| Asset No. | | * 990 PAGE 2 TOTAL PROGRAM SERVICES MANAGEMENT AND GENERAL | 12 * 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL | | FUNDRAISING * GRAND TOTAL 2 DEPR | | | |
| ₹* | | | g lejisty) money tag | 18799 2010 | | | | |

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

| FORM 990 | SPECIAL EVE | NTS AND ACTIV | /ITIES | STATEMENT 1 |
|-------------------------------------|-------------------|---------------------------------------|---|-------------|
| | | | - | |
| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS DIRE REVENUE EXPEN | |
| ANNUAL FUNDRAISING DINNER | S 51,200. | 51,200. | | 0. |
| TO FM 990, PART I, LINE 9 | 51,200. | 51,200. | | 0. |
| FORM 990 | ОТН | ER EXPENSES | | STATEMENT 2 |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | (A) | (B) PROGRAM | (C) MANAGEMENT | (D) |
| DESCRIPTION | TOTAL | SERVICES | AND GENERAL | FUNDRAISING |
| PROFESSIONAL FEES | 306,444. | 292,956 | . 13,301. | 187. |
| CONTRACT LABOR CREATIVE | 11,027. | 8,094 | ,, | 22. |
| FEES/PHOTOGRAPHY PROF. DEVMNT/CONF. | 27,624. | 27,517 | . 0. | 107. |
| FEES/MEM. DUES | 1,203. | 1,197 | . 3. | 3. |
| RECRUITMENT MOVING/STORAGE | 174. | 21 | | 0. |
| EXPENSES SECURITY | 191. 3,133. | 0 | | 0. |
| INSURANCE | 7,304. | 2,987 6,540 | | 17. |
| CABLE TELEVISION FURNITURE & | 722. | 655 | | 79. 8. |
| EQUIPMENT EXPENSE PHOTOCOPYING | 19,827. | 18,253 | . 1,381. | 193. |
| EXPENSES STATIONERY | 7,143. | 6,474 | - - | 77. |
| ACKNOWLEDGEMENTS/THA K YOUS | 10,739. | 9,747 | | 117. |
| ELEC. PRESS, POLICY | 1,917. | 1,738 | | 20. |
| & RESEARCH FEES INTERNET SERVICE | 7,703. | 7,426 | | 33. |
| DOMAIN NAME | 213. | 213 | . 0. | 0. |
| REGISTRATION | 1,662. | 1,659 | . 0. | 2 |
| SOFTWARE LICENSES WEB HOSTING & | 2,016. | 1,951 | | 3. 8. |
| SERVICES | 46,008. | 45,920 | . 0. | 88. |
| ADVERTISING LIST RENTAL | 50,210. | 50,210 | . 0. | 0. |
| DC PROPERTY TAX | 9,455. | 9,455 | | 0. |
| DC SALES AND USE TAX | 9,697. 3,913. | 8,801 | | 106. |
| FILING FEES | 2,614. | 3,551 23 | - · | 43. |
| BANK CHARGES/CREDIT CARD FEES | 5,539. | 2,718 | _, = , = . | 0. |
| TOTAL TO FM 990, LN 43 | 536,478. | 508,106 | | 1 144 |
| | , • • | | = ===================================== | 1,144. |

| FORM 990 | CASH GRANTS AND ALLOCATIONS TO OTHERS | STATEMENT 3 |
|--|--|-------------|
| CLASS OF ACTIVITY | Y/DONEE'S NAME AND ADDRESS | AMOUNT |
| CARBON OFFSETS NATIVE ENERGY 823 FERRY ROAD CHARLOTTE, VT 05 | 445 | 2,766. |
| TOTAL INCLUDED OF | N FORM 990, PART II, LINE 22B | 2,766. |

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

DESCRIPTION OF PROGRAM SERVICE TWO

THE ACTION FUND PUBLISHES THE PROGRESS REPORT, A DAILY NEWSLETTER OFFERING ANALYSIS AND CRITICAL THINKING ON THE NEWS OF THE DAY. THE ACTION FUND ALSO IS THE HOME OF THINKPROGRESS.ORG, A TOP-TRAFFICKED BLOG THAT OFFERS ANALYSIS OF UP TO THE MINUTE ISSUES IN THE PUBLIC DEBATE. THESE RAPID RESPONSE COMMUNICATION VEHICLES PROMOTE PROGRESSIVE POLICIES AND IDEAS, INCLUDING SOCIAL AND ECONOMIC JUSTICE, HEALTHY COMMUNITIES, GLOBAL LEADERSHIP, AND A SECURE AMERICA AND OFFER A SHARP AND WELL-RESEARCHED CRITIQUE DESIGNED TO FIGHT CORRUPTION, INCOMPETENCE, MEDIA FAILURES, AND THE CONSERVATIVE AGENDA.

| | | | GRANTS | EXPENSES | |
|------------|----------------|---------------------------------|--------------------|-----------|-----|
| TO FORM 99 | O, PART III, L | INE B | | 511,9 | 45. |
| | | | . 95 | | |
| FORM 990 | STATEMENT OF | ORGANIZATION'S PRIM PART III | ARY EXEMPT PURPOSE | STATEMENT | 5 |

EXPLANATION

CENTER FOR AMERICAN PROGRESS ACTION FUND'S PRIMARY EXEMPT PURPOSE CONTAINS TWO MAJOR ELEMENTS. THESE ARE HIGHLIGHTED BELOW WITH THE RELATED PROGRAM SERVICE ACCOMPLISHMENTS:

| FORM 990 DEPRECIATION OF ASSE | ETS NOT HELD FOR | INVESTMENT | STATEMENT 6 |
|-----------------------------------|------------------------|-----------------------------|-------------------|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
| FURNITURE COMPUTER EQUIPMENT | 14,243. 3,990. | 2,302. 499. | 11,941. 3,491. |
| TOTAL TO FORM 990, PART IV, LN 57 | 18,233. | 2,801. | 15,432. |

| FORM 990 | OTHER A | ASSETS | STATEMENT 7 |
|---|-----------------|----------------------|-------------|
| DESCRIPTION | | BEGINNING OF YEAR | END OF YEAR |
| THE PROGRESS REPORT, AMORTIZATION THINKPROGRESS BLOG, | | 33,709. | 15,967. |
| AMORTIZATION | | 2,762. | 213. |
| TOTAL TO FORM 990, P. | ART IV, LINE 58 | 36,471. | 16,180. |
| FORM 990 | OTHER LIAB | ILITIES | STATEMENT 8 |
| DESCRIPTION | | BEGINNING OF YEAR | END OF YEAR |
| DUE TO CENTER FOR AM | ERICAN PROGRESS | 308,707. | 338,091. |
| TOTAL TO FORM 990, P. | ART IV, LINE 65 | 308,707. | 338,091. |

FORM 990

9

STATEMENT

| - A comment of the co | TRUSTEES AND KEY EMPLOYEES | | | | |
|--|----------------------------|--------------------------|-------------------------|---------------------------------|--------------------|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| PETER B. EDELMAN 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | | DIRECTOR 1.00 | 0. | 0. | 0. |
| JUDITH FEDER 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | DIRECTOR 1.00 | 0. | 0. | بدر 0 . |
| RON KLAIN 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | DIRECTOR 1.00 | 0. | 0. | 0. |
| BRODERICK D. JOHNSON 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOM E. PEREZ 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOHN PODESTA 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | DIRECTOR, PRES | IDENT, CEO 16,740. | 1,704. | 40. |
| HILARY B. ROSEN 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | DIRECTOR 1.00 | 0. | 0. | 0. |
| SARAH ROSEN WARTELL 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | EVP FOR MANAGE | MENT/TREASUR 17,584. | | 60. |
| MELODY BARNES 1333 H STREET, NW, 10TH WASHINGTON, DC 20005 | FLOOR | EVP FOR POLICY | 880. | 97. | 3. |
| TOTALS INCLUDED ON FORM | 990, PART | V-A | 35,204. | 3,429. | 103. |

PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,

FORM 990

10

STATEMENT

| RELATED ORGA | WIDATIONS | | |
|--|--------------------|--|--------------------|
| OFFICER'S NAME | COMPENSATION | EMPLOYEE BENEFIT PLAN CONTRIBUTION | |
| JOHN PODESTA | 283,261. | 28,836. | 673. |
| NAME OF RELATED ORGANIZATION | | EMPLOYER | ID NUMBE |
| CENTER FOR AMERICAN PROGRESS | | 30-03 | L26510 |
| RELATIONSHIP BETWEEN ORGANIZATIONS | | | |
| RELATED ORGANIZATION | | | |
| COMPENSATION DESCRIPTION | | | |
| RENDERED TO THE ORGANIZATION | | EMPLOYEE BENEFIT PLAN | EVDDUGD |
| OFFICER'S NAME | COMPENSATION | CONTRIBUTION | EXPENSE ACCOUNT |
| SARAH ROSEN WARTELL | 191,416. | 17,722. | 653. |
| NAME OF RELATED ORGANIZATION | | EMPLOYER | ID NUMBER |
| CENTER FOR AMERICAN PROGRESS | | 30-01 | 26510 |
| RELATIONSHIP BETWEEN ORGANIZATIONS | | | |
| RELATED ORGANIZATION | | | |
| COMPENSATION DESCRIPTION | | | |
| COMPENSATION, EMPLOYEE BENEFITS AND A RENDERED TO THE ORGANIZATION | LLOWANCES RECEIVED | FOR SERVICES | |

PART V-A OFFICER COMPENSATION FROM

RENDERED TO THE ORGANIZATION

EMPLOYEE BENEFIT PLAN EXPENSE OFFICER'S NAME COMPENSATION CONTRIBUTION ACCOUNT MELODY BARNES 208,120. 22,853. 710. NAME OF RELATED ORGANIZATION EMPLOYER ID NUMBER CENTER FOR AMERICAN PROGRESS 30-0126510 RELATIONSHIP BETWEEN ORGANIZATIONS RELATED ORGANIZATION COMPENSATION DESCRIPTION COMPENSATION, EMPLOYEE BENEFITS AND ALLOWANCES RECEIVED FOR SERVICES RENDERED TO THE ORGANIZATION GENERAL EXPLANATION STATEMENT 11 FORM AND LINE REFERENCES

FORM/LINE IDENTIFIER

FORM 990, PART II, LINE 42

DESCRIPTION/RETURN REFERENCE

EXPLANATION OF METHOD OF DEPRECIATION

12

GENERAL EXPLANATION

STATEMENT

FURNITURE AND EQUIPMENT ARE DEPRECIATED OVER THEIR ESTIMATED USEFUL LIVES, RANGING FROM THREE TO SEVEN YEARS.