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epa	ntment	of the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Rev benefit trust or private foundati		ode (e	xcept blac	k lung	Ope	010 n to Public
-	-	enue Service	The organization may have to use a copy of this return to sat			rting requir	ements.)	pection
•	For th	e 2010 cale		, and e			/31	, 20 1	-
-		if applicable:	C Name of organization CITIZENS FOR STRENGTH AND SECURITY	ACTIO	N FUN	D	D Emplo	oyer identifie	ation number
		is change	Doing Business As CSS ACTION FUND, INC	-				27.0575	the second se
		change	Number and street (or P.O. box if mail is not delivered to street address)	Roo	m/suite		E letepi	none number	
5	initial n		000 POTOMAC ST NW		50	0		202-298-	3232
	Fermin		City or town, state or country, and ZIP + 4						
			VASHINGTON DC 20007					receipts S	13.374,
1	Applica	ition pending	F Name and address of principal officer: JESSICA BRADLEY						
			000 POTOMAC ST NW. STE 500. WASHINGTON DC 20007		_				
	-	empt status:	501(c)(3)	r [] 5	27			a list. (see in	
-		ite: 🕨				H(c) Group		on number 🖡	
-	the second data second			Year of f	ormatio	n: 2009	M Stat	e of legal do	micile: DC
F	rt L								
	1		scribe the organization's mission or most significant activities						
			communications to educate the public about the need for affordable	health	care fo	r all Americ	ans and	to promote	policies
1		that addres	s the economic needs of American families						
I	1.1								
I	2		s box	ore than a	25% of a	ts net assets	1		
	3		f voting members of the governing body (Part VI, line 1a) .		• •	• • •	3		
ł	4	Number of	f independent voting members of the governing body (Part V	/I lines	1b)		4		
- 8					and the second				
	5		ber of individuals employed in calendar year 2010 (Part V, lin		5.		5		
	5 6	Total num	ber of individuals employed in calendar year 2010 (Part V, lin ber of volunteers (estimate if necessary)		Š.	· · ·	5		
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	6 7a b 8 9 10 11 12	Total nurr Total unrel Net unrels Contribut Program s Investmen Other rev Total reve Grants an Benefits p	ber of individuals employed in calendar year 2010 (Part V, lir ber of volunteers (estimate if necessary) lated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T, line 34 ons and grants (Part VIII, line 1h) ervice revenue (Part VIII, line 2g) ti ncome (Part VIII, column (A), lines 3; 4, and 7d) enue (Part VIII, column (A), lines 5; 60, 8c; 9c, 10c, and 11e) nue—add lines 8 through 11 (must exual Part VIII, column (A), d similar amounts paid (Part IX, column (A), lines 1–3) aid to or for members (Part IX, column (A), line 4)	ue 2a)		46	5 6 7a 7b 996.899 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		13,374,1
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Sign Here	Signature of officer Jessica Brain Type or print name and utle	(Ley, Dilactor		Dato / / /	
Paid Preparer	Print/Typo preparer's name	Preparer's signature	Date	Check] if self-employed	PTIN
Use Only	Firm's name		F	irm's EIN ►	
	Firm's address 🕨		- P	hone no.	
May the IRS	discuss this return with the pre	parer shown above? (see instruction	ns)		- Yes No
For Paperwo	rk Reduction Act Notice, see the	separate instructions.	Cat. No. 11282Y		Form 990 (2010)

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	90 (2010) Page
Ρει	III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
` 1	Briefly describe the organization's mission: Citizens for Strength and Security Action Fund uses paid media communications to educate the public about the need for affordable health care for all Americans and to promote policies that address the economic needs of American families
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. 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 \$ 2,251,427 including grants of \$ 1,300,865) (Revenue \$0)
	Coalition-building around health care to demonstrate to Americans that a wide variety of trusted stakeholders were willing to drop usual
	opposing agendas and come together around solutions to solve America's health crisis
	$\overline{\mathcal{A}}$
	\cap γ
41	
4b	(Code:) (Expenses \$ 9,346,151 including grants of \$ 0) (Revenue \$ 0) Nationwide television and radio campaign that illustrated problems in health care, including using cost, and called for action in Washington
	to address the solution
	<u> </u>
	Y
40	(Code:) (Expenses \$1,541,951 including grants of \$0) (Revenue \$0) Nationwide grasstops campaign to build consensus in Washington for action on issues like health care, job creation and trade, and that included outreach via direct mail and phone campaigns
	~
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 86,000 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ► 13,225,529
	Form 990 (2010)

Part	90 (2010) IV Checklist of Required Schedules			Page 3
rart	Checkist of hequied concuses		Yes	No
• 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		~
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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	3	~	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
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? <i>If "Yes," complete Schedule D, Part I.</i>	6		~
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		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		**	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investmentsother securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		~
e f	Did the organization report an amount for other abilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a		1 4 a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		~
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 (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Part	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	~	
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		~
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		~
24 a	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		2
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	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	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or incirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		v v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
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		~
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		~
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		~
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
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		~
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	-	

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Form 99	0 (2010)			Page 5
Part				
	Check if Schedule O contains a response to any question in this Part V	· ·	Yes	No
`1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	4	
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 3b		~
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		V
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	~	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch.	1	
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings 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		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			:
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		-	990)

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	elow	, and	fo
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang			
	O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI		•	.
Sect	on A. Governing Body and Management			
			Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a	1		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <u>1b</u> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?		~	
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		–
Ŭ	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	1	-
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		V
6	Does the organization have members or stockholders?	6		V
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	1		
a	The governing body?	8a	~	<u> </u>
9	Each committee with authority to act on behalf of the governing body?	8 b	~	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode	-
Jeou	on b. Tonoles (mis occubit b requests momation about policies not required by the internal never		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	_	V
b	If "Yes," does the organization have written policies and procedures governing the activities of such			-
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			-
1 2 a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		V
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	10-		
40		12c 13		
13	Does the organization have a written whistleblower policy?	14		V
15	Did the process for determining compensation of the following persons include a review and approval by	-14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		V
	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 taxable entity during the year?	16a		V
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
		16b		
ectio	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only) ava	aD
19	Own website Another's website I Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	inter	act n	olice
13	and financial statements available to the public.	mer	est p	Unc
20	State the name, physical address, and telephone number of the person who possesses the books and records (of the		
	organization:			
	1000 Potomac St NW Ste 500 Washington DC 20007			

Form 990 (2010)

Form 990 (201	IO) Page 7
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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

organization's tax year.
List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	1		(C)			(D)	(E)	(F)
Name and Title	Average	Posit	10 n (0	chec	k all t	that ap	ply)	Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former	compensation from the organization (W ² 2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Jessica Bradley	-	1			X					
Director	1		and a	Y	1 3			0	0	0
(2)Sharon White		En la	100	1						
Director	1 1	-	1	V				0	0	0
(3)	n	C								
(4)	20									
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Form 990 (2010)

Part	VII Section A. Officers, Directors, True	stees, Key	Emplo	oyee	s, a	and	High	est (Compensated	Employees	(contin	ued)		
	(A)	(B)			((C)			(D).	(E)			(F)	
	Name and title	Average hours per week (describe hours for		nstitutional	Officer	Key	that ap Highest	Former	Reportable compensation from the organization	Reportal compensatio related organizati (W-2/1099-I	n from I ons	ama o comp	imated ount of other ensations m the	
		related organizations in Schedule O)	Individual trustee or director	onal trustee		employee	Highest compensated employee		(W-2/1099-MISC)		and		nization related nization	
(17)							u				-			
(18)							_							
(19)														
(28)				-										
(21)												a de		_
(22)						-								
(23)														_
(24)								(
(25)							N.	1	<u> </u>					
(26)						X	12							
(27)			~	í.	$\overline{\mathcal{V}}$									
(28)			5	ater.										
1b	Sub-total			•	•		•		0		0		_	0
c d	Total (add lines 1b and 1c)		AA	•	•	· ·	•		0		0			0
2	Total number of Individuals (including but reportable compensation from the organi	not limited	to th	ose	list	ed a	above	e) wi	ho received mo	ore than \$1	00,000	in		
3	Did the organization list any former of		tor o	r tri	Jste	e, I	kev e	mp	lovee, or high	est compe	nsated		Yes	No
4	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the	Schedule J	for su	ich i	indi	vidu	ial .				• •	3		1
	organization and related organizations individual .	greater that	an \$1	50,0	000	?#	"Yes	s," (complete Sch	edule J fo	r such	4		~
5	Did any person listed on line 1a receive o for services rendered to the organization?	r accrue co ? If "Yes," c	omper ompie	nsat ete S	ion Sch	fron edu	n any de J fe	uni or si	related organization organization organization organization organization organization organization organization	ation or inc	lividual 	5		~
	n B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization.	compensate	ed ind	lepe	ende	ento	contra	acto	ors that receive	d more tha	in \$100	,000 of		
	(A) Name and business add	ress							(B) Description of se	rvices	((C) Compens	ation	
Waterfr	ont Strategies Inc, 1010 Wisconsin Ave NW Ste	800, Washir	ngton (DC 2	2000	7			ia Buys					9,672
	dia Inc, 25 Whitlock Place Ste 201, Marietta G								a Buys					0,150
	the Media Strategies LLC, 32 Court Street Ste 2								munications	at	_			8,853
	luction & Data LLC, 1000 Potomac St NW Ste 5 blic Solutions LLC, 1000 Potomac St NW Ste 5								lition Manageme	n.				0,000
2	Total number of independent contracto received more than \$100,000 in compens	rs (includin	ig but	t no	ot li		ed to			ve) who	•			

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Form **090** (2010)

Form 990 (2010)

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Part	t VIII	Statement of Revenue				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 0	1a	Federated campaigns 1a 0				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b 0				
D Q		Fundraising events 1c 0				
fts, B	C					
ia i	d	Related organizations 1d 0				
n9 mis	e	Government grants (contributions) 1e 0				
ar :	f	All other contributions, gifts, grants,			1.1.1	
ế Đ		and similar amounts not included above 1f 13,374,100				
d b	g	Noncash contributions included in lines 1a-1f: \$0				
Ϋ́ μ	h	Total. Add lines 1a-1f	13,374,100			
ne		Business Code				
ven	2a					
Rei	b					
ioe	С					
er	d					
ε	е	***************************************				
gra	f	All other program service revenue .				
Program Service Revenue	g	Total. Add lines 2a-2f	0		l	1
	3	Investment income (including dividends, interest,				,
		and other similar amounts)				
		Income from investment of tax-exempt bond proceeds		~		
	4		~	()		
	5	Royalties				
				1		
	6a	Gross Rents	NVY			
	b	Less: rental expenses	~ VX			1
	С	Rental income or (loss)				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
	b	assets other than inventory Less: cost or other basis				
		and sales expenses .				
	С	Gain or (loss)		-	-	-
	d	Net gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$				
Ę	Ь	Less: direct expenses b				
0		Net income or (loss) from fundraising events	- 0			
		Gross income from gaming activities. See Part IV, line 19				
	b	Less: direct expenses b			J	
1	С	Net income or (loss) from garning activities	0		-	
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b				
		ALL I ALL ALL ALL ALL ALL ALL ALL ALL AL	0			
ŀ		Miscellaneous Revenue Business Code				
ŀ	11a					
	b					
	c					
	ď	All other revenue				
	-	Total. Add lines 11a–11d	0			,
		Total revenue. See instructions.	13,374,100	0	0	0
	14		13,374,100	0	0	Earm 990 (2010)

Form 990 (2010)

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Page 9

Page 10 Form 990 (2010) 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). (B) Program service (D) Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . 1,300,865 1,300,865 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees): 11 950,563 Management 56.000 а 1,006,563 17,214 b 17,214 Accounting . . . С . đ Lobbying е Professional fundraising services. See Part IV, line 17 f Investment management fees . . . g Other 120,000 120,000 12 Advertising and promotion . 13 Office expenses . . 708 708 14 Information technology 2,500 2,500 15 Royalties 16 Occupancy . . . 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings . 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 86,000 86,000 а Research 604,573 b 604,573 Grasstops Consulting 9,346,151 9,346,151 С Media Buys and Production Expenses d 937,377 Communications 937,377 e f All other expenses Total functional expenses. Add lines 1 through 24f 0 25 13,421,951 13,225,529 196,422 Joint costs. Check here ▶] if following SOP 98-2 (ASC 958-720). Complete this line 26 only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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Form 990 (2010)

	Balance Sheet	(A) Beginning of year		(B) End of year
1.	Cash pap interest bearing		1	
1	Cash—non-interest-bearing	122,631	2	74,79
2	Pledges and grants receivable, net			
4		0	4	
5	Receivables from current and former officers, directors, trustees, key	U	1	
5	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	· ·
6	Receivables from other disqualified persons (as defined under section		5	
0	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)	0	6	
7	Notes and loans receivable, net	0		
8 3		0	-	
9	Prepaid expenses and deferred charges	0	9	
10a		0		
l lua	other basis. Complete Part VI of Schedule D 10a			
Ь		0	10c	
11	Investments-publicly traded securities	0		(
12	Investments – other securities. See Part IV, line 11	0		(
13	Investments program-related. See Part IV, line 11	0		(
14	Intangible assets	0		(
15	Other assets. See Part IV, line 11	0	15	(
16	Total assets. Add lines 1 through 15 (must equal line 34)	122,631		74,779
17	Accounts payable and accrued expenses	0		(
18	Grants payable	0	18	(
19	Deferred revenue	0	19	(
20	Tax-exempt bond liabilities	0	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D .	a	21	(
21 22	Payables to current and former officers, directors, trustees, key			
	employees, highest compensated employees, and disqualified persons.			
i.	Complete Part II of Schedule L	0	22	0
23	Secured mortgages and notes payable to inrelated third parties	C	23	0
24	Unsecured notes and loans payable to unrelated third parties	0	24	0
25	Other liabilities. Complete Part X of Schedule D	0	25	0
26	Total liabilities. Add lines 17 through 25	00	26	0
	Organizations that follow SFAS 117, check here ► _ and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
	Permanently restricted net assets		29	
29				
	Organizations that do not follow SFAS 117, check here ► □ and complete lines 30 through 34.			
29 30	complete lines 30 through 34.	122 631	30	74 779
29 30 31	complete lines 30 through 34. Capital stock or trust principal, or current funds	122,631		
29 30 31 32	complete lines 30 through 34. Capital stock or trust principal, or current funds	122,631	31	0
30	complete lines 30 through 34. Capital stock or trust principal, or current funds		31 32	74,779 0 0 74,779

Form 9	90 (2010)			P	age 12
Par					
	Check if Schedule O contains a response to any question in this Part XI	•	<u>· · ·</u>	<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13.3	74,100
2	Total expenses (must equal Part IX, column (A), line 25)	2			21,951
3	Revenue less expenses. Subtract line 2 from line 1	3			47,851
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			22,631
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-1
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			74,779
Part					
	Check if Schedule O contains a response to any question in this Part XII	•		<u></u>	
				Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🔲 Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain i	in		1
	Schedule O.				. 1
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•			V
b	Were the organization's financial statements audited by an independent accountant?	•	. 2b	<u>با</u>	4
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov		- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account			;	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	plain i	n		
	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yea	-			ł.
ū	issued on a separate basis, consolidated basis, or both:	wei	e		
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	in		·
U.G.	the Single Audit Act and OMB Circular A-133?.	·	. 3a		4
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ao th			
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		З ЗЬ		
			Fc	om 990	(2010)
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THIS IS A COPY OF A LIVE RETURN FROM SMIPS. OFFICIAL USE ONLY. SCHEDULE C **Political Campaign and Lobbying Activities** OMB No. 1545-0047 (Form 990 or 990-EZ) 2010 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. **Open to Public** Department of the Treasury See separate instructions. Inspection Internal Revenue Service if the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations; Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. **Employer identification number** Name of organization CITIZENS FOR STRENGTH AND SECURITY ACTION FUND 27-0575325 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. 1 2 2.859.760 3 Complete if the organization is exempt under section 501(c)(3). Part I-B \$ Enter the amount of any excise tax incurred by the organization under section 4955 1 2 \$ Enter the amount of any excise tax incurred by organization managers under section 4955 . . . • 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? No Yes . Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 2,859,760 2 Enter the amount of the filing organization's funds contributed to other organizations for section 0 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 2,859,760 4 Did the filing organization file Form 1120-POL for this year? ✓ Yes No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2) (3)

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(4)

(5)

(6)

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Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2010

Sched	ule C (Form 990 or 990-EZ) 2010				Page
Part	II-A Complete if the organizati section 501(h)).	on is exempt under section 501	(c)(3) and file	ed Form 5768 (elec	ction under
C	heck \blacktriangleright if the filing organization b	elongs to an affiliated group			
	heck \blacktriangleright if the filing organization c		ol" provisions	apply.	
		bying Expenditures		(a) Filing	(b) Affiliated
		neans amounts paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (grass roots lobbyin	a)		allanti
b	Total lobbying expenditures to influence				
С	Total lobbying expenditures (add lines				
d	Other exempt purpose expenditures .				
е	Total exempt purpose expenditures (ac				
f	Lobbying nontaxable amount. Enter columns.	the amount from the following	table in both		
	If the amount on line 1e, column (a) or (b) i	The lobbying nontaxable amount is	*		
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess ov	er \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess ov	er \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess ove	\$1,500,000.		
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 2				
h	Subtract line 1g from line 1a. If zero or				
i	Subtract line 1f from line 1c. If zero or le				
j	If there is an amount other than zero				Yes II
	reporting section 4911 tax for this year	?	\bigcirc \cdot \cdot \cdot		
	(Some organizations that m	ear Averaging Period Under Secto ade a section 501(h) election do no See the instructions for lines 2a th	t have to com		
	Lobbyin	Expenditures Duing 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007 (b) 2008	(c) 2009	(d) 2010	(e) Total
2 a	Lobbying nontaxable amount	<u> </u>			
b	Lobbying ceiling amount (150% of line 2a, column (e))	7			
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
е	Grassroots ceiling amount (150% of line 2d, column (e))				

Schedule C (Form 990 or 990-IEZ) 2010

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f Grassroots lobbying expenditures

i

	ule C (Form 990 or 990-EZ) 2010			Pag
Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
		(ā	1)	(b)
		Yes	No	Amount
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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			-

ant	Complete if the examination is exampt under costion E01/c)/A) eastion E01	(-)/E) -	-
d	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
С	f "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		

Part III-A	Complete if the organization i	s exempt under section	501(c)(4), se	ction 501(c)(5),	or section
	501(c)(6).		0		

					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		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(i) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2 c	*
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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE C, PART I-A, LINE 1 - Citizens for Strength and Security Action Fund produced and ran an independent paid media campaign

consisting of television advertisements and other public communications to indirectly influence elections in Washington, Delaware, New York and

Schedule C (Form 990 or 990-EZ) 2010

THIS	S IS A COPY OF A LIVE RETURN FROM SMIPS. OF	FICIAL USE ON	LY.
SCHEDULE 0 (Form 990 or 990-EZ)	Supplemental Information to Form 990 o	r 990-EZ	OMB No. 1545-0047
	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional informat		2010
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organization CITIZENS FOR STRENGTH	AND SECURITY ACTION FUND	Employer identifi 27	cation number 7-0575325
FORM 990, PART VI, SECT	ION A, LINE 2 - Officers were employed by the same business entity		
			for Otronoth and
	ION A, LINE 4 - Organization changed its name from Amencans for Stable Qu	Janty Care to Chizens	ior Strength and
Security Action Fund			
FORM 990, PART VI, SECTI	ON B, LINE 11A - 990 Form is distributed to officers for review before submis	Sion	
FORM 990, PART VI, SECTI	ON C, LINE 19 - The organization's governing documents and financial state	ments are not made a	vailable to the public
	<u> </u>		**************************************
FORM 990, PART XI, LINE 5	i - Adjustment for \$1 00 rounding error		
	D 13		
	$\Delta \mathcal{V}$		
	0		
	Y		
			*
For Paperwork Reduction A	act Notice, see the Instructions for Form 990 er 990-EZ. Cat. No. 510	56K Schedule O (F	orm 990 er 990-EZ) (2010)

Form: 990 Page: 2 Line Number: Part III Line 4d 27-0575325

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Conducted extensive research in an effort to achieve the organization's	86,000		
	mission.			

200724470

Form: Schedule I Page: 1 Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Health Care for America Now 1825 K Street NW	75,000	0
	Ste 400		
EIN	Washington, DC 20006 35-2332813	,	
IRC code section	33-2332013		
Method of valuation			
Description of non-			
cash assistance			
	The surpess of this great was to posist Health Carefor		
Purpose of grant	The purpose of this grant was to assist Health Care for America Now in promoting health care reform.		
Name and address	Americans United for Change	100,000	Ċ
Name and address	1015 18th Street NW	100,000	c c
	Ste 204		
	Washington, DC 20036		
EIN	03-0556312	17 - Carlos Carl	
IRC code section	05-0550512		
Method of valuation		XA	
Description of non-		human	
cash assistance			
Purpose of grant	The purpose of this grant was to assist Americans United	Contraction	
	for Change in promoting health care reform.		
Name and address	Economy Forward	175,865	
	3220 N Street NW		
	Number 158		
	Washington, DC 20007		
EIN	27-1970109		
IRC code section			
Method of valuation			
Description of non-			
cash assistance			
Purpose of grant	The purpose of this grant was to assist Economy Forward		
	in promoting health care reform.		

THIS

Form: Schedule I Page: 2 Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	Foundation for Patients' Rights	950,000	C
	1718 M Street NW		
	S107		
	Washington, DC 20036		
EIN	27-0890800		
IRC code section			
Method of valuation	***		
Description of non-			
cash assistance			
Purpose of grant	The purpose of this grant was to assist Foundation for Patients'		
	Rights in promoting health care reform.		
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