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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)

2009

Open to Public

		enue Service I'lle organization may have to use a copy of this return to satisfy st		
· ·			DEC 31, 200	
<u>ට ලි</u> සි ම	Check i applica	le Piease	D Employer identi	fication number
ᅙ	Addı	US9 IRS		
, 불는	char	print or American Principles Project		4440140
tatrice	char	Doing Business As		4442148
છ હ	Initia retur Term	Number and street (or P.U. box it mail is not delivered to street address) Room/s	1 = '	
_ <u> </u>	ated Ame	Instruct 1420 K Street, NW, Suite 300		2-503-20101
, ⊨	retur	City or town, state or country, and ZIP + 4	G Gross receipts \$	480,400
<u> </u>	tion pend	Washington, DC 20005	H(a) Is this a group	
•	,	F Name and address of principal officer Francis Cannon	for affiliates?	Yes X No
,		same as C above	H(b) Are all affiliates in	
		tempt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		a list (see instructions)
. <u>J</u>		ite: www.americanprinciplesproject.org	H(c) Group exempt	
K		_	Year of formation: 2009	M State of legal domicile; D
L	art I	Summary		a abaut
9	1	Briefly describe the organization's mission or most significant activities: To education and the property of the second s	te the public	there
Governance		America's founding principles and to promote		
er.	2	Check this box I if the organization discontinued its operations or disposed of		1 .
é	3	Number of voting members of the governing body (Part VI, line 1a)	3	
		Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	
Activities &	5	Total number of employees (Part V, line 2a)	_5	
₹.	6	Total number of volunteers (estimate if necessary)	. <u> 6</u>	
Ą		Total gross unrelated business revenue from Part VIII, column (C), line 12	7:	_
	b	Net unrelated business taxable income from Form 990-T, line 34		
		Contributions and greats (Dort VIII line 1h)	Prior Year	Current Year 480,400
üe	8	Contributions and grants (Part VIII, line 1h)		400,400
evenue	9	Program service revenue (Part VIII, line 2g)		
	: 1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
2015 F	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	THE UNIV	400 400
	12	ora ("	FEIVED	480,400
2	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	- 18	
-	14	Benefits paid to or for members (Part IX, column (A), line 4)	p 28 2015	245 410
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	PR BRANCH OGDEN	245,419
0 8	16	Professional fundraising fees (Part IX, column (A), line 11e)	DR BRANCH	
	: 1	Total fundraising expenses (Part IX, column (D), line 25)	OGDEN	155 011
	1			155,011
SCH EXP	1 .	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	400,430
Š =	<u>19</u>	Revenue less expenses Subtract line 18 from line 12	2	79,970
Sets or	<u> </u>	Total access (Dark V. Land 40)	Beginning of Current Yea	· ·
SSE	일 20	Total assets (Part X, line 16)		79,970
Net As	21	Total liabilities (Part X, line 26)		79,970
	<u>22</u> Part I	Net assets or fund balances Subtract line 21 from line 20 Signature Block		19,970
	arti	Under penalties of perjuly, declare that I have examined this return, including accompanying schedules and staten	nents and to the hest of my knowl	edge and helief it is true, correct
		and complete Declaration of Droparer (other than officer) is based on all information of which preparer has any know	rledge	
۵.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date	2/12-
Sig		Signature of officer	Date	01.0
He	ere	l' °	Date	
		Andresen Blom, Executive Director Type or print name and title		
_		I Date	Check if Prep	parer's identifying number
Pai	id	i repaire s	celf (see	instructions)
Pre	eparer	Signature V Cyffra B Llapha, Cra 10/22-120/	Zemployed ►	
Us	e Only		<u>Ein</u> ►	
		address and		(500) 640 050
-		Alexandria, VA 22312	Phone no.	
-		IRS discuss this return with the preparer shown above? (see instructions)		X Yes No
932	2001 02	• • • • • • • • • • • • • • • • • • • •		Form 990 (2009
		See Schedule O for Organization Mission State	ement Continu	ation you

orm	990 (2009) Ar	<u>merican Principle:</u>	<u>s Project </u>	26-4442148 Page 2
Pai	t III Statement of Pro	gram Service Accomplish	ments	
<u>'1</u>	Briefly describe the organizat	tion's mission.		
•			founding principles a	nd how those
			rrently. Promote a ret	
			ered from them - looki	ng at both social
	and economic is	ssues.	-	·
2	Did the organization undertak	ke any significant program service:	s during the year which were not listed on	
	the prior Form 990 or 990-EZ	?		Yes X No
	If "Yes," describe these new			·· —
2	·		inges in how it conducts, any program servic	es? Yes X No
3			inges in now it conducts, any program service	es: Tes Alino
	If "Yes," describe these chan	*		
4	Describe the exempt purpose	e achievements for each of the org	ganization's three largest program services b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947	(a)(1) trusts are required to report the amour	t of grants and
	allocations to others, the total	al expenses, and revenue, if any, fo	or each program service reported	
		•		
4a	(Code) (E	Expenses \$ 258,767.	including grants of \$) (Revenue \$
Tu			o American founding pr	, ,
			entary education and c	
			he Latino community ba	
			ideals through use of	
	emails, earned	media, published	reports, participated	in conferences
		-		
	-			
				
			•	
				
4b	(Code) (E	Expenses \$	including grants of \$) (Revenue \$
	(5565)(2	3.ps.:.666 \$	molecum g grants of ¢	, (nevenue ¢
				······································
				· · · · · · · · · · · · · · · · · · ·
				Towns of the Control
	-		· · ·	
				
4c	(Code) (E	Expenses \$	including grants of \$)(Revenue \$
	, , ,	•		,
		 		
				
			· · · ·	
				
4d	Other program services (Des	scribe in Schedule O)		
. •	(Expenses \$	including grants of \$) (Revenue \$,
4 -	_ ` _ ` .			
<u>4e</u>	Total program service expe	mses ► \$ 430, 1	U / •	- 000
3200)2			Form 990 (2009)
:				

13451022 786335 12091-001

Pa	rt 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)?		105	
	If "Yes," complete Schedule A	1 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	-
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		
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		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		X
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; 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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable .	11		<u>X</u>
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	i 1		
	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			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	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			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	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, Part II	15		<u>X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	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	_		77
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,		v

	rt IV Checklist of Required Schedules (continued)	2 T 4 O	<u> </u>	age 🕶
÷	, and the state of	T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		''	"
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		x
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			<u> </u>
•	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		x
ь	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		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? 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	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	1		İ
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	-
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1	ŀ	
	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?			
	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		X

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.

12a

Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

amounts due or received from them.)

11b

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				
b	Enter the number of voting members that are independent 1b 3	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			7.7
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	_		77
	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 organizational documents since the prior Form 990 was filed?	4	 _	X
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following.		,,	
a	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	——- _I		
46	December assessment to the second state of the second seco	45	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		37
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A				
12a		12a		_X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
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		X
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			
<u></u>	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 None			
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	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	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, a	nd fina	ncial	
	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 organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition:		
	Andresen Blom - 202-785-9500			
	1420 K Street, NW, Washington, DC 20005		065	
		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."
- 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	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
	hours per				li that apply)		ly)	compensation from	compensation from related	amount of other
	week	Individual trustee or director	Individual trustee or direct 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
Francis P. Cannon									0.5.000	
Director/President	20.00	<u> X </u>	<u> </u>	_				89,000.	36,000.	0
Luis Tellez	1 00	U I						0.	0.	
Director	1.00	^						0.	0.	0
Ellen Barrosse Director	1.00	x						0.	0.	0
Andresen Blom								· ·	.	0
Executive Director	40.00		L	Х				71,250.	35,000.	0
		\vdash		_	_					
		<u> </u>								

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	<u>ligh</u>	<u>est</u>	Compensated Employ	ees (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	ļ , .		Posi			l. A	Reportable	Reportable	_		imate	
	hours per week	Individual trustee or director	nstitutional trustee	Officer		Highest compensated Compensated Comployee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	3	comp fro orga and	ount of other oensation the anization relation	tion e on ed
		_			_	_ 0	_			+			
										4			
- · · · · · · · · · · · · · · · · · · ·													
				_									
										-			
1b Total						<u> </u>		160,250.					0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no r	eceived more than \$100	1,000 in reportable	е			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,			, key	y em	plo	yee,	or h	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su			mne	enes	ation	n and	t ot	her compensation from	the organization	. -	3		<u> </u>
and related organizations greater than \$15									ino organization		4		х
5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	-			rom	any	unr/	elat	ed organization for serv	ices rendered to		5		х
Section B. Independent Contractors	ale o for sacin	pers	<i>(</i> 11)						•				- 22
Complete this table for your five highest co the organization	mpensated in	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	tion fi	om	
(A)	- 44							(B)			(C		
Name and business Capital City Partners, Li							\dashv	Description of s	ervices	- 00	mper	satio	n
	100 H Street, NW, #700, Washington, DC										18	4,5	00.
				_									
				-								_	
O Total number of independent control of	المراجعة المراجعة				AI	'		1 ab a					
2 Total number of independent contractors (i \$100,000 in compensation from the organi		iot III	mte	u 10	เกอ	se 11:	S100	anove) who received in	iore than				

Part IX Statement of Functional Expenses

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

	All other organizations must compl				
	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				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	160 250	06 150	64 100	
_	trustees, and key employees	160,250.	96,150.	64,100.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	70 267	FF 267	15 000	_
7	Other salaries and wages Pension plan contributions (include section 401(k)	70,367.	55,367.	15,000.	
8					
9	and section 403(b) employer contributions) Other employee benefits				
10	Payroll taxes	14,802.	8,801.	6,001.	
11	Fees for services (non-employees)	14,002.	0,001.	0,001.	
	Management				
h	Legal	8,073.		8,073.	
	Accounting	0,073.		0,073.	<u>-</u>
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other	91,703.	72,703.	19,000.	·
12	Advertising and promotion		, , , , , ,	7.5.5	
13	Office expenses	6,167.	77.	6,090.	
14	Information technology	2,361.	680.	1,681.	
15	Royalties			,	
16	Occupancy	11,700.		11,700.	
17	Travel	13,309.	6,654.	6,655.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,335.	18,335.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	3,363.		3,363.	
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					
b					
C					
d					
е					
f	All other expenses				
<u>25</u>	Total functional expenses. Add lines 1 through 24f	400,430.	258,767.	141,663.	0.
26	Joint costs. Check here I 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	····			5 000 (000)

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	79,970.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			,
		Part II of Schedule L		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	-		
		basis. Complete Part VI of Schedule D 10a			
	ь	Less. accumulated depreciation 10b	-	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	79,970.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ş	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employe	es,		
abi	į	highest compensated employees, and disqualified persons. Complete Pa	art II		
=		of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117, check here	lete		
S		lines 27 through 29, and lines 33 and 34.			_
ĕ	27	Unrestricted net assets		27	
Sale	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here X ar	nd .		
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
et A	32	Retained earnings, endowment, accumulated income, or other funds	0.	32	79,970.
Ž	33	Total net assets or fund balances	0.	33	79,970.
	34	Total liabilities and net assets/fund balances	0.	34	79,970.
					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.

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

ame or t	ne organizati							-		adenuncation nu	
Part I	Peccen (n Principles						2	<u>6-4442148</u>	<u> </u>
			ity Status (All organiz					ructions			
			because it is: (For lines 1	_		-					
¹ ;;			s, or association of churc		nbed in se	ction 170	(b)(1)(A)(i)	•			
2			0(b)(1)(A)(ii). (Attach Sc								
3 📙	•	•	tal service organization of								
4 📖			operated in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital's nan	ne,
	city, and state										
5 📖	-		benefit of a college or ur	niversity ov	vned or op	perated by	a governr	nental uni	t describ	ed in	
		b)(1)(A)(iv). (Comple									
6		· •	ent or governmental unit								
7 X	•	•	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general	public described	in
	•	b)(1)(A)(vi). (Comple	•								
8	•		ection 170(b)(1)(A)(vi). (-						_
9 📖	-	-	eives: (1) more than 33 1							•	
		•	nctions - subject to certa	-	•	•				•	
			axable income (less sect	ion 511 ta	x) irom bu	sinesses a	icquirea b	y tne orga	ilization a	aiter June 30, 19	15.
		509(a)(2). (Complete	•	الطارية حراطة	a aafatu C	٠	- F00(-)/4				
	_	-	perated exclusively to tes	•	-			•	v out the	nurnages of one	
1	-	-	perated exclusively for thations described in section		-				-		OI .
			organization and comple				.). See Sec	ction sost	a)(3). One	eck the box that	
	a Type I	_ 	7		e III · Func		enrated		dГ	Type III - Other	
e X			it the organization is not			•	•	more disc		• •	an
C LAK		•	han one or more publicly		-	•	-			•	
f		-	ten determination from t		_				<i>σ</i> (α)(1) στ	00011011000(4)(2)	
•	-	ganization, check th				po ., . , po	, 0 , p .				
g	•	•	rganization accepted ar	ny aift or co	ontribution	from any	of the follo	owing pers	sons?		
3	-		rectly controls, either al			-				Yes	No
	• •	*	upported organization?	Ŭ		•		`,	,	11g(i)	
	_	= -	n described in (i) above?							11g(ii)	
	(iii) A 35% c	controlled entity of a	person described in (i) o	or (ii) above	9?					11g(iii)	
h	_		about the supported or				•			<u> </u>	
		•									
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis	organization sted in your document?	, ,	ion in col.	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount o support	of
			(see instructions))	Yes	No	Yes	No	Yes	No		
					<u> </u>						
						l	1				
					ļ		_			 	
						ļ		<u> </u>			
otal	-		<u> </u>	l	<u> </u>	<u> </u>		<u> </u>	<u> </u>		

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for O	<u></u>			v-v (onlibicie oui	A 11 AOU CHECKEN HIS D	ON OUT HITE IS OF PAIN
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4)	(2) = 3.3	(6) = 00.	(4)2000	(0) = 000	(7.5.0)
membership fees received. (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, 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- iness under section 513						:
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						
, , , , , , , , , , , , , , , , , , ,				-		
5 Total. Add lines 1 through 5	-			1	 	
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				 		-
B Public support (Subtract line 7c from line 6)				 	•	
ection B. Total Support		<u> </u>				
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Amounts from line 6	(2) 2000	(6) 2000	(0) 2007	(u) 2000	(e) 2003	(I) IOIAI
Da 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						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			· · · · · · · · · · · · · · · · · · ·			
3 Total support (Add lines 9, 10c, 11, and 12)						i
First five years. If the Form 990 is for the	the organization's	first, second, third	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here					(-)(-) 3	_ ´ ▶□
ection C. Computation of Public	Support Pe	rcentage				
Public support percentage for 2009 (lir		•	olumn (f))		15	
Public support percentage from 2008		•			16	
ection D. Computation of Invest						
Investment income percentage for 200	9 (line 10c, colur	nn (f) divided by lin	e 13, column (f))		17	
Investment income percentage from 20			.,,	-	18	
9a 33 1/3% support tests - 2009. If the c	=	·	on line 14, and line	e 15 is more than		17 is not
more than 33 1/3%, check this box and						▶ [
b 33 1/3% support tests - 2008. If the c						and
line 18 is not more than 33 1/3%, chec						
Private foundation. If the organization					-	Ĭ
			32, 21,000		hedule A (Form 99	N or 000 E7\ 2

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons Complete if the organization answered

Open To Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

vaine or un	e organization								ı			ication r	umber
Part I	Ame Excess Benefit	rican Transacti	Prin	Ciples	Projec	t = 501(a)(4)			2	<u> 26 – 44</u>	4214	18	
raiti	Complete if the organ						-		7 Dort	\/ line 40	nh.		
1	Complete ii trie orgai	ilization ansv	wered 1	es on ronn	990, Part IV,	iirie zoa oi	250, 07 F0	III 990-E	z, Part	v, line 40	<u> </u>	(c) Con	rected?
•	(a) Name of disc	qualified per	son			(b) [Description	of transa	ction			Yes	No
												163	140
							··					1	
						-							
									_				
	he amount of tax impo	sed on the	organizat	ion manager	s or disqualifi	ed person	s during the	year un	der				
section										▶ \$			
3 Entert	he amount of tax, if an	y, on line 2,	above, re	eimbursed b	y the organiza	ation .				▶ \$	-		
Part II	Loans to and/or	From Int	tereste	d Persons									
	Complete if the organ					line 26 or	Form 990-F	7 Part \	line 38	Ra.			
(a) Na	me of interested	(b) Loan			inal principal		ance due	(e)		(f) Ap	oroved	(a) W	ritten
perso	on and purpose	the orga	nization?	a	mount	(3, 54		default'			t? by board or committee?		ment?
	To F							Yes	No	Yes	No	Yes	No
			_					ļ					
								ļ <u>.</u>		1		ļ	
	· <u>- · · · · · · · · · · · · · · · · · ·</u>												
	····	·										 	
								 		 			
Total			L		▶ \$	<u> </u>					l	<u> </u>	
Part III	Grants or Assis	tance Bei	nefiting	Interest		S.				<u> </u>			•••
	Complete if the organ		-										
(a) Name of interested p				ionship betwe	en interes		and		(c) Arr	ount an	d type o	f
					the or	ganızatıon					assistar	nce	
									_				
<u> </u>	 								ļ				
												_	
													
			-										_
Part IV	Business Trans	actions Ir	volving	g Interest	ed Person	······································							
	Complete if the organ	nization ansv	wered "Y	- es" on Form	990, Part IV,	line 28a, 2	8b, or 28c						
(a) Name of interested p				np between ir		(c) Amo	ount of	(d)	Descript	tion of		ring of
				person ar	nd the organiz	ation	transa	ction		transact		rever	ation's
												Yes	No
Capita	l City Part	ners,	LLCW	ife of	board	<u>membe</u>	89	,000	.Fee	s pa	id f		_X
							<u> </u>		+				
													
	<u> </u>								-				
			1				i		1			1	ı

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

Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

SCHEDULE O

(Form 990)

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
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

American Principles Project

Employer identification number 26-4442148

Form 990, Part I, Line 1, Description of Organization Mission:
principles
Form 990, Part VI, Section A, line 8b: There are no committees to the board.
Form 990, Part VI, Section B, line 11: The board of directors will review the Form 990.
Form 990, Part VI, Section C, Line 19: Governing documents, internal policy statements and financial statements are not available to the public, except as required by law.
Form 990 - Part VII - Section B Compensation to Capital City Partners LLC included payment for the services of Francis P. Cannon, Marjorie Fellows and others.
Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Capital City Partners, LLC (b) Relationship Between Interested Person and Organization: Wife of board member is partner in CCP (d) Description of Transaction: Fees paid for consulting work

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009. Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

Employer identification number 26-4442148

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

American Principles Project

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year)	tions (Complete if the organization ans	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	t had one or more r	elated tax-exempt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
cinciples in Action - 26-4613397 set, NW, Suite 300			7		
C0007	navocacy		/#\/ 2\Toc		

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

22

Schedule R (Form 990) 2009

932161 02-04-10

26-4442148

Page 2

Schedule R (Form 990) 2009 American Principles Project

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

General or managing partner? Percentage ownership Schedule R (Form 990) 2009 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.) 9 Ξ Code V-UBI amount in box 20 of Schedule 4 K-1 (Form 1065) Share of end-of-year assets **6** ate allocations? Yes No Disproportion-Ξ Share of total income Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) e Share of total income ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ <u>e</u> Legal domicile (state or foreign country) છ 23 (d)
Direct controlling
entity Primary activity <u>a</u> Legal domicile (state or foreign country) <u>ပ</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 932162 07-21-10 Part IV

Page 3

×

×

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

600. Schedule R (Form 990) 2009 99,300. Yes No 9,100. (c) Amount involved × 重 9 9 두 우 타 19 ₽ <u> </u> 9 **;** 19 4 F ¥ ÷ **;**= = 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. (b) Transaction type (a-r) Σ Z Д 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 24 Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) (a)
Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) b Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses (1) American Principles in Action (2) American Principles in Action (3) American Principles in Action Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Exchange of assets 932163 02-04-10 9 € **ම**

Page 4

Schedule R (Form 990) 2009 American Principles Project

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

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

that was not a related organization. See instructions regarding exclusion for certain investment partriers lips	usion for certain investment partners				!		
(a)	(q)		0	(e)		(<u>6</u>)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
כו פוווויל			Yes No	year assers		of Schedule K·1 (Form 1065)	
							-
						Schedule R (Form 990) 2009	n 990) 2009