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Form **990**

Department of the Treasury Internal Revenue Service AUTOMATIC EXTENSION TO 2-1-2013 - HURRICANE SANDY

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.

2011
Open to Public Inspection

Form **990** (2011

A For the 2011 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Public Interest Projects Action Fund, Address Name change 80-0444461 Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number 212-378-2800 Termin-ated 45 West 36th Street, 6th Floor 8,918,605. Amended G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-New York, NY 10018 H(a) Is this a group return pending Yes X No F Name and address of principal officer: John Gilroy, for affiliates? same as C above H(b) Are all affiliates included? Yes 501(c)(3) X 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status J Website: ► n/a H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 2009 M State of legal domicile NY Trust Association Other -Part I Summary Briefly describe the organization's mission or most significant activities: Promote social welfare and the common good, advance social justice, and advocate policy reform to Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) ō Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,013,417 8,898,000. Contributions and grants (Part VIII, line 1h) Ō. О. Program service revenue (Part VIII, line 2g) 2,164. 20,605. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,918,605. 1,015,581 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 802,454. 3,743,032 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 131,626. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 102,497. b Total fundraising expenses (Part IX, column (D), line 25) 1,054,426. 388,622. 17 Other expenses (Part IX, column (A), lines 11a-1/1d, 11/2/467 4,263,280. 1,856,880. 18 Total expenses. Add lines 13-17 (must equal Patrix), column 19 Revenue less expenses Subtract line 18 from 12 FB -841,299. 4,655,325. Ses Ses Beginning of Current Year End of Year 5,173,284. 154,154. 20 Total assets (Part X, line 16) 112,513. 476,318. Total liabilities (Part X, line 26) Purd A 41,641. 696,966. Net assets or fund balances. Subtract line 21 from line Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete peclaration of preparer (opper than officer) is based on all information of which preparer has any knowledge Hamile Sign Susan Stamler, Secretary/Treasurer Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name 1 4 JAN P00706145 Paid Kevin Sunkel 13-2060851 Firm's name Dowen J Flanagan & Prenarer Firm's address ▶ 60 East 42nd Street Use Only Phone no 212-682-2783 New York, NY 10165 X Yes ___ May the IRS discuss this return with the preparer shown above? (see instructions)

4d Other program services (Describe in Schedule O.)

171,000 • including grants of \$

171,000.) (Revenue \$

e Total program service expenses ► 3,862,614.

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orm	990 (2011) Inc. 80-044	4461	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
	during the tax year? If "Yes," complete Schedule C, Part II	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l .
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	├ ^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		ŀ	X
	Schedule D, Part III	8		├ ^-
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	9		X
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	8		_ ^
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10	ļ	X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		 	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	į		
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,		Ì	1
a	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.15		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		1	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	· · · · · · · · · · · · · · · · · · ·	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		x
. ~	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1	+ <u>^</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-"	1	1
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	re and garnines, complete schedule G, raith			

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X

19

20a

20b

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule ${\cal H}$

complete Schedule G, Part III

Inc. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		_	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	1		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		A
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
~-	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		<i>,</i> ,,,	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33_	 	X
34	Was the organization related to any tax-exempt or taxable entity?	34	x	
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a		X
35a	• • • • • • • • • • • • • • • • • • • •	338		
Ь		35b		Х
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
36	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			
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		_	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	} -
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		┼
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	[
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		1
Ь	· · · · · · · · · · · · · · · · · · ·			
	amounts due or received from them)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40:		+
а	·	13a	-	1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans	1		
С		44-	-	X
14a	• • • • • • • • • • • • • • • • • • • •	14a		+^
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2011)

Form 990 (2011) 80-0444461 Inc. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? Х 14 14 Did the organization have a written document retention and destruction policy? 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? 15a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, Indicate how you made these available. Check all that apply. X Upon request Another's website Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

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State the name, physical address, and telephone number of the person who possesses the books and records of the organization

statements available to the public during the tax year

The Organization - 212-378-2800

West 36th Street, 6th Floor, New York,

10018

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Posi heck ss pe d a d	more	than of the the than of the	one h an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustæe	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) John Gilroy, Esq								•	•	
resident	1.00	X		Х				0.	0.	0
2) Susan Stamler	1 00	,,		,,				0	0	_
Secretary/Treasurer	1.00	X	ļ	X		-		0.	0.	C
3) Gina Kim	1 00	v		v				0	0.	C
vice President	1.00	Х		X				0.	0.	

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			1			1	ļ			

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	990 (2011) Inc									80-044	4461	P	age 8
ar	t VII Section A. Officers, Dire (A) Name and title	ectors, Trustees, Key En (B) Average hours per week (describe hours for related organizations in Schedule O)	stee or director open open open open open open open open	not c , unle:	(C Posi heck ss pe	tion more rson irecto		one h an tee)	Compensated Employ (D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fi org an	(F) stimate mount other npensa rom th ganizat d relat anizati	of ation e ion ed
1 b	Sub-total								0.	0			0.
С	Total from continuation sheets Total (add lines 1b and 1c) Total number of individuals (inclu compensation from the organiza	uding but not limited to th	ose	liste	ed a	bov	e) wi	no re	0. 0. eccived more than \$100	0 0,000 of reportable			0.
3 4	Did the organization list any form line 1a? If "Yes," complete Schee For any individual listed on line 1	ner officer, director, or tru									3	Yes	No X
5 Sec	and related organizations greate Did any person listed on line 1a r rendered to the organization? If tion B. Independent Contractors	receive or accrue comper "Yes," complete Schedul	nsat	ion 1	from	any	y uni			dual for services	5		X
1	Complete this table for your five the organization. Report comper Name and		ear		ng v					year		C)	on
													
								İ					

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

\$100,000 of compensation from the organization

				2011) Inc.				·	80-0444	461 Page 9
1 a Federated campagns 1 a					nue					
Business Code Business Code Business Code Business Code							,	Related or exempt function	Unrelated business	excluded from tax under sections 512,
Business Code Business Code Business Code Business Code	ants	1		. •						
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2 a b d d d d d d d d d d d d d d d d d d				Total Mod Milos Ta Ti						
Total. Add lines 11a-11d	gi	2	а				1		j	
Total. Add lines 11a-11d	اه ځ									
Total. Add lines 11a-11d	Se		С							
Total. Add lines 11a-11d	e am		d							
Total. Add lines 11a-11d	<u>6</u>		е							
Timestment income (including dividends, interest, and other similar amounts) 20,605. 20,605.	ته		f	All other program service reve	enue					
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties Royalties (i) Real (ii) Personal (ii) Personal	\perp		9	Total. Add lines 2a-2f		<u> </u>				·
4 Income from investment of tax-exempt bond proceeds Royalities (i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses c Net income or (loss) from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from gales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Tatal revenue. See instructions 8 7 918 , 605 . 0 . 0 . 20 , 605 .		3		Investment income (including	dividends, intere	est, and	00.505			20 605
Second Process Seco				· ·			20,605.			20,605.
(i) Real (ii) Personal (iii) Personal Personal (iii) Personal Personal Personal (iii) Personal	ļ	4			x-exempt bond p	proceeds				
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$		5		Royalties		<u>▶</u>				
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$					(i) Real	(II) Personal	-			
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Net income or (loss) f contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a		6	_							
d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less controlled in the part IV, line				•			-			
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) c contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions (ii) Other (iii) Other (iii) Other				· ·			-	1		
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$,		, ,	(I) Securities	· · · · · · · · · · · · · · · · · · ·				
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		•	а		(i) Securities	(ii) Other	-			
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			h							
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	1		J							
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18			c	•						
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b on this contributions income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses b on the income or (loss) from gaming activities b on the income or (loss) from gaming activities b on the income or (loss) from gaming activities b on the income or (loss) from sales of inventory on t				• •						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions A gross sales of inventory, less returns a b b C C C C C C C C C C C C C C C C C C	e Ce	8		Gross income from fundraising						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions A gross sales of inventory, less returns a b b C C C C C C C C C C C C C C C C C C	, ver									
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions A gross sales of inventory, less returns a b b C C C C C C C C C C C C C C C C C C	چ			·	-					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions A gross sales of inventory, less returns a b b C C C C C C C C C C C C C C C C C C	ᇐ		h							
9 a Gross income from gaming activities. See Part IV, line 19 a b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 8,918,605. 0. 0. 20,605.	ō				_		Í			
Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 8,918,605. 0. 0. 20,605.		g								-
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions b 8,918,605. 0. 20,605.			-							
10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8,918,605. 0. 0. 20,605.			b		ь					
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8,918,605. 0. 0. 20,605.			С	Net income or (loss) from gar	ming activities					
b Less cost of goods sold c Net Income or (loss) from sales of Inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8,918,605. 0. 0. 20,605.		10) a	Gross sales of inventory, less	s returns					
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions Number of inventory Business Code Code Business Code Business Code Code Business Code Business Code Code Code Business Code Cod				and allowances	а					
Miscellaneous Revenue Business Code 11 a			b	Less cost of goods sold	b					
11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 8,918,605. 0. 0. 20,605.			С	Net income or (loss) from sal	es of inventory	<u> </u>				
b c d All other revenue e Total. Add lines 11a-11d				Miscellaneous Reven	ue	Business Code	2			
c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions ► 8,918,605. 0. 0. 20,605.		11	а						-	
d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions ▶ 8,918,605. 0. 0. 20,605.			b				-	<u> </u>		
e Total. Add lines 11a-11d 12 Total revenue. See instructions ▶ 8,918,605. 0. 0. 20,605.				All 11			+	 		
12 Total revenue. See instructions ► 8,918,605. 0. 0. 20,605.										
							8.918.605	0	0 -	20.605
	1320			TOTAL LEAGURE - SEE HISTINCHOUS			10/020/0000		3.	

80-0444461 Page 10

Form 990 (2011) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	Se to any question in this	(B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	2 742 022	2 742 022		
_	organizations in the United States See Part IV, line 21	3,743,032.	3,743,032.		
2	Grants and other assistance to individuals in	:			
_	the United States. See Part IV, line 22				,1* ,,4 - 11,,14 - 141111 -
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				•
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	107 500	57.017		40 500
7	Other salaries and wages	107,500.	57,917.		49,583.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	15 222	0.405		
9	Other employee benefits	15,777.	8,425. 4,507.		7,352. 3,842.
10	Payroll taxes	8,349.	4,507.		3,842.
11	Fees for services (non-employees)				
а	Management				
b	Legal	6 000		6 000	
C	Accounting	6,000.		6,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u>-</u>			······································
f	Investment management fees	21 600	15.006		14.556
9	Other	31,602.	17,026.		14,576. 28.
12	Advertising and promotion	60.	32.	101	
13	Office expenses	6,525.	3,418.	181.	2,926
14	Information technology				
15	Royalties	11 061			F 104
16	Occupancy	11,261.	6,067.		5,194
17	Travel	36,549.	19,691.		16,858
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 - 2 - 2			
19	Conferences, conventions, and meetings	3,528.	1,901.		1,627
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	· -			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	Administrative fees	291,906.		291,906.	
b	Miscellaneous	1,073.	561.	32.	480
С	License and permits	118.	37.	50.	31
d					
е	'	4 000 000	2 0 6 2 6 5 5 5	000 110	
25	Total functional expenses Add lines 1 through 24e	4,263,280.	3,862,614.	298,169.	102,497
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form **990** (2011)

80-0444461 Page 11 Inc. Form 990 (2011) Part X Balance Sheet (A) (B) Beginning of year End of year 45,903. 93,909. 1 Cash · non-interest-bearing 108,251. 4,826,828. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 252,499. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 48. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 154,154. 5,173,284. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 112,513. 376,318. 17 17 Accounts payable and accrued expenses 100,000. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 112,513. 476,318. Total liabilities. Add lines 17 through 25 lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -5,184. -68,948. 27 27 Unrestricted net assets 4,765,914. 46,825. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds

> 5,173,284. Form **990** (2011)

4,696,966.

31

32

41,641

31

32

33

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

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

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

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

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

За

X

Act and OMB Circular A-133?

SCHEDULE D

(Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Interest Projects Action Fund,

Employer identification number 80-0444461

	Inc.		80-0444461
Par	Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, III	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 adv	leed funds
3	are the organization's property, subject to the organization'		Yes No
6			
6	Did the organization inform all grantees, donors, and donor	• •	•
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
Par	Impermissible private benefit?	Translation annuared "Van" to Form 000	Post IV line 7
	· · · · · · · · · · · · · · · · · · ·		raitiv, ille 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or	. —	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		·············
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic s	structure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, i	released, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	easement is located -	
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserve		
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describe	s the organization's accounting for
1 44	conservation easements.		
Pa	Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" to Fore		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public e		rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	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 t	reasures, or other similar assets for financ	
	the following amounts required to be reported under SFAS		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$ ► \$
			· · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 Inc.	····					8	0 - 04	44461	Page 2
Par	t III Organizations Maintaining Co	llections of A	rt, Hist	torical Tr	easures, o	r Other	Simila	r Asse	ts (contir	nued)
3	Using the organization's acquisition, accession (check all that apply):	n, and other record	ds, check	any of the	following that	t are a sigr	nificant u	se of its	collection	items
а	Public exhibition	d		l oan or exc	hange progra	ms				
b	Scholarly research	-	$\overline{}$	Other	go p.og.a					
c	Preservation for future generations	•					_			
4	Provide a description of the organization's coll	ections and explai	n how th	ev further t	he organizatio	n's exemi	nt nurnos	se in Parl	XIV	
5	During the year, did the organization solicit or i							oc iii i aii	. 741 4 .	
Ŭ	to be sold to raise funds rather than to be main					on on mar a	55015		Yes	☐ No
Par	Escrow and Custodial Arranger reported an amount on Form 990, Part	ements. Compl				Yes" to Fo	orm 990,	Part IV, I		
1a	is the organization an agent, trustee, custodial	n or other intermed	diary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowing t	table [.]						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete if t	he organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		Ì							
	and programs							_		
f	Administrative expenses									
9	End of year balance		l .							
2	Provide the estimated percentage of the curre	nt year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
ь	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiz	ation tha	at are held a	and administe	red for the	organiza	ation	-	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Part X	(, line 10						
	Description of property	(a) Cost or of basis (investigation)		, , ,	t or other (other)		umulate eciation	d	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
e	Other									
Total	l. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Pan	t X, colui	mn (B), line	10(c).)			>		0.

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's flability for uncertain tax positions under 2. FIN 48 (ASC 740)

Schedule D (Form 990) 2011

(10)

	rubite interest riojects A	CIO	ii i uiiu	′	00 (0444461	
•	dule D (Form 990) 2011 Inc.	A 114				0444461	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financ		tement		<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		8,918	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,263	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		4,655	, 325.
4	Net unrealized gains (losses) on investments			4	_		
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		 	
9	Total adjustments (net). Add lines 4 through 8		:	9		4 CEE	225
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		CAL Davis	10	D = 4	4,655	, 323.
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts w	ith Rever	iue per		0 010	605
1	Total revenue, gains, and other support per audited financial statements				1	8,918	,603.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 .	I				
а	Net unrealized gains on investments	2a		•	-		
b	Donated services and use of facilities	2b			<u></u>		
C	Recoveries of prior year grants	2c			-		
d	Other (Describe in Part XIV.)	2d			-		0
_	Add lines 2a through 2d				2e	8,918	605
3	Subtract line 2e from line 1				3	0,910	,605.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b]		\dashv . \mid		٥
_	Add lines 4a and 4b				4c	8,918	605
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	anta l	Mith Evno		5 Dotu		,003.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents v	vitti Expe	nses pe	71	4,263	280
1	Total expenses and losses per audited financial statements				1	4,203	, 200 .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	1				
a	Donated services and use of facilities	2a			\dashv		
Ь	Prior year adjustments	2b					
c	Other losses	2c			\dashv \mid		
d	Other (Describe in Part XIV.)	2d	<u>. </u>		ا م		Λ
_	Add lines 2a through 2d				2e 3	4,263	.280.
3	Subtract line 2e from line 1				- 3	1,200	7200.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b				\dashv \mid		
b	Other (Describe in Part XIV.)	_ 4b_	1		- 4		0.
C	Add lines 4a and 4b Tatal averages Add lines 2 and 4a (This must appel Form 900, Part I, line 18.)				4c	4,263	
D ₂	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·			1,200	1200.
	1111 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>-</u>	1 a a a d 4 . Da		1 h and	Oh: Dort V. line	4: Port
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II						94, Fail
X, IIN	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete trii	s part to pro	vide any	acontiona	i illiomation.	
							-
	W.						
		**-					
					Calcal	dula D /F	000) 2011
					ocned	dule D (Form !	00U) ZU11

Schedule I (Form 990) (2011) **2 Employer identification number** 80-0444461 OMB No 1545-0047 Open to Public Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Program grant Program grant Program grant Program grant rogram grant Program grant recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö ö ٥. ö ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 000 000 000 150,000 225,000 (d) Amount of 150,000 Public Interest Projects Action Fund, cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table , . 26 20 (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable о Э o O Ω 4 501 c 4 501 c 4 45-4027112 501 c 4 Enter total number of other organizations listed in the line 1 table 501 501 501 52-1201710 39-1422633 74-3064220 36-6110299 45-3478376 General Information on Grants and Assistance (**b**) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Working - 207 East Buffalo Street Education Registration & Turnout Network Action - 310 8th Street Suite 211 - Milwaukee, WI 53202 9 to 5 National Association of Suite 309 - Oakland, CA 94607 Alliance of Local Leaders for American Bar Association FJE Afro World Enterprises, Ltd. Asian Pacific Environmental - Los or government 275 W. Wisconsin Avenue American Values Project 1523 Mountain Road, NW Albuquerque, NM 87104 4801 Exposition Blvd. Name of the organization Milwaukee, WI 53203 321 N Clark Street Angeles, CA 90016 Chicago, IL 60610 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part #

Fund,	
Action	
Projects	
Interest	
Public	Inc.

Schedule I (Form 990)

Page 1

80-0444461

Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	111)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Beloved Community Center of Greensboro, Inc P.O. Box 875 - Greensboro, NC 27402	56-1877250	501 c 3	50,000.	0	4		Program grant
Citizen Action of Wisconsin, Inc. 221 S. 2nd Street Milwaukee, WI 53204	39-1424314	501 c 4	100,000.	.0			Program grant
Colorado Progressive Action 1029 Santa Fe Drive Denver, CO 80204	27-0030839	501 c 4	100,000	0.			Program grant
Equality Maine 550 Forest Avenue Suite 201 Portland, ME 04104	01-0491854	501 c 4	.000,09	.0			Program grant
John Jay College Foundation, Inc. 444 West 56th Street New York, NY 10019	13-3683676	501 c 4	20,000.	.0			Program grant
Kentuckians for the Commonwealth P.O. Box 1450 London, KY 40743	61-1015576	501 c 4	150,000.	0.			Program grant
League of Independent Voters 142 High Street Suite 302 Portland, ME 04101	33-1075044	501 c 4	40,000.	0.0			Program grant
League of Young Voters Education Fund - 540 President Street Floor 3 - Brooklyn, NY 11215	76-0744153	501 c 3	.000,05	0.			Program grant
Maine People's Alliance 565 Congress Street Suite #200 Portland, ME 04101	01-0383493	501 c 4	150,000.	0			Program grant Schedule I (Form 990)

Schodule (Form 990) InC.	 					8	80-044461 Page 1
n of C	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II)	(T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Movement Strategy Center Action Fund - 436 14th Street 5th Floor - Oakland CA 94612	14-1996986	501 c 4	. 000	0			Program grant
1 2 0 4	13-1655255	υ	.000,000	0.			Program grant
1 2 .	26-3064170	501 c 4	350,000.	0.			Program grant
, , , ,	94-2206497	501 c 3	100,000.	0.			Program grant
] " " " ?	39-1678012	0.00 4.00	100 000	0			Program grant
Public Interest Projects Inc. 45 West 36th Street New York NY 10018	13-3191113	o	825,000.	.0			Program grant
Somali Action Alliance, Inc. 2525 E Franklin Avenue Suite 100 Minneapolis MN 55406	20-0830312	501 c 4	40,000.	.0			Program grant
1 2 2 2		501 c 3	125,000.	0			Program grant
Take Action Minnesota 705 Raymond Avenue Suite 100 St. Paul, MN 55114	20-3338691	501 c 4	.000,06	.0			Program grant
							Schedule I (Form 990)

Action Fund,	
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Projects	
Interest	
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		ומקרדה דווכרים לבל המכול ביותר	
Scheduk	Schedule I (Form 990)	Inc.	80-0444461
H Tred	Continuation	Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	

Page 1

Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Par	t III)		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Tides Center PO Box 29907 San Francisco, CA 94129	94-3213100	501 c 3	27,032.	0			Program grant	
Virginia New Majority 6397 Little River Turnpike #300 Alexandria, VA 22311	26-1377619	501 c 4	250,000.	0			Program grant	
	93-1316666	501 c 4	150,000.	0			Program grant	
Wisconsin Voices, Inc. 633 West Wisconsin Avenue Suite 19 Milwaukee, WI 53203	27-3183754	501 c 3	200,000.	0.			Program grant	
								1
								4
							Schedule I (Form 990)	_

80-044461 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011) Part III

Page 2

(f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV 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 (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2011)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Public Interest Projects Action Fund, Inc.

Employer identification number 80-0444461

Form 990, Part I, Line 1, Description of Organization Mission:
improve the quality of life for all persons.
Form 990, Part III, Line 4d, Other Program Services:
Provides support for training, capacity building and research to
advance public interest.
Expenses \$ 171,000. including grants of \$ 171,000. Revenue \$ 0.
Form 990, Part VI, Section B, line 11: A copy of the 990 is e-mailed to
the Board for review prior to filing.
Form 990, Part VI, Section B, Line 12c: The Board regularly monitors and
enforces the Conflict of Interest policy. Directors, officers and key
personnel are required to disclose all possible conflicts immediately in
writing to the Board. The Board reviews such matters and acts in
accordance with the policy.
Form 990, Part VI, Section C, Line 19: Governing documents, the conflict
of interest policy and financial statements are available to the public
upon request.

OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ See separate instructions. Public Interest Projects Action Fund, ► Attach to Form 990. Inc. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part #

2011 Open to Public Inspection

Employer identification number 80-0444461

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) $\boldsymbol{\varepsilon}$ End-of-year assets e Total income ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity æ Part #

	<u> </u>	2		ا م									
	(g)	controlled	entity?	Yes No			×			 _		 	
				۴				 		 		 	
	€	Direct controlling	entity										
	(e)	Public charity	status (if section	501(c)(3))		Public	Charity						
	ছ	Exempt Code	section				501(c)3						
	(0)	Legal domicile (state or	foreign country)	,			New York						
	(9)	Primary activity			Promote a vision of	society ensuring social	justice, dignity and						
organizations during the tax year.)	(a)	Name, address, and EIN	of related organization		Public Interest Projects, Inc 13-3191113 Promote a visi	45 West 36th Street	New York NY 10018						

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

Schedule R (Form 990) 2011

Inc. Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

80-0444461

	3	General or Percentage managing ownership partner?										ore related	3	Percentage	ownership								Schedule R (Form 990) 2011
	6	General or managing partner?		\perp					 -			or E		₹	ear s								Fo
		Code V-UBI Ge amount in box m 20 of Schedule P K-1 (Form 1065) Y					-					cause it had one	(6)										Schedule R
	ε	Disproportion- ate allocations? Yes No K	 		 	-				_		rt IV, line 34 be	(£)	Share									
	(6)	Share of end-of-year assets										to Form 990, Pa	(e)	Type of entity	(C'corp, S corp, or trust)								
		Share of total Income			 			•				on answered "Yes"	(g)		entity								
	(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)										plete if the organizati	(0)		(state or foreign country)								28
		Direct controlling entity e										oration or Trust (Corr	(q)	Primary activity									
()	©	Legal domicile (state or foreign country)										as a Corpong the tax						ì					
, and a second	(9)	Primary activity										ganizations Taxable rporation or trust duri		2	: c								
משק ה המונים וויים ו	(a)	Name, address, and EIN of related organization										Part #V Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(e)	Name address and Fl	of related organization							Ē	132162 01-23-12

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Schedule R (Form 990) 2011 Inc.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more r	elated organizations listed	ın Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				4	×	
c Giff, grant, or capital contribution from related organization(s)				10		×
d I cans or loan grantees to or for related organization(s)				79		×
				<u>1</u>		×
f Sale of assets to related organization(s)				=		×
a Purchase of assets from related organization(s)				19		×
				1 h		×
i Lease of facilities, equipment, or other assets to related organization(s)				÷		×
				······	.,	>
Lease of facilities, equipment, or other assets from related organization	(0)001402100			- 2		: ×
Penormance of services or membership of fundraising solicitations by related org	related organization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			13		×
n Sharing of paid employees with related organization(s)				1		×
				Ç	×	
 Keimbursement paid to related organization(s) for expenses 				2 .	•	;
 P Reimbursement paid by related organization(s) for expenses 				đ		~
 Other transfer of cash or property to related organization(s) 						×
				11		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered i	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) Public Interest Projects, Inc.	IJ	291,906.				
(2) Public Interest Projects, Inc.	0	183,930.				
(3) Public Interest Projects, Inc.	В	825,000.		,		
(4)						
(5)						i
132163 01-23-12	29		Schedule R (Form 990) 2011	R (Form	(066	2011

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Inc. Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	(k) centage	nership																
-	or Perc	8 0 N		\bot								4				_	 	_
	General	managir partner		+				 				+					 	
	(a) Code V-UBI	thorate amount in box 20 managing ownership yes No (Form 1065) Yes No					_											
	(F)	No attens 2			 	\perp		_	 						 			
-	O dsiQ	4 a a a a a a a a a a a a a a a a a a a		+		+										+		
	(g) Share of	end-of-year assets								:								
	(f) Share of																	
	Are all	(C) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S				1	 •						 			1		
g		(4) Solution (4)				+						-		 	 	+	 	_
stment partnership	(d) Predominant income	(related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No																
sion for certain inve	(c) Legal domicile	(state or foreign country)																
ructions regarding exclus	(b) Primary activity																	
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name, address, and EIN	of entity																

Schedule R (Form 990) 2011

Form 886	8 (Rev. 1-2012)				_	Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		▶ X
	ly complete Part II if you have already been granted an a				868.	
If you :	are filing for an Automatic 3-Month Extension, complete					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies neede	ed).
			Enter filer's	identifyin	g number, see	instructions
Type or	Name of exempt organization or other filer, see instru	ctions		Employer	identification r	number (EIN) or
print	Public Interest Projects Act	ion 1	Fund,			
File by the	Inc.			X	80-0444	4461
due date for	Number, street, and room or suite no. If a P.O. box, se	ee instruct	tions	Social sec	curity number ((SSN)
filing your return See	45 West 36th Street, 6th Flo	oor				
instructions	City, town or post office, state, and ZIP code For a fo		ress, see instructions			
	New York, NY 10018	Ū	·			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
			,			\ <u></u>
Applicat	on	Return	Application			Return
ls For	-	Code	Is For			Code
Form 990)	01				
Form 990		02	Form 1041-A			08
Form 990		01	Form 4720			09
Form 990		04	Form 5227	_		10
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
	OT (trust other than above)	06	Form 8870			12
	o not complete Part II if you were not already granted		•	iously file	d Form 9969	
<u> </u>	The Organization		nauc 3-month extension on a pre-	lousiy ille	<u> </u>	
■ The b	books are in the care of 45 West 36th St		6th Floor - New	Vork	NV 100	1 Ω
		reer	FAX No. >	IUIK,	141 100	
	none No ► 212-378-2800	Ab a 11m	· — — — — — — — — — — — — — — — — — — —			_
	organization does not have an office or place of business			f thus us for	the udeale are	up chock this
_	is for a Group Return, enter the organization's four digit	1				
box 🕨	If it is for part of the group, check this box		ach a list with the names and EINs on ber 15, 2012.	<u>ali membi</u>	ers trie exteris	ion is ior.
	· ·	NOVEIII.		_		
	r calendar year 2011, or other tax year beginning		, and endin	Final r	oturo.	··
6 If ti	he tax year entered in line 5 is for less than 12 months, o	neck reas	on: Initial return	rmai n	eturn	
	Change in accounting period					
	ate in detail why you need the extension N ADDITIONAL EXTENSION OF TI	WE TO	DEING DEGUECMED B	PCATIC	ב חטב א	NINITIA T.
					E IRE A	MNUALI
<u>A</u>	JDIT OF THE FINANCIAL STATEM	FMT2	15 NOT TET COMPLET	<u>.</u>		
	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			^
	nrefundable credits. See instructions.			8a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,	-				
	payments made Include any prior year overpayment al	lowed as	a credit and any amount paid			0
	eviously with Form 8868.			8b	\$	0.
	lance due. Subtract line 8b from line 8a Include your pa	•	th this form, if required, by using			^
EF	TPS (Electronic Federal Tax Payment System) See instr			8c	\$	0.
			st be completed for Part II			
Under per	ialties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f	ling accom	panying schedules and statements, and t	o the best o	it my knowledge	and belief,
	The bear of the first transfer of transfer				. 0 10	17
Signature	Merilain a. 7 Konn Title	CPA		Date	▶ 8.10.	14

Form 8868 (Rev. 1-2012)