



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



Form 990-EZ

Short Form

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)

Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Bloggerpowerorg. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 5758 Geary Blvd PMB 303. City or town, state or country, and ZIP + 4: San Francisco, CA 94121

D Employer identification number: 20-4465717. E Telephone number: (415) 287-0569. F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual. Other (specify)

I Website: www.netrootsnation.org

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 848,727

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6c, 7a-7c.

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

(See the instructions for Part II)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

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

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
 THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO PROMOTE ACTIVISM TOWARD A PROGRESSIVE POLICY AGENDA THE SPECIFIC AND PRIMARY PURPOSE OF THIS CORPORATION IS TO PROMOTE SOCIAL WELFARE WITHIN THE MEANING OF SECTION 501(C)4 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW (THE "CODE"), AND WITHIN THE MEANING OF SECTION 2370F OF THE CALIFORNIA REVENUE AND TAXATION CODE

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 The Netroots Nation Convention an annual convention gathering people from all walks of life who belong to the Netroots, the US-based (but globally focused and inclusive) non-partisan grassroots community that uses the internet and blogs as primary tools for expressing viewpoints, building consensus, acting to change the status quo, mobilizing huge numbers of people and informing each other and the world about current events, grassroots actions, networks, meetings and policy
 (Grants \$ 0) If this amount includes foreign grants, check here . . .

28a 0

29
 (Grants \$) If this amount includes foreign grants, check here . . .

29a

30
 (Grants \$) If this amount includes foreign grants, check here . . .

30a

31 Other program services (attach schedule)
 (Grants \$) If this amount includes foreign grants, check here . . .

31a

32 Total program service expenses (add lines 28a through 31a)

32 0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____ 0			
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
b <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i>	40b		No
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ 0			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> CA _____			
42a The books are in care of <input type="checkbox"/> Raven Brooks _____ Telephone no <input type="checkbox"/> (415) 287-0569 5758 Geary Blvd PMB 303 Located at <input type="checkbox"/> San Francisco, CA _____ ZIP + 4 <input type="checkbox"/> 94121			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44		No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

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

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

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: ***** Date: 2010-08-12

Raven Brooks Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: David A Simon CPA Date: 2010-08-12 Check if self-employed:

Preparer's PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4: Henry C Levy & Co CPAs Prof Corp, 5940 College Avenue, Oakland, CA 94618

EIN: Phone no: (510) 652-1000

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

Additional Data

Software ID:
Software Version:
EIN: 20-4465717
Name: Bloggerpowerorg

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Regina Cooper 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 40 00	98,775	0	
Jonathan Shiffman 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 2 00	0	0	
Raven Brooks 5758 Geary Blvd PMB 303 san Francisco, CA 94121	Executive Director, Treasurer 50 00	86,877	7,547	
Nolan Treadway 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Political Director 50 00	48,274	252	
Mary Rickles 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Communications Director 50 00	66,373	469	
John Aravosis 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 2 00	0	0	
Adam Bonin 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Chairman 3 00	0	0	
Cheryl Contee 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 2 00	0	0	
Arshad Hasan 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 2 00	0	0	
Marna Riser 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 40 00	21,044	2,006	
Markos Moulitsas 5758 Geary Blvd PMB 303 San Francisco, CA 94121	Director 2 00	0	0	

TY 2008 Other Assets Schedule

Name: Bloggerpowerorg

EIN: 20-4465717

Description	Beginning of Year Amount	End of Year Amount
Inventories	19,343	11,311
Other Depreciable Assets	53,048	44,036

TY 2008 Other Expenses Schedule**Name:** Bloggerpowerorg**EIN:** 20-4465717

Description	Amount
Catering	113,755
Contractors	19,754
Registration Materials	6,213
Human Resources Service	14,050
Software Registration Fees	6,044
Marketing	6,451
Fundraising Expenses	2,837
Insurance	1,795
Miscellaneous	755
Technology & Internet	18,212
Payroll Taxes	28,100
Travel	18,135
Audio & Video	76,893
Security	11,006
Production	10,330
Bank & Credit Card Fees	14,996

TY 2008 Other Liabilities Schedule**Name:** Bloggerpowerorg**EIN:** 20-4465717

Description	Beginning of Year Amount	End of Year Amount
Credit Cards Payable	28,304	26,629
Employee Accrued Paid Time Off	13,506	11,860
Business Line of Credit	0	15,160
Promissory Note	0	13,831

TY 2008 Other Revenues Schedule

Name: Bloggerpowerorg

EIN: 20-4465717

Description	Amount
Misc	467

TY 2008 Transfers Personal Benefits Contracts Declaration

Name: Bloggerpowerorg

EIN: 20-4465717

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 4 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions and group election.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system assets.

Part IV Summary (See instructions)

Table with 3 rows for summary totals, including listed property and total depreciation.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.