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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.

2009
Open to Public Inspection

_					W.Spoddon
` <u>A</u>	For the	2009 cal	endar year, or tax year beginning and ending		
В	Check if	Dia	C Name of organization	D Employer ide	ntification number
	applicable	Please use IRS		, ,	
	Addres change	s label or	AMERICAN PRESS INSTITUTE, INC.		
=	Name	type		1 2	-2690182
<u> </u>]change]Initial	,	Doing Business As		
<u> </u>	return Termin	See Specific	Number and street (or P O box if mail is not delivered to street address)		
<u> </u>	lated	Instruc-	11690 SUNRISE VALLEY DRIVE	70	3-620-3611
느	Amend		City or town, state or country, and ZIP + 4	G Gross receipts \$	3,316,077.
	Application		RESTON, VA 20191-1498	H(a) Is this a grou	up return
	pendin	T F Nan	ne and address of principal officer: ANDREW B. DAVIS	for affiliates?	Yes X No
		SAM	E AS C ABOVE	H(b) Are all affiliate	s included? Yes No
l I	Tax-exe	mpt statu	s: X 501(c) (3) ◀ (insert no.)	If "No," attac	ch a list. (see instructions)
			W.AMERICANPRESSINSTITUTE.ORG	H(c) Group exem	
		organizatio			1 M State of legal domicile VA
		Summ		<u> </u>	
	4 1		scribe the organization's mission or most significant activities: SEE PART	TIT. LINE	1.
8	' '	oneny des	scribe the organization's mission of most significant activities.	TIT, DIND	1.0
Activities & Governance		01 1 11 1			
/en	2 (s box If the organization discontinued its operations or disposed of m	ore than 25% of its ne	
ő	3 1		f voting members of the governing body (Part VI, line 1a)		3 23
જ	4 1		f independent voting members of the governing body (Part VI, line 1b)		4 22
es	5		ber of employees (Part V, line 2a)		5 15
Ĭ₹	6	Total num	ber of volunteers (estimate if necessary)		6 22
Ç.	7a -	Total gros	s unrelated business revenue from Part VIII, column (C), line 12		7a 0.
٩	ь	Net unrela	ated business taxable income from Form 990-T, line 34		7b О.
			,	Prior Year	Current Year
40	8 (Contributi	ons and grants (Part VIII, line 1h)	638,99	0. 304,322.
ž	9		service revenue (Part VIII, line 2g)	1,082,47	
Revenue	10		at income (Part VIII, column (A), lines 3, 4, and 7d)	480,62	
ď	10 /			87,57	
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,289,65	
_			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
			d similar amounts paid (Part IX, column (A), lines 1-3)	212,90	74,400.
			aid to or for members (Part IX, column (A), line 4)	1 000 20	1 504 100
es	15 3	Salaries, d	1,802,38	9. 1,524,132.	
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)		
Š	· b -	Total fund	raising expenses (Part IX, column (D), line 25) 158,680.		
ш	17	Other	enses (Part A) column (A), lines 11a-11d, 11f-24f)	1,504,82	
	18 -	Fotal AXD	moos. Add lines 18:07 (must equal Part IX, column (A), line 25)	3,520,12	4. 2,532,676.
	19,		ess expenses. Suppract line 18 from line 12	-1,230,46	7. -2,722,242.
Net Assets or Find Ralances	စ် မြ	AUG	1 0 0010	Beginning of Current Ya	
sets	2017		ets (Part X, line 16)	18,536,57	
Ass	2	u u	Rice (Part X, line 26)	815,84	
Set	22_		s or fund balances Subtract line 21 from line 20	17,720,72	
P	art II		ture Block	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30, 17737373310
	1		Ities of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts and to the best of my kno	wiedge and belief it is true, correct
`= 9	ì	and comple	e Declaration of preparer other than officer) is based on all information of which preparer has any knowle	dge	101
剽 Sig		. +	t () la '		3 1411°
		2100	ature of officer	- Data	<u> </u>
≕ He	re	. •		Date	
0	·		DREW B. DAVIS, PRESIDENT		
<u>~</u>		Тур	or print name and title		
다. 다.	.	Preparer's	Date /	Check if self-	reparer's identifying number ee instructions)
		signature	//// () CA 7/27/10	employed ► □	·
	parer's	Firm's name	GELMAN, ROSENBERG & FREEDMAN	EIN ▶	
国 USE	Only	yours if self-employ	∞1. 📐 4550 MONTGOMERY AVE., SUITÉ 650 NOR		
		address, an ZIP + 4	BETHESDA, MARYLAND 20814-2930	Phone no	(301) 951-9090
Pre Use — Ma	v the ID		s this return with the preparer shown above? (see instructions)	17110110110	X Yes No
	001 02-04		A For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions	Form 990 (2009)
9320	UU 1 U2-04	+-10 L∏	A TOFFINACY ACTAIN FAPELWOIK REGUCTION ACTIVATION, See the Separate	เมอนินตินเกมระ	rom 330 (2009)

	990 (2009) AMERICAN t III Statement of Program Serv		NSTITUTE,	INC.	13-269	90182	Page 2
				FOR CONTIN	ILIATION		
1	Briefly describe the organization's mission TO DEVELOP LEADERS AN					T.ODMF	NT
	OPPORTUNITIES IN ALL						
	THE BUSINESS OF RUNNI			_			
	NEWSPAPERS USE TO DIS						
2	Did the organization undertake any signific					7 10	
2	the prior Form 990 or 990-EZ?	ant program se	rvices during the ye	ear which were not	listed on		X No
	•	abadula O				res	I NO
2	If "Yes," describe these new services on S					TV.	
3	Did the organization cease conducting, or		t changes in now it	conducts, any pro	gram services?	XYes	L No
	If "Yes," describe these changes on Scheo						
4	Describe the exempt purpose achievemen				• •		
	Section 501(c)(3) and 501(c)(4) organizatio			=	-		
	allocations to others, the total expenses, a	nd revenue, if a	ny, for each progra	m service reported	.		
	<u> </u>	1 467 00	^		1 100	0.60	-
4a			2 · including grai		1,400.)(Revenue\$		515.)
	SEMINARS AND RESEARCH						
	INDUSTRY DEVELOPMENT	AND EXEC	OLIVE EDO	CATION OF	ALL FUNCTIONAL	AREA	S OF
	THE INDUSTRY.						

4b	(Code) (Expenses \$		including gran	nts of \$) (Revenue \$		<u> </u>
	, (2.1poi.1000 \$		moleculing gran) (Novolido V		,
					• • •		
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					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	-	<u> </u>					
			·				
	-						
			····				
4c	(Code) (Expenses \$		including gran	nts of \$) (Revenue \$)
							
						-	
		_					
							.
			 .	· - ·			
4d	Other program services. (Describe in Sche	dule O.)			· -		<u>.</u>
70		*		\ /Payramus *	,		
40	· · · · · · · · · · · · · · · · · · ·	ling grants of \$ 1,467	882) (Revenue \$			
4e	Total program service expenses ►\$	1,407	1002.				0 (0000)
a3200	•					rorm 99	0 (2009)

02-04-10

Part 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI.	•		
•	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•				
•	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.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
404	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A 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,	170		
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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, Part II	15		Х
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, Part III	16		Х
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		<u>X</u>
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20_		X
		Form	990 (2	2009)

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AMERICAN PRESS INSTITUTE, INC. Part IV Checklist of Required Schedules (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 19 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,			i
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J ·	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		<u> </u>	
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		11
20	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	20		
21				
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		Х
20	Schedule L, Part III	27		Λ.
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions)			·
a		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	 	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		•	
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١.,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			۱
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	_	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 11 and 19?	-		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990 (2009)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance	-		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a _		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	İ		1
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	_		
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		X
a	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	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? N/A	9a		İ
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9ь		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against			ĺ
	amounts due or received from them.)			į
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L		L
		Form	990 ((2009)

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Form 990 (2009)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1a 23			
b	Enter the number of voting members that are independent 22]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following		,,	
	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		,,	
100	Doog the ergonization have lead chapters broughed as offiliated?	40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
b	and branches to ensure their operations are consistent with those of the organization?	10b	,	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	111	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	 ''-	- 11	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
_	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b		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 with a			
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY , VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, are	nd fina	ncıal	
00	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ilon: 🕨		
	EVELYN MIYASATO - 703-715-3327 11690 SUNRISE VALLEY DRIVE, RESTON, VA 20191-1498	_		
	TION CONKIDE VALUET DRIVE, RESION, VA 20191-1490		222	

Form **990** (2009)

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				>)	,		(D)	(E)	(F)
Name and Title	Average	Positi			ł		Reportable	Reportable	Estimated	
	hours	(cl	neck	all 1	that	арр	ly)	compensation	compensation	amount of
	per week	ector						from the	from related organizations	other
	week	Individual trustee or director	g _R			ated		organization	(W-2/1099-MISC)	compensation from the
		ustee	Institutional trustee		я	Suadi		(W-2/1099-MISC)	(,	organization
		Jual t	tonal	١. ا	yoldu	St col				and related
		Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			organizations
ANDREW B. DAVIS					_	 				
PRESIDENT	35.00	х		Х				267,219.	0.	28,409.
THOMAS SILVESTRI		\vdash								
CHAIRMAN	0.20	Х		Х				0.	0.	0.
ROBERT J. WEIL										
VICE CHAIRMAN	0.20	Х		Х			Ì	0.	0.	0.
CHARLES V. PITTMAN								:	**	
TREASURER	0.20	Х		Х				0.	0.	0.
P. STEVEN AINSLEY										
BOARD MEMBER	0.20	Х				_		0.	0.	0.
MARK ALDAM										
BOARD MEMBER	0.20	Х						0.	0.	0.
PETER BHATIA								_		_
BOARD MEMBER	0.20	Х						0.	0.	0.
DAVID BLACK										
BOARD MEMBER	0.20	Х				_		0.	0.	0.
SUSAN DAVIDSON	0 20	17							0	0
BOARD MEMBER MICHAEL GUGLIOTTO	0.20	X						0.	0.	0.
BOARD MEMBER	0.20	Х						o .	0.	0
CAROLINE D. HARRISON	0.20	Λ					_	0.	0.	0.
BOARD MEMBER	0.20	Х						o.	0.	0.
ARNE HOEL	0.20	Λ						0.		
BOARD MEMBER	0.20	х						0.	0.	0.
GEROULD W. KERN	0.20	1				-	┢─╴	•		
BOARD MEMBER	0.20	х						0.	0.	0.
MICHELLE KRANS								Ţ.		
BOARD MEMBER	0.20	х						0.	0.	0.
CAROLINE H. LITTLE									, , ,	
BOARD MEMBER	0.20	Х						0.	0.	0.
JOSEPH LODOVIC										
BOARD MEMBER	0.20	Х						0.	0.	0.
DAVE MORGAN										
BOARD MEMBER	0.20	Х						0.	0.	_0.

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Form 990 (2009)

Form 990 (2009) AMERICAN									13-26	90	182	P	age 8
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd l	ligt	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average			() Pos	C) Itior	1		(D) Reportable	(E) Reportable		Es	(F) stimate	ed
	hours per week	Individual trustee or director	nechtutonal trustæe	(all Officer		Highest compensated B		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	;	com fr org	nount other pensa om th anizat d relat	ation e tion ted
JAMES MORONEY III		폌	₹ E	₹	ş	₹5	횬				<u> </u>		
BOARD MEMBER	0.20	Х						0.		0.			0
MARIA E. F. RANGEL													
BOARD MEMBER	0.20	Х						0.		0.			0 .
REX RUST													
BOARD MEMBER	0.20	X	ļ		_	L.	_	0.		0.			0.
GREGORY SHERMER													
BOARD MEMBER	0.20	X	<u> </u>		_			0.		0.	<u> </u>		0.
JONATHAN SEGAL BOARD MEMBER	0.20												^
KATHARINE WEYMOUTH	0.20	Х						0.		0.			0.
BOARD MEMBER	0.20	X						0.		0.			Ο.
CAROL ANN RIORDAN	0.20							- 0.		•			
VICE PRESIDENT	35.00			х	l			141,875.		0.	2	6,8	05.
EVELYN MIYASATO									<u> </u>				
DIRECTOR OF FINANCE	35.00			Х				110,162.		0.	2	2,0	24.
ELAINE CLISHAM													
DIR, TAILORED SOLUTIONS	35.00		<u> </u>		ļ	Х		100,758.		0.	1	5,0	61.
MARK MULHOLLAND	25 00					l		101 500					
ASSOCIATE DIRECTOR/CMO	35.00	L	<u> </u>			X		101,733.		0.		$\frac{1,0}{2}$	
1b Total						_		721,747.		0.	11	3,3	93.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	iose	liste	ed ar	OOVE	e) WI	no re	eceived more than \$100	,000 in reportable	1			_
Compensation from the organization											\neg	Yes	No
3 Did the organization list any former officer,	director or tru	stee	. kev	/ em	olar	vee.	or h	ighest compensated en	nolovee on		-		
line 1a ⁹ If "Yes," complete Schedule J for s			,,	, 0	ر ۲۰۰۵	,,	J	ing it out to important a cit	ipioy oo oii		3		X
4 For any individual listed on line 1a, is the su	m of reportab	le co	ompe	ensa	ition	and	d oth	ner compensation from t	he organization				
and related organizations greater than \$150										ĺ	4	Х	
5 Did any person listed on line 1a receive or a	accrue comper	nsatı	ion f	rom	any	unr	elate	ed organization for servi	ces rendered to				
the organization? If "Yes," complete Sched	ule J for such j	oers	on					<u> </u>			5		X
Section B. Independent Contractors													
Complete this table for your five highest co the organization. NONE	mpensated inc	depe	ende	nt c	ontr	acto	ors ti	hat received more than	\$100,000 of comp 	ensa	ation fi	rom	
(A) Name and business	addraga							(B) Description of s			(C		_
							\dashv	Description of s	ervices		omper	ISALIO	
							T						-
							_						
							+						
													···
2 Total number of independent contractors (i.	ncluding but n	ot lir	nite	of to	thos	se lis	sted	above) who received m	ore than				

\$100,000 in compensation from the organization

Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	66.000	66.000		
	organizations in the U.S. See Part IV, line 21	66,000.	66,000.		····
2	Grants and other assistance to individuals in	0.400	0.400		
	the US See Part IV, line 22	8,400.	8,400.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	506 404	172 541	422 052	
•	trustees, and key employees	596,494.	172,541.	423,953.	
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)	719,910.	470,796.	225,188.	23,926
7	Other salaries and wages	717,510.	470,750.	223,100.	23,920
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,663.	40,234.	19,360.	2 060
9	Other employee benefits	64,309.	36,594.	25,861.	2,069 1,854 1,579
10	Payroll taxes	81,756.	40,820.	39,357.	1,579
11	Fees for services (non-employees):	01//300	10,0200	33,337.	1/3/3
'' a	Management		-		
b	Legal	8,489.		8,489.	
c	Accounting	24,185.		24,185.	
ď	Lobbying	,			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	44,671.			44,671
g		21,637.	50.	21,587.	
12	Advertising and promotion	28,579.	28,555.	24.	
13	Office expenses	77,743.	6,550.	70,197.	996
14	Information technology				
15	Royalties				
16	Occupancy	221,851.	155,296.	66,555.	
17	Travel	14,470.	527.	13,943.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	147,761.	166,899.	-95,320.	76,182
20	Interest	7,403.			7,403
21	Payments to affiliates				<u>.</u>
22	Depreciation, depletion, and amortization	330,226.	274,025.	56,201.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	DUES & SUBSCRIPTIONS	7,129.	595.	6,534.	
b	DOES & DOBUMITIONS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,,,,,,,,	-
c					<u>-</u>
d					
e					
f	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24f	2,532,676.	1,467,882.	906,114.	158,680
26	Joint costs. Check here ▶ ☐ If following	, , , , , , , , , , , , , , , , , , , ,		,	
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	200.	1_	200.
	2	Savings and temporary cash investments	1,456,337.	2	1,090,205.
	3	Pledges and grants receivable, net	921,500.	3	498,000.
	4	Accounts receivable, net	135,240.	4	72,510.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	1	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	1	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	11 062	7	11 022
Ass	8	Inventories for sale or use	11,862.	8	11,833. 11,536.
•	9	Prepaid expenses and deferred charges	9,932.	9	11,536.
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 13,352,379. 10b 6,608,725.	7 070 120		6 712 651
	1		7,070,129. 8,931,371.	10c	6,743,654. 9,913,961.
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	0,931,3/1.	11	9,913,901.
	13	Investments - other securities. See Part IV, line 11	·	13	
	14	Intangible assets		14	<u></u>
	15	Other assets. See Part IV, line 11	·· - ·	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,536,571.	16	18.341.899.
	17	Accounts payable and accrued expenses	48,769.	17	18,341,899. 53,349.
	18	Grants payable		18	
	19	Deferred revenue	69,286.	19	10,168.
	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D	- -	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab		highest compensated employees, and disqualified persons Complete Part II			
_		of Schedule L	~ 7	22	
	23	Secured mortgages and notes payable to unrelated third parties	*	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	697,791.	25	302,791.
	26	Total liabilities. Add lines 17 through 25	815,846.	26	366,308.
		Organizations that follow SFAS 117, check here			
ces	l	lines 27 through 29, and lines 33 and 34.	15 705 456		15 602 655
<u>a</u>	27	Unrestricted net assets	15,705,456.	27	15,683,655.
Ва	28	Temporarily restricted net assets	975,269. 1,040,000.	28	1,251,936.
핕	29	Permanently restricted net assets	1,040,000.	29	1,040,000.
Ę		Organizations that do not follow SFAS 117, check here and			
o s	20	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	· · · · -	30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32 33	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	17,720,725.	32 33	17,975,591.
	1	· · · · · · · · · · · · · · · · · · ·	18,536,571.	34	18,341,899.
	34	Total liabilities and net assets/fund balances	TO 10010111.	54	10,341,033.

Form **990** (2009)

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.

Form **990** (2009)

За

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X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of Internal Reve	of the Treasury nue Service	▶ At	4947(a)(1) no tach to Form 990 or Fo	•			instructio	nns.		Open to Public Inspection		
Name of	the organizati								mplover	identification number		
	g		N PRESS INST	ביתו זית די	, INC			-		3-2690182		
Part I	Reason		ity Status (All organiz				1 \ Saa ina	tructions		3-2070102		
								liuctions				
			because it is: (For lines	_		-	•					
1			s, or association of chur			ection 170	(D)(1)(A)(I)).				
2			0(b)(1)(A)(ii). (Attach So	•		4700 \	4.6.1.000					
3	•	•	tal service organization									
4 📖			operated in conjunction	with a nos	spital desci	ribed in se	ection 170	(b)(1)(A)(i	II). Enter	the hospital's name,		
	city, and stat											
5 📖			benefit of a college or u	niversity o	wnea or op	perated by	a govern	mental un	it describ	ed in		
• 🗀	section 170(b)(1)(A)(iv). (Complete Part II.)											
6 L 7 X	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
				of its supp	on from a	governme	ental unit d	or from the	general	public described in		
• 🗀		(b)(1)(A)(vi). (Comple	<i>'</i>		D 4113							
8 📙	-		ection 170(b)(1)(A)(vi).									
9 📖			eives ¹ (1) more than 33									
			nctions - subject to certa									
			axable income (less sec	tion 511 ta	ix) irom bu	sinesses a	acquirea b	y tne orga	anization	aπer June 30, 1975		
10		509(a)(2). (Complete	•	at far aubl	la anfatu (`aa aaatiaa	- E00/aV/	41				
11	_	-	perated exclusively to te	•	•			•				
	=	-	perated exclusively for that ations described in secti		· ·				•	•		
			organization and compl		-		z) See See	Juon Sosi	a)(o). On	eck the box that		
	a Type	<u>ت</u> ے ۱۰	7		e III · Func		tograted		4	Type III · Other		
e 🗀			it the organization is not			-	-	r mara dia	u	· ·		
е	-		han one or more publicl			•	•		•	'		
f		-	ten determination from		-				9(a)(1) UI	section 509(a)(2)		
•		rganization, check th		uile ii io uik	аныату	pe i, Type	ii, oi Type	3 III				
g		-	organization accepted a	ov alft or c	ontribution	from any	of the foll	owing per	cone?			
9			rectly controls, either a			_				Yes No		
			upported organization?	ione or tog	cuici with	persons	cscribed	iii (ii) aiia ((III) Delow,	11g(i)		
	_		n described in (i) above?	,						11g(ii)		
		· ·	person described in (i)		۵?					11g(iii)		
h			about the supported or							[119(111)]		
••	1 TOVIGE THE I	ollowing information	about the supported of	gamzation	(3).							
/i) Nama	of ourse stad	/\ E(N)	(iii) Type of	(IV) Is the (organization	(v) Did vo	i notify the	(VI) IS	s the	(-11) A A - f		
	of supported anization	(II) EIN	organization	in col (I) lis	sted in your	organizat	ion in col	organizati (i) organiz	on in col. I	(vii) Amount of support		
org	u1112411011		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	2	зарроп		
			(see instructions))	Yes	No	Yes	No	Yes	No			
				·				 				
				<u> </u>								
								1				
			-									
							1	ļ				
	_			1	 	-		 	 			
				1					 			
				1						<u> </u>		
Total				1				1	1 1			

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Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I)				
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,609,659.	1 444 242	2,070,699.	638,990.	304,322.	7,067,912.
•		2,809,839.	1,444,242.	2,070,699.	030,000.	304,322.	7,007,912.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	2,609,659.	1,444,242.	2,070,699.	638,990.	304,322.	7,067,912,
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,	•		·	·	
	``						1,355,554.
	Public support. Subtract line 5 from line 4						5,712,358.
		/a\ 2005	(h) 2006	(c) 2007	(4) 2009	(-) 2000	/O Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2005 2,609,659.	(b) 2006 1,444,242.	2,070,699.	(d) 2008 638, 990.	(e) 2009 304, 322.	(f) Total 7,067,912.
8	Gross income from interest,	2,005,035.	1,444,242.	2,010,033.	030,7330.	301/3221	7,007,312.
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	289,169.	497,018.	694,880.	509,916.	335,264.	2,326,247.
9	Net income from unrelated business				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2,000,000
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	16,914.					16,914.
11	Total support. Add lines 7 through 10						9,411,073. 917,833.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 6,	917,833.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor		 				<u> </u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2009 (· ·	olumn (f))		14	60.70 %
	Public support percentage from 2008					15	60.53 %
16a	33 1/3% support test - 2009. If the o	-			4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		Ū				► X
b	33 1/3% support test - 2008. If the o	-			line 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual				10.10		▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		-	•	•	τ IV how the organi	zation
	meets the "facts-and-circumstances"	J		. , , ,	ū	7 ho : 45 : 45	▶
b	10% -facts-and-circumstances tes more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	neck this box and :	stop here. Explain	in Part IV how the	J% Or
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	▶

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	ıf you checked the t	oox on line 9 of Part I)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not			-			
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-			ļ			
iness under section 513				İ	İ	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	_					
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		<u> </u>		-		
7a Amounts included on lines 1, 2, and	_		_	 		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b			-	_		
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	<u> </u>		<u> </u>	.E		·
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(4) 2000	(5) 2555	(0, 200,	(4) 2000	(6) 2005	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	_					
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital			_			_
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization's	s first second thir	d fourth or fifth t	av vear as a section	on 501(c)(3) organi	zation
check this box and stop here	, the organization t	5 mot, 5000ma, tim	o, 1001111, 01 111111 0	ax year as a seem	on sortono, organi	zation,
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2009 (column (fl)		15	04
16 Public support percentage from 2008			Columni (i))		16	%
Section D. Computation of Inve						%
			12lumn (6)		47	
17 Investment income percentage for 20			ie 13, column (i))		17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2009. If the						1/ Is not
more than 33 1/3%, check this box a						. •
b 33 1/3% support tests - 2008. If the						
line 18 is not more than 33 1/3%, che					-	▶⊢
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check ti	· · · · · · · · · · · · · · · · · · ·		
				Sct	nedule A (Form 99	00 or 990-EZ) 2009

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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number AMERICAN PRESS INSTITUTE

Pai	TI Organizations Maintaining Donor Advise		le or Accounts Complete if the
1 0	organization answered "Yes" to Form 990, Part IV, line		13 of Accounts. Complete if the
	Organization answered Tes to Form 990, Fait IV, Illi	(a) Donor advised funds	(b) Funds and other accounts
	Table and an Assal do	(a) Donor advised failes	(b) Fullus 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		<u> </u>
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	
	are the organization's property, subject to the organization's	exclusive legal control?	└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	2d
3	Number of conservation easements modified, transferred, re		
Ū	year	leased, extinguished, or terminated by the	le organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		f
3	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
		_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
Da	conservation easements	f Art Historical Transcruss on 6	Other Cimilar Accets
Pa	Organizations Maintaining Collections o		Jiner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6	
	M		
та	If the organization elected, as permitted under SFAS 116, no	·	
	treasures, or other similar assets held for public exhibition, e	•	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	·	
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$
	·		

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

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

	RESS INSTITUTE	, INC.	13-2690182 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation and-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
		<u> </u>	
			
		-	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII Investments - Program Related.			
			fethod of valuation:
(a) Description of investment type	(b) Book value		end-of-year market value
			
		· ·-·	
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, III	_		
	a) Description		(b) Book value
	<u> </u>	<u></u>	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		 -	
	,	·-	
<u> </u>			
			
		· · · · · · · · · · · · · · · · · · ·	
			
Table (Colored (b) and the second Color Color (b) and (c) and	- 4°)		
Total. (Column (b) must equal Form 990, Part X, col (B) II Part X Other Liabilities. See Form 990, Part			
1. (a) Description of liability		(b) Amount	
Federal income taxes		(S) / WHOCH	
LINE OF CREDIT		302,791.	
		000,000	
			,
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 25)	302,791.	
2. FIN 48 Footnote. In Part XIV, provide the text of the fo		inancial statements that i	reports the organization's liability for
uncertain tax positions under FIN 48.		_	
932053 02-01-10			Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 AMERICAN PRESS INSTITUTE,				2690182	Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		-189	566.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,532	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-2,722,	
4	Net unrealized gains (losses) on investments		4		2,977	
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9		2,977,	108.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	40	10			866.
********	t XII Reconciliation of Revenue per Audited Financial Stateme		<u> </u>	Return		
1	Total revenue, gains, and other support per audited financial statements		<u> po</u>	1	2,787	542.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1		
a	Net unrealized gains on investments	2a 2,97	7,108.			
	Donated services and use of facilities	2b	,,100.	1		
b				1 1		
C .	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV)	_2d		1	2 977	100
_	Add lines 2a through 2d			2e	2,977, -189,	566
3	Subtract line 2e from line 1			3	-109	, 300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1		
b	Other (Describe in Part XIV)	4b		1 1		^
С	Add lines 4a and 4b			4c	100	<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 140.1		5	-189	,500.
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	T		676
1	Total expenses and losses per audited financial statements			1	2,532	6/6.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a		1		
b	Prior year adjustments	2b		1 1		
С	Other losses	2c		1		
d	Other (Describe in Part XIV.)	2d		1		
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	2,532,	<u>,676.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIV)	4b]		
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,532,	676.
Pai	t XIV Supplemental Information					
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I, lines 1a and 4, Pa	rt IV, lines 1	b and 2	b; Part V, line	4; Part
X, line	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	lete this part to pro	vide any ad	ditional	information.	
PAF	RT V, LINE 4: THE FELLOWSHIP FUNDS ARE TO I	PROVIDE SC	HOLARS	HIP	FOR	
SEN	MINARS. THE BUILDING FUND IS FOR MAJOR MAIN	NTENANCE A	ND REN	OVA	TION COS	ST
OF	THE API BUILDING. THE BOARD DESIGNATED EN	DOWMENT FU	ND IS	TO I	TUND_	
PRO	GRAM SERVICES AND OPERATING COSTS.					
PAF	RT X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN	NG STANDAR	DS BOA	ARD_		
			A			
<u>(F</u> 2	ASB) RELEASED FASB ASC 740-10, INCOME TAXES	S, THAT PR	OVIDES	GU.	LDANCE I	OR
יינם	OCCUTING TINGERUS THAT INGOME DAVES FOR OU	JE VEXD EM	ים משת	т стит	QTD 31	
KEI	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	IL IEAK EN	טבט עבּ		ule D (Form 9	00/ 2000
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Sched	lule D	(Form 9	90) 20	oo9 ental Info	AME:	RICAN	PRESS	INS	TITU	TE,	INC.	13-2	690182 Page
Part	XIV	Supp	leme	ental Info	rmatio	1 (continu	ıed)						
200	9,	THE	INS	TITUTE	HAS	DOCU	MENTEI	ITS	CON	SIDE	ERATION OF	FASB ASC	740-10
AND	DE	TERN	IINE	D THAT	NO	MATER	IAL UN	CERT	AIN	TAX	POSITIONS	QUALIFY	FOR EITHER
REC	OGN	ITIC	ON O	R DISC	LOSU	RE IN	THE E	TINANG	CIAL	STA	ATEMENTS.		
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection Employer identification number **≗** 13-2690182 JOHN BEN SNOW FELLOWSHIP IOHN BEN SNOW FELLOWSHIP OHN BEN SNOW FELLOWSHIP SNOW FELLOWSHIP JOHN BEN SNOW FELLOWSHIP (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of recipion of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of recipion of recip 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 JOHN BEN AWARD AWARD AWARD AWARD WARD 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 。 o ö o ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 000 000 11,000 11,000 11,000 11, ב INC AMERICAN PRESS INSTITUTE, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 34-6402018 36-1408475 95-4358677 74-6002248 General Information on Grants and Assistance 23-1365971 criteria used to award the grants or assistance? NORTHRIDGE - JOURNALISM DEPARTMENT LOYOLA UNIVERSITY CHICAGO - SCHOOL 601 UNIVERSITY DRIVE, OLD MAIN 102 1 (a) Name and address of organization SCHOOL OF COMMUNICATION STUDIES -TEXAS STATE UNIVERSITY - SCHOOL JOURNALISM & MASS COMMUNICATION OF COMMUNICATION - 51 E PEARSON BOWLING GREEN STATE UNIVERSITY BOWLING GREEN STATE UNIVERSITY ANNENBERG HALL 2020 NORTH 13TH TEMPLE UNIVERSITY - SCHOOL OF OH 43403-0001 UNIVERSITY OF NORTH FLORIDA CALIFORNIA STATE UNIVERSITY COMMUNICATIONS AND THEATER STREET - CHICAGO, IL 60611 STREET - PHILADELPHIA, PA - 18111 NORDHOFF STREET - SAN MARCOS, TX 78666 NORTHRIDGE, CA 91330 Name of the organization BOWLING GREEN, Part Part II

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

٠,

SNOW FELLOWSHIP

JOHN BEN

WARD

o

11,000

501(C)(3)

59-2976169

DEPARTMENT OF COMMUNICATION

UNF DRIVE, BUILDING 14 -

JACKSONVILLE, FL 32224

N

0

13-2690182 Schedule I (Form 990) 2009 AMERICAN PRESS INSTITUTE, 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.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed INC. AMERICAN PRESS INSTITUTE,

Page 2

(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
FELLOWSHIP AWARDS	9	8 0 0 4 0	o	y.	SEMINAR TUITION AND HOTEL COST
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: API RE	REVIEWS AND	i i	SELECTS FELLOWSHIP	RECIPIENTS	
FROM APPLICATIONS RECEIVED. THE SUG	SUCCESSFUL	APPLICANT	SFUL APPLICANT GETS A FELLOWSHIP	CLOWSHIP	
AWARD LETTER AND IS REGISTERED TO	THE SEMI	SEMINAR APPLIED FOR.		IN SOME	
INSTANCES, API MAY COVER THE TRAVEL		AND HOTEL COSTS.	HOTEL COS	HOTEL COSTS ARE PAID	
DIRECTLY TO THE HOTEL AND THE TRAVEL R	EL REIMB	EIMBURSEMENT I	IS BASED ON	ON SUBMISSION	
OF THE TRAVEL INVOICE/PAPERWORK AND	D MAY BE	LIMITED	TO CERTAIN AMOUNTS	AMOUNTS AND	
PAID TO THE FELLOWSHIP RECIPIENT.					

Schedule I (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

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.

► Attach to Form 990. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

AMERICAN PRESS INSTITUTE, INC.

Employer identification number 13-2690182

Pa	rt 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			
	First-class or charter travel Housing allowance or residence for personal	use		
	Travel for companions Payments for business use of personal resid	ence		[
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, cher	D I		
h	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]	İ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, direct			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tradices, and the SES, Exceptive Birector, regarding the terms enconed in into 14			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			į
•	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			ŀ
	Independent compensation consultant Independent compensation consultant Independent compensation consultant			į
	Form 990 of other organizations X Approval by the board or compensation com	ımıttee		
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		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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.			ŧ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ
	contingent on the revenues of:	<u> </u>		v
а	The organization?	5a	\vdash	X
b	Any related organization?	5b	<u> </u>	_ <u>_ </u>
_	If "Yes" to line 5a or 5b, describe in Part III			ĺ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			İ
	contingent on the net earnings of.	,		.,
а	The organization?	6a	\vdash	X
b	Any related organization?	6b		
_	If "Yes" to line 6a or 6b, describe in Part III			ĺ
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	$\vdash \vdash$	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regs. 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		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	ı 990)	2009

INC.

AMERICAN PRESS INSTITUTE,

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

				-				
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	netirement and other deferred compensation	Nontaxable benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
	3	267,219.	0	0	22,050.	6,359.	295,628.	0
ANDREW B. DAVIS	(ii)		0.	0	• 0	• 0	0	0
	(i)	141,87	• 0	0	13,123.	13,682.	168,680.	0
CAROL ANN RIORDAN	(ii)	0	0.	0.	0	0	0	0
	(i)							
	(E)							
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Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.



Name of the organization

AMERICAN PRESS INSTITUTE, INC.

Employer identification number 13-2690182

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENABLING THE NEWSPAPER INDUSTRY TO MANAGE ITS CONTENT, OPERATIONS AND

CUSTOMERS; DELIVER ITS MESSAGES IN THE MOST EFFECTIVE AND EFFICIENT

WAYS; AND PROVIDE TOOLS FOR TRANSFORMATION THAT WILL SUSTAIN THE NEWS

FUNCTION INTO THE FUTURE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

DURING THE 2ND HALF OF 2009, THE ORGANIZATION CONCENTRATED ON RESEARCH

WORK AND ISSUED REPORTS ON STUDIES DONE AND CANCELLED ITS SEMINAR

OFFERINGS FOR THAT PERIOD.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS, REVIEWED BY SENIOR MANAGEMENT, AND THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. A COPY OF FINAL 990 WAS SENT TO THE ENTIRE BOARD BEFORE IT WAS FILED WITH IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST STATEMENT

IS SENT TO EMPLOYEES AND BOARD MEMBERS EACH YEAR. THE DIRECTOR FOR

ADMINISTRATION AND FACILITIES MONITORS AND RECEIVES THE SIGNED CONFLICT OF

INTEREST STATEMENT AND REPORTS TO THE PRESIDENT AND VP ANY EXCEPTIONS

REPORTED.

THAT MAY VIOLATE THE REQUIREMENT AND SPIRIT OF THE CONFLICT OF INTEREST

POLICY, HE OR SHE MUST CONTACT API'S PRESIDENT AND EXECUTIVE DIRECTOR.

SIMILARLY, IF ONE BECOMES AWARE OF SITUATIONS AMONG HIS OR HER FELLOW

EMPLOYEES THAT APPEAR TO VIOLATE HIS OR HER UNDERSTANDING OF THE POLICY, HE

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

Schedule O (Form 990) 2009

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN PRESS INSTITUTE, INC. Employer identification number 13-2690182

OR SHE REPORTS THOSE SITUATIONS TO API'S PRESIDENT AND EXECUTIVE DIRECTOR. SAID OFFICER, WITH THE VP FOR PROGRAMMING AND PERSONNEL AND THE DIRECTOR OF ADMINISTRATION, COMMISSIONS AN INVESTIGATION. SHOULD THE EMPLOYEE BE FOUND TO BE GUILTY OF CONFLICT OF INTEREST, DISCIPLINARY ACTION WILL BE METED OUT. DISCIPLINARY ACTION MAY INCLUDE TERMINATION AND REIMBURSEMENT TO API FOR ANY LOSSES OR DAMAGES RESULTING FROM THE VIOLATION.

FORM 990, PART VI, SECTION B, LINE 15A: THE BASE SALARY OF THE PRESIDENT IS SET BY THE EXECUTIVE COMMITTEE (AND RATIFIED BY THE BOARD) IN ACCORDANCE WITH PREVAILING COMPENSATION SCALES FOR SIMILAR EDUCATIONAL ORGANIZATIONS AND EXPERIENCE. BASE SALARY BENCHMARKS DONE BY INDEPENDENT ORGANIZATIONS SUCH AS "CEO UPDATE" ARE USED. AT THE BEGINNING OF EACH YEAR, THE PRESIDENT AND THE EXECUTIVE COMMITTEE SET THE OBJECTIVES FOR THE YEAR. AT THE END OF THE YEAR, THE PRESIDENT'S PERFORMANCE IS EVALUATED AGAINST THOSE OBJECTIVES. FROM THIS EVALUATION, THE COMMITTEE DETERMINES SALARY INCREASE AND BONUS, IF APPLICABLE. GIVEN THE STATE OF THE ECONOMY AND THE INDUSTRY THAT SUPPORTS API, IT WAS MUTUALLY AGREED TO FOREGO BONUS AND COMPENSATION ADJUSTMENTS SINCE 2008.

THE COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT AND IS FORMALLY EVALUATED ANNUALLY. SALARY LEVELS ARE BASED ON PREVAILING COMPENSATION SKILLS BY SIZE OF ORGANIZATION AND EXPERIENCE. CERTAIN INSTANCES, AN EXPERT EXECUTIVE RECRUITER IS HIRED AND PROVIDES INPUT ON COMPENSATION LEVELS FOR THE POSITION BEING RECRUITED. OBJECTIVES ARE SET UP EACH YEAR AND PERFORMANCES ARE EVALUATED AGAINST THOSE OBJECTIVES. SALARY INCREASE AND BONUS ARE DETERMINED BASED ON RESULTS OF

PERFORMANCE EVALUATIONS. GIVEN THE STATE OF THE ECONOMY AND THE INDUSTRY

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

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization AMERICAN PRESS INSTITUTE, INC.	Employer identification number 13-2690182
THAT SUPPORTS API, IT WAS MUTUALLY AGREED TO FOREGO BONUS	AND COMPENSATION
ADJUSTMENTS SINCE 2008.	
	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF	INTEREST POLICY
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C:	
API EXPANDED ITS BOARD COMMITTEES IN ITS NOVEMBER 2009 BO	ARD MEETING TO
INCLUDE AN AUDIT COMMITTEE CHAIRED BY MR. JOSEPH LODOVIC.	THE AUDIT
COMMITTEE OVERSEES THE FINANCIAL REPORTING AND DISCLOSURE	PROCESS,
MONITORING CHOICE OF ACCOUNTING POLICIES AND PRINCIPLES,	SELECTION OF
EXTERNAL AUDITORS, OVERSIGHT OF REGULATORY COMPLIANCE, ET	HICS AND
WHISTLEBLOWER ISSUES, MONITORING INTERNAL CONTROL PROCESS	AND RISK
MANAGEMENT ACTIVITIES.	