



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE PARTNERSHIP PROJECT ACTION FUND		D Employer identification number 81-0606786
		Number and street (or P O box, if mail is not delivered to street address) 1615 M STREET NW		E Telephone number (202) 833-2300
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		F Group Exemption Number 1

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶
---	---

I Website: ☒ WWW.SAVEOURENVIRONMENT.ORG		H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Organization type (check only one)— ☒ 501(c)(4) ☐ (insert no.) ☐ 4947(a)(1) or ☐ 527		

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
---------------	---

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	26,000
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
	a	Gross revenue (not including \$_____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	26,000	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	20,416
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe _____)	16	41
	17	Total expenses (add lines 10 through 16)	17	20,457
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,543
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	77,567
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	83,110

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	77,567	22 103,110
23	Land and buildings		23
24	Other assets (describe  _____)		24
25	Total assets	77,567	25 103,110
26	Total liabilities (describe   _____)		26 20,000
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	77,567	27 83,110

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE PARTNERSHIP PROJECT ACTION FUND HELPS THE ENVIRONMENTAL COMMUNITY WORK MORE COLLABORATIVELY TO DEFEND ENVIRONMENTAL SAFEGUARDS FROM EFFORTS TO WEAKEN THEM THE PARTNERSHIP PROJECT ACTION FUND HELPS THE COMMUNITY FOCUS ON THE SAME OBJECTIVE, PURSUE THE SAME STRATEGY AT THE SAME TIME, AND EMPLOY SHARED RESOURCES TO ADVANCE THEIR COMMON CAUSE SPECIFICALLY, THE PARTNERSHIP PROJECT ACTION FUND USED PAID MEDIA TO EDUCATE THE PUBLIC, PRESS, AND DECISION MAKERS ABOUT THE THREATS TO HUMAN HEALTH AND THE ENVIRONMENT			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 EDUCATED THE PUBLIC AND MEDIA ABOUT THE ECONOMIC AND ENVIRONMENTAL BENEFITS OF CLEAN ENERGY, SPECIFICALLY, THE PARTNERSHIP PROJECT ACTION FUND CONTACTED CITIZENS TO EDUCATE THEM ABOUT THREATS TO HUMAN HEALTH AND THE ENVIRONMENT, TO CONNECT THEM WITH THEIR ELECTED OFFICIALS (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	20,000
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	20,000

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)		Yes	No	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	No	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	No	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a		
b	Did the organization file Form 1120-POL for this year?	37b	No	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	No	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
b	Section 501(c)(3) and (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? If "Yes," complete Schedule L, Part I.	40b	No	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No	
41	List the states with which a copy of this return is filed	DC		
42a	The books are in care of	MICHAEL TOWN	Telephone no	(202) 833-2300
	1615 M STREET NW			
	Located at	WASHINGTON, DC	ZIP + 4	20036
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	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 Financial Accounts .			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

complete the tables for lines 50 and 51.

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization(s) a section 527 organization?	49b	
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 81-0606786
Name: THE PARTNERSHIP PROJECT ACTION FUND

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BILL MEADOWS THE WILDERNESS SOCIETY 1615 M ST WASHINGTON,DC 20036	PRESIDENT 0	0		
ROBERT DEWEY DEFENDERS OF WILDLIFE 1130 SEVENTEENTH ST NW WASHINGTON,DC 20036	BOARD MEMBER 0	0		
WESLEY WARREN NATURAL RESOUCES DEFENSE COUNCIL 1200 NY AVE NW SUITE 400 WASHINGTON,DC 20005	BOARD MEMBER 0	0		
JIM LYON NATIONAL WILDLIFE FEDERATION 1400 16TH ST NW WASHINGTON,DC 20036	BOARD MEMBER 0	0		
CRAIG OBEY NATIONAL PARKS CONSERVATION ASSOC 1300 19TH STREET NW SUITE 300 WASHINGTON,DC 20036	BOARD MEMBER 0	0		
STEVE COCHRAN ENVIRONMENTAL DEFENSE 1875 CONNECTICUT AVE NW SUITE 600 WASHINGTON,DC 20009	BOARD MEMBER 0	0		
DEBBIE SEASE SIERRA CLUB 408 C ST NE WASHINGTON,DC 20002	TREASURER 0	0		
ROBERT DEWEY DEFENDERS OF WILDLIFE 1130 SEVENTEENTH ST NW WASHINGTON,DC 20036	BOARD MEMBER 0	0		
MICHAEL DAULTON NATIONAL AUDUBON SOCIETY 1150 CONNECTICUT AVE 600 WASHINGTON,DC 20036	BOARD MEMBER 0	0		

TY 2008 Compensation Explanation

Name: THE PARTNERSHIP PROJECT ACTION FUND

EIN: 81-0606786

Person Name	Explanation
BILL MEADOWS	
ROBERT DEWEY	
WESLEY WARREN	
JIM LYON	
CRAIG OBEY	
STEVE COCHRAN	

Person Name	Explanation
DEBBIE SEASE	
ROBERT DEWEY	
MICHAEL DAULTON	

TY 2008 Other Expenses Schedule

Name: THE PARTNERSHIP PROJECT ACTION FUND

EIN: 81-0606786

Description	Amount
EXPENSES	
BANK SERVICE CHARGES	41

TY 2008 Other Liabilities Schedule

Name: THE PARTNERSHIP PROJECT ACTION FUND

EIN: 81-0606786

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES		20,000
		20,000