# Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

2012
Open to Public Inspection

P	F	or the	2012 calendar year, or tax year beginning and ending					
8	Cr ap	eck if	Public Interest Projects Action Fund,	D	Employer ider	ntificat	ion number	
[		Addre	inc.					
		Name chang	Doing Business As		80-	<u>-044</u>	4461	
ļ		Initial return Termir ated	Number and street (or P 0 box if mail is not delivered to street address)  Room/s  45 West 36th Street, 6th Floor	uite E	Telephone number 212-378-2800			
		Amen		G	Gross receipts \$	-	9,308,000.	
		Applic			(a) Is this a grou	p retur	'n	
		pendir			for affiliates?	•	Yes X No	
			same as C above	н	(b) Are all affiliate:	s include	ed? Yes No	
	Ta	ax-ex	empt status: 501(c)(3)X 501(c) ( 4 ) ◀ (insert no ) 4947(a)(1) or	527	If "No," attac	h a list	. (see instructions)	
	W	ebsit	ne: ▶ n/a		(c) Group exem			
Ľ	Fo	rm of	organization X Corporation	ear of fo	rmation 200	9 m s	tate of legal domicile NY	
L	Pa	rt I	Summary					
	ا يو	1	Briefly describe the organization's mission or most significant activities: Promote	soci	lal welf	are_	and the _	
	Activities & Governance		common good, advance social justice, and adv	ocat	e polic	y re	eform to	
	ا <u>چ</u>	2	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of r	nore tha	an 25% of its ne	et asset		
	١٥	3	Number of voting members of the governing body (Part VI, line 1a)		ļ	3	3	
	<u>ح</u>		Number of independent voting members of the governing body (Part VI, line 1b)			4	3	
	es		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	4	
	ቜ፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟፟		Total number of volunteers (estimate if necessary)			6	3	
	AC		Total unrelated business revenue from Part VIII, column (C), line 12			7a	<u> </u>	
-	-+	b	Net unrelated business taxable income from Form 990-T, line 34		D. i V	7b	<del></del>	
			Outstanding to the Control (Ded VIIII) has 410		Prior Year 3,898,00	<u> </u>	9,292,500.	
2013	ã		Contributions and grants (Part VIII, line 1h)	<b>—</b>	<del></del>	0.	0.	
7	Revenue		Program service revenue (Part VIII, line 2g)	(=)	20,60	* *	15,500.	
7	윤		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1		0.	0.	
<b>=</b>			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1 1	3,918,60		9,308,000.	
ـ ب ليا	$\dashv$				3,743,03	$\overline{}$	10,927,393.	
DE.			Grants and similar amounts paid (Part IX, column (A), lines 1.3)  Benefits paid to or for members (Part IX, column (A), line 4) (1.3)	TET	<del></del>	0.1	0.	
	ایر		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)	1	131,62	6.	184,927.	
SCANNED	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.	
	<u>ĕ</u>		Total fundraising expenses (Part IX, column (D), line 25)		······································		······································	
	ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	····	388,62	2.	374,289.	
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,263,28		11,486,609.	
			Revenue less expenses. Subtract line 18 from line 12		1,655,32	5.	-2,178,609.	
Š	-81				ning of Current Y		End of Year	
40	Fund Balances	20	Total assets (Part X, line 16)		5,173,28		2,833,283.	
V	9		Total liabilities (Part X, line 26)		476,31	8.	314,926.	
Ž	딆		Net assets or fund balances Subtract line 21 from line 20	4	1,696,96	6.	2,518,357.	
		rt II	Signature Block				<del> </del>	
ī	Inde	r pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules and st	atement	s, and to the best	of my kı	nowledge and belief, it is	
<u>t</u>	'nθ,	correc	ct, and complete, Declaration of preparer (other than officer) is based on all information of which pre	parer has	s any knowledge			
			suta Colo		11-12-	<u>-13</u>		
8	ign	l	Signature of officer		Date			
H	lere	•	Berta Colon, President					
_			Type or print name and title	T Data	100		PTIN	
			Print/Type preparer's name Probarer's signature (PC	Date	Q 20111€	k [		
	aid			OV 0	8 2013 <sub>tte</sub>		№00706145 13-2060851	
		arer	Firm's name Owen J Flanagan & Co		Firm's EIN	<u> </u>	13-2000031	
ι	ise (	Only	Firm's address 60 East 42nd Street		Dhono no	211	2-682-2783	
-			New York, NY 10165		j enone no.			
<u> </u>	/lay	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No	

Form	990 (2012) Inc. 80-0444	<u>461</u>	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u> _
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			i
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			, v
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	116		<del> </del>
a	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	11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate or consolidated inhancial statements for the tax year incided a footnets that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	<del> </del>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			U
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del>	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	(2012)

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Form 990 (2012) Inc.

Part IV Checklist of Required Schedules (continued) 80-0444461

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			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,			
	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_	<u> </u>
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			١,,
	Schedule K. If "No", go to line 25	24a		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<del> </del>
	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-		X
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		<del></del>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	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			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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
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 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			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١,,
	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			<sub>U</sub>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		<del>  ^</del>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del></del>	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

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Par				-3
	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			
¢	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,			
	iled for the calendar year ending with or within the year covered by this return 2a 4			
b	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	inancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	f "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.	l		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	f "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		-
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		v	
	any contributions that were not tax deductible as charitable contributions?	6a	X	
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		v	
	were not tax deductible?	6b	X	.,
	Organizations that may receive deductible contributions under section 170(c).	7.		İ
	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? f "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
	to file Form 8282?	7c		
	f "Yes," indicate the number of Forms 8282 filed during the year	~		
	Oid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	:	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	f 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.			
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		
10	Section 501(c)(7) organizations. Enter:	į		İ
а	nitiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ı		İ
	Section 501(c)(12) organizations. Enter:	ì		
а	Gross income from members or shareholders	ļ		
	Gross income from other sources (Do not net amounts due or paid to other sources against			İ
	amounts due or received from them.)			İ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	•		į
	Section 501 (c)(29) qualified nonprofit health insurance issuers.	12-		<del></del>
	s 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.	ļ		İ
	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	Į		į
	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  136	1		İ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
<u></u> _	the state of the s		990	(2012)

Form 990 (2012)

Inc.

80-0444461

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

	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,	3		
	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				
ь	Enter the number of voting members included in line 1a, above, who are independent	<u></u>	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi	th any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties customarily performed by or under the difference of the control over management duties are control over management duties.	rect supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets	?	5		X
6	Did the organization have members or stockholders?		6_		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	nt one or			
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	kholders, or			v
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following		v	
	The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reache	d at the	9		Х
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	oue Code I	1 8		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.j		Yes	No
100	Did the ergosization have lead chapters, branches, or offiliates?		10a	163	X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapt	tere affiliates	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	iers, armates,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be	efore filing the form?	11a	Х	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
12a			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c	conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	X	<u></u>
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?				
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b	ļ	X
	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	t with a		•	v
	taxable entity during the year?		16a		X
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's	405	•	1
	exempt status with respect to such arrangements?		16b	<u> </u>	
	tion C. Disclosure				
17	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 (Se	ection 501/c)/3\e only	) availah		
18	for public inspection. Indicate how you made these available. Check all that apply.	scholl so racyays offly	, availat	ne.	
	Own website Another's website X Upon request Other (explain in S	Schedule (O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict		and finar	ncial	
	statements available to the public during the tax year.			1	
20	State the name, physical address, and telephone number of the person who possesses the books and r	ecords of the organiz	zation:	•	
_•	The Organization - 212-378-2800				
	45 West 36th Street, 6th Floor, New York, NY 10018				
23200				990	(2012)

12-10-12

Part VII Comp	ensation of Officers	Directors 1	Trustees Key	Employees	Highest Co	mnensated	
Form 990 (2012)	Inc.					80-04444	6
	. Public	Interest	Projects	Action	Fund,		

	•	•			-	•	_	•			
Employees, and Independent	ndent Cont	ractors									
Check if Schedule O contains a	reconnecto a	ny augetian in	thic Da	or 1/11						Г	_

## 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) Name and Title	(B) Average hours per week	Position (do not check more than or box, unless person is both officer and a director/truste					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Indiwdual trustee or director	Institutional trustee	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 Board Chair	1.00	v		X				0.	0.	0
(2) Susan Stamler	1.00	A	-	Α.	_			0.	<u> </u>	
Secretary/Treasurer	1.00	x		Х				0.	0.	0
(3) Gina Kim	1.00	<u></u>		<u> </u>		<u> </u>				
ice Chair	1.00	X		Х				0.	0.	0
(4) Berta Colon	15.00									
President	26.00	1		Х				90,836.	150,382.	25,755
5) Michele Lord	1.00									
President	40.00	L		Х		<u> </u>		0.	241,218.	31,051
			_							

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Part VII Section A. Officers, Directors, Tru		ploy	ees			ghe	st C						
(A) Name and title	(B) Average		not c	Pos heck		than		(D) Reportable	(E) Reportable		_	(F) timate	
	hours per week					s bot or/trus		compensation from	compensatio from related			ount o	Oī
	(list any	acto						the	organization			pensa	
	hours for related	ordir	18			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		om the anızatı	
	organizations	truste	al trus		85	mber		(VV-2/1099-WIGO)		1	-	d relat	
	below	Individual trustee or director	Institutional trustæ	8	Key employee	Highest compensated employee	Former				orga	ınızatı	ons
·	line)	를	₹	Office	흋	골	Ğ						
	-	1			l								
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		1											
1b Sub-total	<u> </u>		<del></del>	L		<b></b>		90,836.	391,60	00.	5	6,8	06.
c Total from continuation sheets to Part	/II, Section A					$\blacktriangleright$		0.		0.			0.
d Total (add lines 1b and 1c)						<u> </u>		90,836.	391,6		5	6,8	06.
2 Total number of individuals (including but	not limited to the	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportab	le			0
compensation from the organization											·····I	Yes	No
3 Did the organization list any former office	r. director, or tri	uste	e. ke	ev ei	mplo	ovee	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for			<b>0,</b>	, .,		,,	,				3		Х
4 For any individual listed on line 1a, is the			omp	ens	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$1											4	X	
5 Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services	i	_		v
rendered to the organization? If "Yes," co Section B. Independent Contractors	mplete Schedu	le J	for s	<u>uch</u>	per	son					5_		X
Complete this table for your five highest of	ompensated in	den	ende	ent o	cont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	· · ·
the organization. Report compensation for													
(A)								(B)			(C		
Name and busines	s address	N	ON	Ē			_	Description of s	services		ompe	nsatio	n
2 Total number of independent contractors	(including but r	not I	mite	d to	the	se li	ster	d above) who received n	nore than				
\$100,000 of compensation from the organ						0							
											Form	990 (	2012)

_		_	
_	11	$\overline{}$	

Pa	t V					. Also Book VIII			
	.,	•	Check if Schedule O cont	ains a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
S, C		С	Fundraising events	1c					
la r		d	Related organizations	1d		]			
, S. E.		е	Government grants (contribut	ions) 1e		]			
i Si		f	All other contributions, gifts, gran						
혈美			similar amounts not included abo	ve <b>1f</b> 9 ,	.292,500.				
ξg		g	Noncash contributions included in lines	1a-1f \$					
<u>a č</u>		h	Total. Add lines 1a-1f		<del></del>	9,292,500.			
					Business Code				
ice	2	а	<del></del>						<u> </u>
er Le		b							<del>                                     </del>
m S		С							<del> </del>
gra Re		d			ļ				
Program Service Revenue		e	All al						
_		f ~	All other program service reverse Total. Add lines 2a-2f	enue	<b>—</b>				
_	3	9	Investment income (including	dividende inter		<del></del>			
	3		other similar amounts)	dividends, inter	<b>►</b>	15,500.			15,500.
	4		Income from investment of ta	x-exempt bond	proceeds >				
	5		Royalties	on on only it of the	<b>&gt;</b>				
			· · · · · · · · · · · · · · · · · · ·	(i) Real	(II) Personal				
	6	а	Gross rents						
		b	Less: rental expenses			]			
		С	Rental income or (loss)			]			
		d			<b>&gt;</b>				
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses		<u> </u>	_			
		C	Gain or (loss)		<u> </u>	_			
		d	Net gain or (loss)		<u> </u>				_
Other Revenue	8	а	Gross income from fundraisin including \$						
ě			contributions reported on line	1c). See					
e			Part IV, line 18	•	9	_[			
퇻			Less: direct expenses		ــــــا۰				
	l .		Net income or (loss) from fun-						
	9	а	Gross income from gaming a						
			Part IV, line 19		•	-{			
			Less: direct expenses		·	╡		ξ 	
	1		Net income or (loss) from gar Gross sales of inventory, less						
	טי	a	and allowances		a				
7		h	Less cost of goods sold		<u></u>				
			Net income or (loss) from sale		<b></b>	₹			
		<u> </u>	Miscellaneous Revenu		Business Code	9			
	11	а							
		b							
		C							
		d	All other revenue			ļ <u>.</u>	<u> </u>		
		е	Total. Add lines 11a-11d		<b>&gt;</b>	0.000.000			15 500
5000	12		Total revenue. See instructions	<del></del>		9,308,000.	0.	0	
23200 12-10	-12								Form <b>990</b> (2012)

Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	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				
	organizations in the United States See Part IV, line 21	10,927,393.	10,927,393.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16			·······	1'street and ' 1'1
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	102 407	90,889.		11 500
	trustees, and key employees	102,487.	90,009.		11,598
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	70,098.	62,185.		7,913
7 8	Other salaries and wages	10,030.	02,103.		1,313
0	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,842.	5,168.		674
10	Payroll taxes	6,500.	5,731.		769
1	Fees for services (non-employees):	0,300.	3,731.		, 05
a	Management				
ь	Legal	10,000.	10,000.		
c	Accounting	6,684.	157.	6,500.	27
d	Lobbying				-
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	· · · · · · · · · · · · · · · · · · ·			
·g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O)	154,230.	154,230.		
2	Advertising and promotion				
13	Office expenses	16,689.	15,022.	1,158.	509
4	Information technology	962.	891.		71
5	Royalties				
6	Occupancy	10,665.	9,126.		1,539
7	Travel	17,173.	14,054.	2,267.	852
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,258.	3,221.		37
20	Interest				
11	Payments to affiliates				
22	Depreciation, depletion, and amortization	105			
3	Insurance	105.	90.		15
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule O) Administrative fees	153,559.		153,559.	I I I I I I I I I I I I I I I I I I I
h	Miscellaneous	964.	557.	313.	94
c		2011	55,6		
ď					
e	All other expenses				
:5	Total functional expenses. Add lines 1 through 24e	11,486,609.	11,298,714.	163,797.	24,098
6	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,			
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here   If following SOP 98-2 (ASC 958-720)				

Form **990** (2012)

Form 990 (2012)

Inc.

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) End of year Beginning of year 109,498. 93,909. 1 Cash - non-interest-bearing 2,673,737. 4,826,828. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 50,000. 252,499. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net Inventories for sale or use 8 48. 48. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b 10c **b** Less: accumulated depreciation 11 Investments - publicly traded securities 11 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 Other assets. See Part IV, line 11 15 2,833,283. 5,173,284. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 376,318. 314,926 17 Accounts payable and accrued expenses 17 100,000. 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 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 314,926. 476,318. 26 Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -64,383.-68,948.27 27 Unrestricted net assets 2,582,740. 4,765,914. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 2,518,357. 2,833,283. 4,696,966. 5,173,284. 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances

Form **990** (2012)

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)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization

Public Interest Projects Action Fund,

Employer identification number 80-0444461

Par	Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	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 w	viting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac	<u> </u>	e used only
Ţ	for charitable purposes and not for the benefit of the donor or	• •	-
	Impermissible private benefit?	company of the arry of the perpendicular	Yes No
Par		anization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Treservation of a se	Tanad Matana at datara
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	n of a conservation easement on the last
~	· · · · · · · · · · · · · · · · · · ·	ed conservation contribution in the form	Tota conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a			2b
þ	Total acreage restricted by conservation easements	inture included in (a)	2c
C	Number of conservation easements on a certified historic stru	• •	<del></del>
d	Number of conservation easements included in (c) acquired a	inter o/ 17/00, and not on a historic struc	2d
•	listed in the National Register	and and an annual and an annual and but the	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	le organization during the tax
4	year ▶ Number of states where property subject to conservation eas	noment is located	
4			; •
5	Does the organization have a written policy regarding the peri- violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
0	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conservation	on aggements in its revenue and expens	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion s intariciai statements that describe.	s the organization's accounting to
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
12	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art.
10	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		and of pashe derives, provides, in a committee
<b>h</b>	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	research in fartherance of p	ubilo sel vice, provide the leneving amount
	•		<b>&gt;</b> \$
	(i) Revenues included in Form 990, Part VIII, line 1		<b>s</b>
^	(ii) Assets included in Form 990, Part X	nourse, or other similar assets for finance	
2	If the organization received or held works of art, historical trea		iai gaiii, piovide
	the following amounts required to be reported under SFAS 11	to (NOC 300) relating to these items:	▶ €
a	Revenues included in Form 990, Part VIII, line 1		<b>-</b>
ь	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

art VII Investments - Other Securities. See	(b) Book value		luation Cost or end-of-y	rear market value
Financial derivatives	(b) DOOK Value	(c) Method of Va	addition Gost of Gho-ory	TOUR THURSE VALUE
Closely-held equity interests			<del></del>	<del></del>
Other				-
	<del>-</del> ·		<del></del>	
(A)	<del></del>			
(B)	<del></del>			
(C)	<del> </del>			
(D)				
(E)				
(F)				
(G)				
(H)				
		, , , , , , , , , , , , , , , , , , , ,	******* **** ***	· · · · · · · · · · · · · · · · · · ·
al (Col (b) must equal Form 990, Part X, col (B) line 12 )			<del></del>	<del></del>
art VIII Investments - Program Related. Se		ne 13.	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method of va	aluation: Cost or end-of-y	year market value
(1)				
(2)				
(3)				
(4)	*			
(5)				
(6)				
(7)				
(8)				
(9)				
10)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	• •			
Part IX Other Assets. See Form 990, Part X, line	15			
· · · · · · · · · · · · · · · · · · ·	Description	· <del></del>		(b) Book value
		- <del></del>		(0) 20011 10110
(1)				
(2)				<del></del>
(3)				
(4)		-		
(5)				
(6)				<del></del>
(7)				
(8)		····································		
(9)				
10)				
tal. (Column (b) must equal Form 990, Part X, col. (B) line				
art X Other Liabilities. See Form 990, Part X, II	ne 25.		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	l I			
(9)				
(9) (10)				
(9)	(25.)			

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Schedule D (Form 990) 2012

Public Interest Projects Action Fund, 80-0444461 Inc. Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 9,308,000. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 9,308,000. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 308,000. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 11,486,609. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 11,486,609. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4h c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, lines 1b and 2 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part X, Line 2: The organization did not take any uncertain tax positions that would require financial statement recognition.

Schedule D (Form 990) 2012

SCHEDULEI (Form 990)

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

Open to Public Inspection OMB No 1545-0047 2012

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of	Department of the Treasury Department of the Complete of the Organization answered "Yes" to Form 990, Part IV, line 21 of 22.	Open to Public
Internal Reve	Internal Revenue Service Attach to Form 990.	Inspection
Name of t	Name of the organization Public Interest Projects Action Fund,	Employer identification numbe
	Inc.	80-0444461
Part	Part i General Information on Grants and Assistance	•
1 Doe	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	
cut	criteria used to award the grants 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part#

1 (a) Name and address of organization or government	( <b>p)</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
9 To 5 National Association of Working Women - 655 Broaway - Denver, CO 80203	52-1201710	501 (c) 4	195,000	.0			Program Grant
Action North Carolina 5500 Executive Center Drive Charlotte, NC 28212	27-2050581	501 (c) 4	150,000.	0			Program Grant
Afro World Enterprises, Ltd. 275 W. Wisconsin Avenue Milwaukee WI 53203	39-1422633	501 (c) 3	40,000	0			Program Grant
Alliance of Local Leaders for Education Registration & Turnout - 4801 Exposition Blvd Los Angeles CA 90016	74-3064220	501 (c) 4	225,000.	0			Program Grant
America Votes Education and Action Fund - 1155 Connecticut Avenue NW - Washington, DC 20036	26-4568349	501 (c) 4	200,000.	0			Program Grant
American Civil Liberties Union, Inc 125 Broad Street - New York, NY 10004	13-3871360	501 (c) 4	170,000.	0.			Program Grant
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government o	rganizations listed in th	e line 1 table				.62

232101 12-18-12

3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>a</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
Asian Pacific Environmental Network Action - 310 8th Street - Oakland, CA 94607	45-4027112	501 (c) 4	150,000.	0			Program Grant
Beloved Community Center Of Greensboro, Inc P.O. Box 875 - Greensboro, NC 27402	56-1877250	501 (c) 3	75,000.	0.			Program Grant
Blueprint NC 2912 Highwoods Blvd. Raleigh, NC 27604	27-2459538	501 (c) 3	200,000.	0.			Program Grant
Campaign for Community Change 1536 U Street NW Washington, DC 20009	27-0061100	501 (c) 4	300,000.	.0			Program Grant
Center For Civic Action 1536 U Street NW Washington, DC 20009	02-0779812	501 (c) 4	428,800.	0			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 Civic Engagement Roundtable - P.O. Box 1620 - Denver, CO 80201	02-0758897	501 (c) 3	260,000.	0.			Program Grant
Colorado Immigrant Rights Coalition - 2525 W. Alameda Avenue - Denver, CO 80219	73-1675486	501 (c) 3	250,000.	0.			Program Grant
Colorado Immigrant Rights Coalition Action Fund - 2525 W.							

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Schedule I (Form 990) InC.	<b>.</b>							80-044446	1 Page
Part # Continuation of Grants and Other Assistance to Governments an	is and Other A	ssistance to Gov	9	nizations in the Ur	nited States (Sche	rganizations in the United States (Schedule I (Form 990), Part II.	(:11		
	,								
7	4,								

(a) Name and address of (b) EIN (c) IRC section organization or government (f) Method of fook, FMV, assistance (book, FMV, appraisal, other)	(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
Colorado Organization for Latina Opportunity & Reproductive Right - P.O. Box 40991 - Denver, CO 80204	84-1569021	501 (c) 3	.000,21	0			Program Grant
Colorado Progressive Action 1029 Santa Fe Drive Denver, CO 80204	27-0030839	501 (c) 3	100,000.	.0			Program Grant
ColorOfChange.org 2150 Allston Way Berkeley, CA 94609	20-4496889	501 (c) 4	350,000.	0			Program Grant
Democracy North Carolina 1821 Green Street Durham, NC 27705	56-2271150	501 (c) 3	150,000.	o			Program Grant
El Centro De Igualdad Y Derechos 714 4th Street SW Albuquerque, NM 87102	26-4675255	501 (c) 3	125,000.	o			Program Grant
Engage Texas 503 Walsh Street Austin, TX 78703	27-2929547	501 (c) 4	250,000.	0			Program Grant
Equality Maine 550 Forest Avenue Portland, ME 04101	01-0491854	501 (c) 4	.000,09	0			Program Grant
Florida Alliance of Planned Parenthood Affiliates, Inc., - 736 Central Avenue - Sarasota, FL 34236	59-3142119	501 (c) 4	.000,27	0			Program Grant
Florida New Majority 8330 Biscayne Blvd. Miami, FL 33138	27-0167620	501 (c) 4	400,000.	0			Program Grant Schedule I (Form 990)
							Schedule i (Form 890)

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(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
Georgia Conservation Voters 175 Trinity Avenue							
Atlanta, GA 30303	11-3399458	501 (c) 4	75,000.	0	,		Program Grant
	20-3060988	501 (c) 3	75,000.	0			Program Grant
	45-3279620	501 (c) 4	150,000.	0.			Program Grant
Kentuckians for the Commonwealth P.O. Box 1450 London KY 40743	61-1015576	501 (c) 4	150,000.	0			Program Grant
Latin American Coalition 4938 Central Avenue Charlotte, NC 28205	58-1945776	501 (c) 3	150,000.	0.			Program Grant
League of Independent Voters 142 High Street Portland, ME 04101	33-1075044	501 (c) 4	40,000.	0.			Program Grant
League of Young Voters Education Fund - 540 President Street - Brooklyn, NY 11215	76-0744153	501 (c) 3	.000,08	0.			Program Grant
Maine People's Alliance 565 Congress Street Portland, ME 04101	01-0383493	501 (c) 4	150,000.	0			Program Grant
Maine People's Resource Center 565 Congress Street Portland, ME 04101	22-2586108	501 (c) 3	100,000.	0			Program Grant

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(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
Make The Road New York 301 Grove Street Brooklyn, NY 11237	11-3344389	501 (c) 4	75,000.	.0			Program Grant
Mi Familia Vota 1450 E. Indian School Road Phoenix, AZ 85014	81-0668995		400,000.	0.0			Program Grant
	64-6025998	501 (c) 4	200,000.	0			Program Grant
Missouri Jobs with Justice 2725 Clifton Avenue St. Louis, MO 63139	43-1864844	501 (c) 3	75,000.	.0			Program Grant
Mobilize the Immigrant Vote Action Fund - 436 14th Street - Oakland, CA 94612	45-4091853	501 (c) 4	200,000.	*0			Program Grant
Movement Strategy Center Action Fund - 436 14th Streetr - Oakland, CA 94612	14-1996986	501 (c) 4	75,000.	0			Program Grant
NAACP 4805 Mt. Hope Drive Baltimore, MD 21215	13-1084135	501 (c) 3	150,000.	•0			Program Grant
National Economic & Social Rights Initiative - 90 John Street - New York, NY 10038	73-1714118	501 (c) 3	142,293.	0.			Program Grant
NC NAACP P.O. Box 335	56-1452283	501 (c) 4	150 000				Program Grant

Schedule I (Form 990) Inc.	11 2222	Table Bassis	on tanal			8	80-044461 Page 1
Part II Continuation of Grants and Other Assistance to Governments	Assistance to Go		nizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)	1 II.)	
(a) Name and address of organization or government	( <b>b</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
Needmor Fund 42 South St. Clair Street Toledo, OH 43604	34-6504812	501 (c) 3	100,000	0.			Program Grant
Nevada Advocates for Planned Parenthood Affiliates - 550 W. Plumb Lane - Reno, NV 89509	74-3234716	501 (c) 4	150,000.	0.			Program Grant
New Mexico New Majority 211 10th Street SW Albuquerque, NM 87102	45-3080080	501 (c) 4	200,000.	0			Program Grant
North Carolina Futures Action Fund P.O. Box 40010	45-0609320	501 (c) 4	100,000	0.			Program Grant
Ohio Organizing Campaign 35 E. Gay Street Columbus, OH 43215	26-3064170	501 (c) 4	350,000	.0			Program Grant
'' '' ''	45-4434103	501 (c) 4	200,000	0.0			Program Grant
	94-2206497	501 (c) 3	100,000	0			Program Grant
Planned Parenthood Action Fund, Inc 434 W. 33rd Street - New York, NY 10001	13-3539048	501 (c) 4	100,000	0			Program Grant
Planned Parenthood Advocates Of Virginia - 201 N. Hamilton Street - Richmond, VA 23221	54-1186756	501 (c) 4	150,000.	0		ì	Program Grant
							Schedule I (Form 990)

Schedule I (Form 990) InC.		ביים ביים	, nun 1				80-0444461 Page 1	ΨI
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule   (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Ur	inted States (Sche	Jule I (Form 990), Par	() 		ı
(a) Name and address of organization or government	( <b>b</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	ı
Planned Parenthood Advocates of				-				•
Wisconsin - 302 N. Jackson Street								
- Milwaukee, WI 53202	39-1678012	501 (c) 4	100,000.	0.			Program Grant	
Morth 7424								
Greenville Avenue - Dailas, 1A 75231	76-2918374	501 (c) 4	150,000.	0.			Program Grant	ı
Progressive Leadership Alliance Of Nevada - 821 Riverside Drive - Reno, NV 89503	88-0318655	501 (c) 3	100,000.				Program Grant	
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82 Wall Street	1160915 05	100	75 000	c			Orcord Trust	
New YORK, NI LUUCO	T/060TC-07	* (2) TOG	.000/6/				Troff markets	ı
ProgressNow Nevada Action 708 S. Sixth Street Las Vegas, NV 89101	27-0854852	501 (c) 4	.000,000	0			Program Grant	1
Public Interest Projects, Inc. 45 W 36th Street								
New York, NY 10018	13-3191113	501 (c) 3	457,500.	0.			Program Grant	ļ
Rights for all People 1400 Dayton Street			;	•				
Aurora, CO 80010	84-1599036	501 (c) 3	20,000.	0			Program Grant	1
Social Justice Pund NW 603 Stewart Street Seattle, WA 98101	91-1036971	501 (c) 3	100,000.	0			Program Grant	1
Somali Action Alliance, Inc. 2525 E Franklin Avenue			6	c			Oroceram Grant	
	21.00.00-02	1					Schedule I (Form 990)	16

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Public Interest Projects Schedule (Form 990) Inc.	terest Pr	ojects Action	on Fund,			8	80-0444461 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 Ur	nited States (Sche	dule I (Form 990), Par	t II.)	
(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
Somos Un Pueblo Unido 1804 Espinacitas Street Santa Fe, NM 87505	20-4216836	501 (c) 3	125,000.	0			Program Grant
Southwest Public Workers Union, Inc 1416 East Commerce - San Antonio, TX 78283	74-2657749	501 (c) 4	75,000.	0			Program Grant
Take Action Minnesota 705 Raymond Avenue St. Paul, MN 55114	20-3338691	501 (c) 4	90,000.	0			Program Grant
Texas Organizing Project 2955 Gulf Fyw Houston, TX 77003	27-1481855	501 (c) 4	150,000.	0			Program Grant
Virginia New Majority 6397 Little River Turnpike Alexandria, VA 22311	26-1377619	501 (c) 4	250,000.	0			Program Grant
Virginia Organizing, Inc. 703 Concord Avenue Charlottesville, VA 22903	54-1674992	501 (c) 3	150,000.	0			Program Grant
Wellstone Action 2446 University Avenue Saint Paul, MN 55114	33-1041433	501 (c) 4	200,000.	0			Program Grant
Western Organization of Resource Councils - 220 South 27th Street - Billings, MT 59101	45-0356819	501 (c) 4	50,000.	0			Program Grant
Western States Strategies 310 S.W. 4th Avenue Portland, OR 97204	93-1316666	501 (c) 4	150,000.	0			Program Grant

Schedule I (Form 990)

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Schedule (Form 990) LDC. Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II.)		80-044461 Page 1
(a) Name and address of organization or government	<b>(9)</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
Win Win Action 1402 3rd Avenue Seattle, WA 98101	26-3921408	501 (c) 4	100,000.	0			Program Grant
Young Women United P.O. Box 8490 Albuquerque, NM 87198	85-0481224	501 (c) 3	75,000.	0			Program Grant
					,		
							Schedule I (Form 990)

Page 2

Inc.

80-0444461 Schedule I (Form 990) (2012) InC.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
			·		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information	n required in Part I, I	lne 2, Part III, colum	(b), and any other additional inf	ormation.
Schedule I, Part I, Line 2: All grantees		re require	d to submi	are required to submit a report at	
the end of their grant period detailing how the grant funds were	iling ho	w the gran	t funds we	re spent and	
the progress of the project.					

232102 12-18-12

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

# **Compensation Information**

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

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

OMR No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions. Public Interest Projects Action Fund,

Inc.

**Employer identification number** 80-0444461

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			ĺ
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			ĺ
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			•
	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:		•	
а	Receive a severance payment or change-of-control payment?	4a	[	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			,
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		Х
-	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
-	contingent on the net earnings of:			
а	The organization?	6a		X
ь	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	<u> </u>	<u> </u>

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

80-044461

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

For each Individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	· ·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denemis	(a)-(i)(a)	reported as deterred in prior Form 990
(1) Berta Colon	8	90,836.	0	0				0
President	€	150,38	0	0	4,526.	9,57	164,48	
(2) Michele Lord	ε		0	0				
President	<b>E</b>	241,21	0.	0	7,236.	23,815.	272,269.	0
	ε							
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## SCHEDULE O (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.

2012 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 \$ 50,000. including grants of \$ 0. 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.

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships Public Interest Projects Action Fund, Inc. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

OMB No 1545-0047

Direct controlling entity

End-of-year assets <u>e</u>

Total income

Legal domicile (state or foreign country)

Primary activity

Name, address, and EIN (if applicable)

of disregarded entity

€

2012 Open to Public Inspection Employer identification number 80-0444461 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part

Part II	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	itions (Complete if the organization	f the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	ecause it had one or	more related tax-exem	npt	
	(e)	(q)	(၁)	(P)	(e)	<b>(</b> )	(6)	2/2/12
	Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 3.	z(c) Yoʻz
	of related organization		foreign country)	section	status (if section	entity	entity?	U
					501(c)(3))		Yes	No
Public	Public Interest Projects, Inc 13-3191113	Promote a vision of						
45 West	45 West 36th Street	society ensuring social						
New Yor	New York, NY 10018	justice, dignity and	New York	501(c)3	LINE 7			×
		-						
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For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.		•		Schedule R (Form 990) 2012	Form 990	) 2012

For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part VII for Continuations

232161 12-10-12 LHA

Schedule R (Form 990) 2012 InC.

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.) Part III

Page 2

80-0444461

General or Percentage managing ownership Schedule R (Form 990) 2012 (i) Section 512(b)(13) controlled entity? Yes 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.) Percentage ownership Yes Ξ Code V-UBI amount in box n 20 of Schedule J K-1 (Form 1065) Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes Ξ Share of total Income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) e Share of total Income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) O Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part IV

80-044461 Page 3

Yes No

Schedule R (Form 990) 2012 InC.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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nization answered "Yes" to Form 990, Part IV, line	
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<b>ions</b> (Complete If	
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ransactions With Related Or	
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Sug	
Transactions	
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Part V	
Ω.	

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-1V?	is with one or more re	elated organizations listed	in Parts II-1V?		•	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		•		1a	×	
<b>b</b> Giff, grant, or capital contribution to related organization(s)				<b>1</b>	×	Ė
c Gift, grant, or capital contribution from related organization(s)				10	×	ا۔
d Loans or loan guarantees to or for related organization(s)				1d	×	اً .
e Loans or loan guarantees by related organization(s)				<u>-</u>	×	l
f Dividends from related organization(s)				=	<u>×</u>	
a Sale of assets to related organization(s)				2	×	٦
				ŧ	×	١.,
				<b>;</b>	×	ر ال
				Ţ	<b>×</b>	۱.
Lease of facilities, equipment, of other assets to related organization(s)				=	ς 	
k Lease of facilities, equipment, or other assets from related organization(s)				¥ :	××	.ا.
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			= 1	۲ >	ا
m Performance of services of membership of formaling solicitations by related organization(s)  n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	inization(s) ion(s)			+	╁	
Sharing of paid employees with related organization(s)				10	×	ادا
					×	I,
<ul> <li>A Reimbursement paid by related organization(s) for expenses</li> </ul>				Б	<b>٩</b>	
<ul> <li>Other transfer of cash or property to related organization(s)</li> <li>Other transfer of cash or property from related organization(s)</li> </ul>				- °	××	المالم
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 the	ils line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		1
(1) Public Interest Projects, Inc.	×	153,559.				1
@ Public Interest Projects, Inc.	Ц	231,699.				1
(3) Public Interest Projects, Inc.	В	457,500.				1
(4)				:		l
(5)						- 1
(9)						- 1
232163 12-10-12	36		Schedule	Schedule R (Form 990) 2012	90) 20-	2

Page 4

80-044461

Inc. Schedule R (Form 990) 2012

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.

•	age Jip	.				I				1	712
3	Dispropor Code V-UBI General or Percentage toorate amount in box 20 managing ownership			i							Schedule R (Form 990) 2012
s	neral or Finaging	Yes No									(Form
	1 Ger 20 ma 6-1 pa	) Ye									ule R
Ξ	le V-UB	m 1065		•							Sched
	amonin Service	For									
ε	Ispropor- tionate locations?	Yes No	<u>.</u>								
								-			
(6)	Share of end-of-year	assets									
ľ	Sha	as				:					
	e of	Income									
£	Share of total	DOC.									
-	_ නිල <sub>්</sub>	9	<u>.</u>								
(e)	Partners sec 501(c)(3) orgs?	Yes									
	Predominant income paries sec (related, unrelated, outs?)	2-514)									
©	mant in 3, unrel	tion 51									
	redom (relate	der se									
	e E	<u> </u>					<u> </u>	-	<u> </u>		
(2)	domic or fore	country)									
	Legal domicile (state or foreign	ខ្ល						ļ			
(a) (b) (c) (d)											
,	stivity										
3	Primary activity										
	Prin			1							
		_									
	_										
	nd EiN										
(a)	Name, address, and EiN of entity										
	, addr of e										
	Name										
										I  I  I  I	

Form 8868 (Rev 1-2013)					Page 2				
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this	box		▶ X				
Note. Only complete Part II if you have already been granted an a				868	•				
<ul> <li>If you are filing for an Automatic 3-Month Extension, complet</li> </ul>									
Part II Additional (Not Automatic) 3-Month Ex			al (no co	pies neede	ed).				
		<del></del>			instructions				
Type or Name of exempt organization or other filer, see instructions Employer identification number (									
print Public Interest Projects Act		,							
File by the Inc.		80-0444461							
Number, street, and room or suite no If a P O. box, se	ee instruct	tions	Social sec	curity number (					
return See 45 West 36th Street, 6th Flo		,	000.0.	, amy 110	,00,				
instructions City, town or post office, state, and ZIP code For a fo		ress see instructions							
New York, NY 10018	neigh add	1633, 300 1131100110113							
Mew IOIR, NI IOOIO			· · · · · · · · · · · · · · · · · · ·						
Enter the Return code for the return that this application is for (file	o conord	to application for each return)			0 1				
Enter the neturn code for the return that this application is for the	a separa	te application for each return,							
Application Return Application									
Application	1	Application			Return				
Is For	Code	Is For	<del>.</del>	<del></del>	Code				
Form 990 or Form 990-EZ	01	5 1011 A			08				
Form 990-BL	02	Form 1041-A							
Form 4720 (individual)	03	Form 4720			10				
Form 990-PF	04	Form 5227							
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11						
Form 990-T (trust other than above)	06	Form 8870			12				
STOP! Do not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	<u>a Form 8868.</u>	<del></del>				
The Organization		C. 1 - 1 - 1 - 1 - 1	• • • • • • • •	377 100°	1.0				
• The books are in the care of   45 West 36th St	reet		YOFK,	NY TUU	10				
Telephone No. ► 212-378-2800		FAX No. >		<del></del>	. —				
<ul> <li>If the organization does not have an office or place of business</li> </ul>					<b>P</b>				
If this is for a Group Return, enter the organization's four digit					oup, check this				
box ► If it is for part of the group, check this box ►		ich a list with the names and EINs of	all membe	ers the extens	ion is for				
4 I request an additional 3-month extension of time until	Novem.								
5 For calendar year $2012$ , or other tax year beginning		, and endin			<del></del>				
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on Initial return	Final re	eturn					
Change in accounting period									
7 State in detail why you need the extension									
THE ORGANIZATION IS REQUESTING	G ADD	ITIONAL TIME TO FI	LE IT	S ANNUA	<u> </u>				
RETURN DUE TO THE AUDIT NOT Y	ET BE	ING COMPLETE.			<del></del>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			•				
nonrefundable credits. See instructions			8a	_\$	<u> </u>				
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	-								
tax payments made Include any prior year overpayment al	lowed as	a credit and any amount paid			_				
previously with Form 8868.			8b	\$	<u> </u>				
c Balance due. Subtract line 8b from line 8a Include your pa	ayment wr	th this form, if required, by using			_				
EFTPS (Electronic Federal Tax Payment System) See instr			8c	\$	0.				
		st be completed for Part II							
Under penalties of perjury, I declare that I have examined this form, include	ling accom	panying schedules and statements, and t	o the best o	of my knowledge	and belief,				
it is true, correct and complete, and that I am authorized to prepare this fo	(	PA		AIS	1,2				
Signature MI LOM Title	<u>Secrè</u>	tary/Treasurer	Date	<b>▶</b> 912	ր⊇				

Form **8868** (Rev 1-2013)