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SCANNED JUL 1 1 2011

# **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

OMB No 1545-0047
2010
Open to Public

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization Address change AMERICAN PRESS INSTITUTE, INC. Name change 13-2690182 Doing Business As Initial return Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Termin 703-620-3611 11690 SUNRISE VALLEY DRIVE Amended 3.712.572. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-RESTON, VA 20191-1498 H(a) Is this a group return pending Yes X No F Name and address of principal officer ANDREW B. DAVIS for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► WWW.AMERICANPRESSINSTITUTE.ORG H(c) Group exemption number K Form of organization X Corporation Other > L Year of formation: 1971 M State of legal domicile: VA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1. Activities & Governance Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 23 Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 22 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 304,322 339,958. Contributions and grants (Part VIII, line 1h) Revenue 263,515. 229,430. Program service revenue (Part VIII, line 2g) -839,964. 246,050. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 82,561 <u>82,008.</u> 11 Total revenue - add lines 8 through 11 (must-equal Part VIII, column (A), line 12) -189,566. 897,446. Grants and similar amounts paid (Pare & Column (A); Innes-19 74,400. 28,854. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation employee benefits (Part) (A), lines 5-10)
16a Professional fundraising fees (Part IX, column (A), line 11e) .524.132. 281,398. b Total fundraising expenses (Part IX, column (D)-line 25) 0. 1,017,868. Other expenses (Part IX, column (A), lines 21a tad 111 934,144 2,532,676. 2,328,120. Total expenses Add lines 13-17 (must-equal Part IX, column (A), line 25) -1,430,674. Revenue less expenses Subtract line 18 from line 12 -2,722,242. Assets or Balances Beginning of Current Year **End of Year** 18,341,899. 17,803,705. 20 Total assets (Part X. line 16) 366,308 71,662. 21 Total liabilities (Part X, line 26) Net/ und 22 Net assets or fund balances Subtract line 21 from line 20 17,975,591. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign ANDREW B. DAVIS, PRESIDENT Here Type or print name and title Prefarer Asignatur Date Print/Type preparer's name 00366995 6-10-11 DAVID F. GRALING self-employed Paid Firm's name 🕨 GELMAN, ROSENBERG & FREEDMAN Firm's EIN Preparer Firm's address 4550 MONTGOMERY AVE., SUITE 650 NORTH Use Only Phone no. (301) 951-9090 BETHESDA, MD 20814-2930 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2010) AMERICAN PRESS INSTITUTE, INC.	13-2690182	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission		
	TO DEVELOP LEADERS AND EXECUTIVES BY PROVIDING LEADERSH	IP DEVELOPME	<u>ENT</u>
	OPPORTUNITIES IN ALL AREAS OF NEWS AND EDITORIAL MANAGE	MENT AS WELI	AS
	THE BUSINESS OF RUNNING MEDIA-DRIVEN OPERATIONS. WHATEV	ER MEDIUM	
	NEWSPAPERS USE TO DISSEMINATE THEIR MESSAGES, API IS CO	MMITTED TO	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	No X
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	xpenses.	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported	granto ana	
4a	1 200 000	Revenue \$ 229	,430.)
Tu	SEMINARS AND RESEARCH CONDUCTED ON A COMPREHENSIVE SCOP		
	INDUSTRY DEVELOPMENT AND EXECUTIVE EDUCATION OF ALL FUN		
	THE INDUSTRY.	CIIOIMID IIIIDI	10 01
	THE INDODIKI:		
4b	(Code ) (Expenses \$ including grants of \$ ) (F	Revenue \$	)
			<u> </u>
		·	
4c	(Code ) (Expenses \$ including grants of \$ ) (F	Revenue \$	
			···
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e	Total program service expenses ► 1,308,289.		
		Form !	990 (2010)
03200 12-21			. ,

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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			_
_	similar amounts as defined in Revenue Procedure 98-197 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			<b>.</b>
_	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,	7		x
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	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		х
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		İ	х
A	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	11c	<del> </del>	Δ.
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	L
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		}	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	4.46		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<del>                                     </del>	
IJ	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a <sup>9</sup> If "Yes," complete Schedule G, Part II	18		X
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
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	(004.5)
		⊢orm	<b>330</b>	(2010)

X Form **990** (2010)

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

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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.  $\overline{\mathbf{x}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 23 1a Enter the number of voting members of the governing body at the end of the tax year 1a 22 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Does the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 Х 14 Does the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a Х **b** Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, VA 17 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 Another's website X Upon request Own website 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization 20 EVELYN MIYASATO - 703-715-3327 11690 SUNRISE VALLEY DRIVE, RESTON, 20191-1498

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- 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)	(C)						(D)	(E)	(F)
Name and Title	Average hours per	(cl		Pos all		app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ANDREW B. DAVIS	25.00				İ			054 505	0	0.546
PRESIDENT	35.00	X	<u> </u>	X	<u> </u>	<del> </del>	ļ	254,507.	0.	2,546.
THOMAS SILVESTRI	0.50				İ					
CHAIRMAN	0.50	X		Х			-	0.	0.	0.
ROBERT J. WEIL	0.50	,,		٠,,						
VICE CHAIRMAN	0.50	X		X		ļ	-	0.	0.	0.
CHARLES V. PITTMAN	0.50	37		37		į			_	_
TREASURER	0.50	X	-	Х			-	0.	0.	0.
P. STEVEN AINSLEY	0.50	3,7		ļ						_
BOARD MEMBER	0.50	X	<del> </del>	-	-	ļ .	-	0.	0.	0.
MARK ALDAM	0.50	7.7							_	_
BOARD MEMBER	0.50	X	┢			<del> </del>		0.	0.	0.
PETER BHATIA	0.50	7.7							0.	_
BOARD MEMBER	0.50	X				-		0.	U •	0.
DAVID BLACK	0.50	х						0.	0.	0.
BOARD MEMBER	0.50	^	-			-		ļ		0.
SUSAN DAVIDSON	0.50	х						0.	0.	0.
BOARD MEMBER	0.50	^				-			·	<u> </u>
MICHAEL GUGLIOTTO	0.50	х						0.	0.	0.
BOARD MEMBER	0.30	^				$\vdash$	$\vdash$	0.	<u> </u>	·
CAROLINE D. HARRISON	0.50	v	Ì					0.	0.	0.
BOARD MEMBER ARNE HOEL	0.30	Λ	<del> </del>	<del>                                     </del>			-	0.	<u> </u>	<u></u>
BOARD MEMBER	0.50	\v						0.	0.	0.
GEROULD W. KERN	0.50	<u> </u>	<u> </u>	$\vdash$	<del>                                     </del>				0.	•
BOARD MEMBER	0.50	x						0.	0.	0.
MICHELLE KRANS	0.30	122	<del> </del>		<del>                                     </del>	<u> </u>	<b> </b> -			•
BOARD MEMBER	0.50	x						0.	0.	0.
CAROLINE H. LITTLE	1 0130						$\vdash$			
BOARD MEMBER	0.50	x						0.	0.	0.
JOSEPH LODOVIC	1 3.00	† <u></u>	T							
BOARD MEMBER	0.50	$ _{\mathbf{X}}$			ļ			0.	0.	0.
DAVE MORGAN		T-								
BOARD MEMBER	0.50	X						0.	0.	0.
032007 12-21-10				•	•		•	<u> </u>		Form <b>990</b> (2010)

032007 12-21-10

Part VII   Section A. Officers, Directors, Tr (A)	(B)			(0	C)			(D)	(E)	T-	(F)	
Name and title	Average	١,		Pos				Reportable	Reportable	1	stimated	
	hours per week	(0	hecl	k all	that	app	ly)	compensation from	compensation from related	6	mount of	
	(describe	ig						the	organizations	CO	other mpensatio	on
•	hours for	trustee or director	8			ated		organization	(W-2/1099-MISC)		from the	<b>,</b> ,,
	related	ustee	truste	İ	يو	bens		(W-2/1099-MISC)			ganızatıoı	
	organizations in Schedule	ˈ <u>=</u>	nstitutional trustee	١.	a old	st con				3	nd related	
	O)	Individu	Institu	Officer	Key employee	Highest compensated employee	Former			or	ganization	IS
JAMES MORONEY III					-				•			
BOARD MEMBER	0.50	X	-		<u> </u>			0.	0	•		0.
MARIA E. F. RANGEL	0.50	3,5							0			^
BOARD MEMBER	0.50	-	-	-	⊢		$\vdash$	0.	0	•		0.
REX RUST BOARD MEMBER	0.50	x						0.	0			Ο.
GREGORY SHERMER	0.30		<u> </u>		<del>                                     </del>			- 0.	0	+		<u> </u>
BOARD MEMBER	0.50	x						0.	0			0.
JONATHAN SEGAL												
BOARD MEMBER	0.50	X	L		ļ	<u> </u>		0.	0			0.
KATHARINE WEYMOUTH												
BOARD MEMBER	0.50	X		_	ļ	-		0.	0	•		0.
CAROL ANN RIORDAN	25 00			\				120 662	0	.	15 70	^
VICE PRESIDENT EVELYN MIYASATO	35.00	<u> </u>	┢	Х				139,663.	0	•	L5,72	<u>u .</u>
DIRECTOR OF FINANCE	35.00	ŀ		x				110,106.	0		11,99	5
DIABOTOR OF THATCH	33,00						-	110,100.		•	<u> </u>	<u> </u>
					<u> </u>	Ļ		504.056		<u> </u>	20.06	_
1b Sub-total	1) O4 A							504,276.	0		30,26	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							504,276.	<u>0</u>		30,26	<u>0.</u>
Total number of individuals (including but including	not limited to th	nose	liste	ed al	hov	e) w				•   •	00,20	<u> </u>
compensation from the organization					~~.	-,			,555 11 10 00 14510			3
											Yes 1	No
3 Did the organization list any former officer	, director or tru	stee	, ke	y en	olqr	yee,	or h	nighest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for s										3	:	<u>X</u>
4 For any individual listed on line 1a, is the s									the organization			
and related organizations greater than \$15			•						al cal Carrage and	4	<u> </u>	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							eıat	ted organization or indivi	dual for services	5	.	X
Section B. Independent Contractors	ipiete deriedai	<del></del>	0, 3,	ucii	perc					1 3	1 1 -	<u>~~</u>
Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	acto	ors t	that received more than	\$100,000 of compe	nsation	from	
the organization NONE							-					
(A) Name and business	address							<b>(B)</b> Description of s	ervices		(C) ensation	
			_						0.7.000			
								<del>- 111-111</del>			•	
	<del>.</del>						_					
							ļ					
								· · · · · · · · · · · · · · · · · · ·	-		-:-	
											_	
2 Total number of independent contractors (	including but n	ot li	mıte	d to	tho	se li	l	d above) who received m	ore than			
\$100,000 in compensation from the organi						0					000	
										E	. <b>990</b> (20	

, · u		otatement of flover	iuc .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	its, and its	2,500.	339,958.			
		SEM. TUITION/OT	THER MTG	Business Code 900099	229,430.	229,430.		
Program Service Revenue	b c d e							
	f	All other program service reve	enue					
$\rightarrow$	g	Total. Add lines 2a-2f		<b>•</b>	229,430.			
	3	Investment income (including other similar amounts) Income from investment of ta		•	241,659.			241,659.
	5	Royalties			.=			
			(ı) Real	(II) Personal				
	6 a	Gross Rents	76,120.					
		Less rental expenses	76.400					
		Rental income or (loss)	76,120.	L	76 100			76 100
		Net rental income or (loss)		<b>•</b>	76,120.			76,120.
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2,819,517.					
	b	Less cost or other basis						
	_	and sales expenses Gain or (loss)	2,815,126. 4,391.					
		Net gain or (loss)	4,391.		4,391.			4,391.
		Gross income from fundraisin	a evente (not		4,391.			4,351.
Jue	o a	including \$	of					
Other Revenu		contributions reported on line						
æ		Part IV, line 18	a a					
‡	b	Less direct expenses	b					
0		Net income or (loss) from fund		<b>•</b>				
		Gross income from gaming ad	-					
j		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gan	ning activities	<b></b>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
		Less cost of goods sold	b					
-	С	Net income or (loss) from sale		<u> </u>			_	
}		Miscellaneous Revenu	ie	Business Code	5 000			F 000
		MISCELLANEOUS		900099	5,888.			5,888.
	b							
	C	All other revenue						
	d	Total, Add lines 11a-11d			5,888.			<del></del>
	12	Total revenue See instructions.			897,446.	229,430.	0.	328,058.
03200		TOTAL TOTAL OCC MISH DUNGTHS.			00//440	227,4300		Form <b>990</b> (2010)

### Part IX Statement of Functional Expenses

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

	Section 501(c)(3 All other organizations must comp		tions must complete all o		•
			<u> </u>	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	<b>(D)</b> 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	28,854.	28,854.		
3	Grants and other assistance to governments,	20/0011	20/0311		
-	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	534,537.	178,403.	356,134.	
6	Compensation not included above, to disqualified	•			<u>-</u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	614,079.	409,947.	204,132.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	58,009.	30,761.	27,248.	
10	Payroll taxes	74,773.	38,365.	36,408.	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,413.		1,413.	
c	Accounting	17,536.		17,536.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	41,317.		41,317.	·. <u></u>
g	Other	55,693.	824.	54,869.	
12	Advertising and promotion	15,778.	14,645.	1,133.	
13	Office expenses	59,963.	8,455.	51,508.	
14	Information technology				
15	Royalties	000 600	445 255		
16	Occupancy	207,678.	145,375.	62,303.	
17	Travel	29,264.	781.	28,483.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	102 055	100 705	260	
19	Conferences, conventions, and meetings	183,055.	182,795.	260.	
20	Interest	1,992.		1,992.	
21	Payments to affiliates	322,176.	268,389.	53,787.	
22	Depreciation, depletion, and amortization	344,1/0.		53, 101.	
23 24	Insurance Other expenses. Itemize expenses not covered				·
<b>∠</b> 4	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule O') BAD DEBT	72,500.		72,500.	
_	DUES & SUBSCRIPTIONS	72,300.	695.	6,367.	
b	MISCELLANEOUS	2,441.	093.	2,441.	
q		4,441.		2,441.	· · · · · · · · · · · · · · · · · · ·
d					
e f	All other expenses				1
25	Total functional expenses Add lines 1 through 24f	2,328,120.	1,308,289.	1,019,831.	0.
26	Joint costs Check here J If following SOP	2,320,120.	1,300,203.	1,017,031.	<u> </u>
20	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		ļ		
					000

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	200.	1	31,126.
	2	Savings and temporary cash investments	1,090,205.	2	997,509.
	3	Pledges and grants receivable, net	498,000.	3	189,000.
	4	Accounts receivable, net	72,510.	4	48,001.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	<del>_</del>
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ς,		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net	11 022	7	11 550
Ą	8	Inventories for sale or use	11,833.	8	11,557. 9,273.
	9	Prepaid expenses and deferred charges	11,536.	9	9,2/3.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D  Less accumulated depreciation  10a 13,354,464.  10b 6,930,901.	6,743,654.	40-	6 422 562
		Less accumulated depreciation 10b 6,930,901.  Investments · publicly traded securities	9,913,961.	11	6,423,563. 10,093,676.
	11 12	Investments - other securities See Part IV, line 11	3,313,301.	12	10,055,070.
	13	Investments - program-related. See Part IV, line 11		13	<u> </u>
	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)	18,341,899.	16	17,803,705.
	17	Accounts payable and accrued expenses	53,349.	17	46,826.
	18	Grants payable		18	
	19	Deferred revenue	10,168.	19	6,710.
	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,			
lab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L	<del></del>	22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	200 804	24	10.106
	25	Other liabilities Complete Part X of Schedule D	302,791.	25	18,126.
	26	Total liabilities. Add lines 17 through 25	366,308.	26	71,662.
		Organizations that follow SFAS 117, check here   X and complete			
Š	07	lines 27 through 29, and lines 33 and 34.	15,683,655.	07	15,212,468.
lan	27 28	Unrestricted net assets Temporarily restricted net assets	1,251,936.	27 28	1,479,575.
88	29	Permanently restricted net assets	1,040,000.	29	1,040,000.
Ĕ	23	Organizations that do not follow SFAS 117, check here	1,040,000.	25	1,040,000.
F	ł	complete lines 30 through 34.			
ţs c	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	
ž	33	Total net assets or fund balances	17,975,591.	33	17,732,043.
	34	Total liabilities and net assets/fund balances	18,341,899.	34	17,803,705.
					Form 990 (2010)

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)

Department of the Treasury

Internal Revenue Service

# **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.

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

OMB No 1545-0047

Open to Public Inspection

taine o	i the organizati		N PRESS INST	יביחידיתיבי	TNC			-	1 3	-2690182	.DCI
Part I	Reason		ity Status (All organiz				t) See inst	ructions		2030102	
			because it is (For lines 1								
1	7		s, or association of church	_							
2	<b>-</b>		<b>′0(b)(1)(A)(ii).</b> (Attach Sc								
з 🗀	3		ital service organization of		n section	170(b)(1)	(A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ıı	ıı). Enter th	ne hospital's name	),
	city, and stat	te									
5 🗀	-	•	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describe	d ın	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 -	_	•	ent or governmental uni								
7 LX	•		eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic described in	
_	7	( <b>b)(1)(A)(vi).</b> (Comple									
8	7		section 170(b)(1)(A)(vi).								
9	ū	•	eives (1) more than 33						-		
		•	nctions - subject to certa	•	•	•					
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	tter June 30, 1975	,
40	7	509(a)(2). (Complete			f - 4 C	<b></b> .	- 500/-1//				
10  -	¬ ~		perated exclusively to te	•	•			•			_
11	-	<u>-</u>	perated exclusively for the						•	*	ľ
			ations described in section		•		z) See sec	ะนอก อบ9(	a)(3). One	JK the box that	
	a Type		organization and compl Type II		e III - Func		tograted		d 🔲	Type III - Other	
e 🗔	n **		at the organization is not	,,		•	•	r more die		* *	,
e		•	than one or more publicly		-	•	•				
f		_	tten determination from t		-				J(4)(1) 01 3	collor1 505(a)(2)	
•	-	rganization, check th			ich is a Ty	pc i, Typc	ii, oi Type	, 111			
g	• • •	-	organization accepted ar	ny aift or ce	ontribution	from any	of the follo	owing ner	sons?		
9			firectly controls, either al							Yes	No
	• • • •	•	upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(, ,	()	11g(i)	
	-		n described in (i) above?							11g(ii)	
		•	a person described in (i) o		∍?					11g(iii)	
h	• •	•	about the supported or	• •							
		ŭ	•••	~	` ,						
(i) Nan	ne of supported	(ii) EIN	(iii) Type of		organization			(vı) İs organizatı	s the	(vii) Amount of	
or	ganization		organization (described on lines 1-9		sted in your	, ,		(i) organiz	zed in the	support	
			above or IRC section	governing	document?	(I) or you	r support?	U.S			
			(see instructions))	Yes	No	Yes	No	Yes	No		
				<u> </u>	<u> </u>		<del> </del>				
							<del>                                     </del>				
										· · · · · · · · · · · · · · · · · · ·	
									<u> </u>		
Total											
Utal		<del></del>		<u> </u>	L	L	<u> </u>	1	1		

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	ınclude any "unusual grants ")	1,444,242.	2,070,699.	638,990.	304,322.	339,958.	4,798,211.			
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	1,444,242.	2,070,699.	638,990.	304,322.	339,958.	4.798.211.			
	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)			,			203,361.			
6	Public support. Subtract line 5 from line 4				<u> </u>		4.594.850.			
	ction B. Total Support	<del></del>			<u></u>	<u> </u>	4,374,030.			
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
	Amounts from line 4	1,444,242.	2.070.699.	638,990.	304,322.	339,958.	4.798.211.			
8	Gross income from interest,	1,444,242.	2,070,033.	00073300	001/0220	005/3001	4,750,211,			
0	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	497,018.	694,880.	500 016	335,264.	317,779.	2.354.857.			
_		477,010.	0,54,000.	303,310.	333,204.	311,113.	2,354,657.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income Do not include gain									
	or loss from the sale of capital						г 000			
	assets (Explain in Part IV)					5,888.	<u>5,888.</u>			
	Total support. Add lines 7 through 10	L	<u> </u>		<u> </u>		7,158,956.			
12	•	· · · · · · · · · · · · · · · · · · ·					,016,143.			
13	•	=	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
50	organization, check this box and stop ction C. Computation of Publ	p here	roontogo		<del></del>					
		· · · · · · · · · · · · · · · · · · ·					CA 10 ~			
14	Public support percentage for 2010 (		•	column (f))		14	64.18 %			
15		•	·			15	60.70 %			
16a	33 1/3% support test - 2010.If the o	· ·		·	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		-				<b>▶</b> [X]			
b	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check the	s box			
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation						
17a	10% -facts-and-circumstances tes									
	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 organiza	tion qualifies as a	publicly supported	d organization		<b>▶</b>			
t	10% -facts-and-circumstances tes	t - <b>2009.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or			
	more, and if the organization meets t	he "facts-and circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	·			
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a publi	cly supported orga	anızatıon				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨			
				<u> </u>		edule A (Form 990				

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, please com	piete r art ii j				
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2001	(0) 2000	(4) 2000	10,2010	
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-				Ì		
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		<del></del>		<del> </del>	·	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513				<del> </del>		-
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						ļ
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				ļ		
6 Total. Add lines 1 through 5						-
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		<u> </u>	ļ	ļ	<b>_</b>	<b></b>
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						<u> </u>
8 Public support (Subtract line 7c from line 6)		<u> </u>		<u> </u>		
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📙	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources			}			
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					1	
c Add lines 10a and 10b			-	Ĭ		
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)						<del>                                     </del>
14 First five years. If the Form 990 is for t	the organization	's first second thu	rd fourth or fifth t	ay year as a sect	ion 501(c)(3) organi	zation
check this box and stop here	o organization	o mot, docoma, triii	a, iourai, or mart	un your as a sect	ion oo nojoj organii	<b></b>
Section C. Computation of Public	Support Pe	ercentage				
15 Public support percentage for 2010 (lin		<del>-</del>	column (fl)		15	
16 Public support percentage for 2009 s		•	00.31117 (1))		16	
Section D. Computation of Invest				· -	110	
17 Investment income percentage for 201					17	
18 Investment income percentage for 201		· · ·	ne 13, column (I))			
, , , , , , , , , , , , , , , , , , ,		•	on line 14 and lin	0 15 is mare than	18	
19a 33 1/3% support tests - 2010. If the c						17 IS HOL
more than 33 1/3%, check this box and	•	•		• • •		<b>▶</b> ∟
b 33 1/3% support tests - 2009. If the c						
line 18 is not more than 33 1/3%, chec		· -			-	· •
20 Private foundation. If the organization	i did not check a	a box on line 14, 19	la, or 19b. check t	his box and see i	nstructions	

#### 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. Inspection Name of the organization Employer identification number AMERICAN PRESS INSTITUTE, INC. 13~2690182 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2010

Schee		N PRESS IN				or Oth		13-26					
3	Using the organization's acquisition, accessi	on, and other record	is, check	cany or the	tollowing tha	it are a s	ignineant	use or its	conection	ııtem	ıs		
_	(check all that apply)  a Public exhibition  d Loan or exchange programs												
		_			nange progra	ams							
b	Scholarly research	е	Ш,	Other			<del>.</del>						
C	Preservation for future generations		. 1	6 41 41				D					
4	Provide a description of the organization's co			-	-			ose in Par	I XIV				
5	During the year, did the organization solicit o					er sımıla	r assets		٦٧		٦.,		
Dar	to be sold to raise funds rather than to be material to be material.  t IV Escrow and Custodial Arran					"Voo!! to	Farm 000	Dort IV	Yes O or		No		
T ai	reported an amount on Form 990, Pa		ete ii trie	organizatio	n answered	res to	Form 990	J, Part IV, I	ine 9, oi				
4-			liani far		<del></del>								
	Is the organization an agent, trustee, custod	an or other intermed	nary for t	contribution	s or other as	sets not	included	<u> </u>	Yes	Γ-	No		
	on Form 990, Part X?			ماحاما				<u> </u>	_ res		_] IAO		
Ø	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing t	able				Γ	A				
							-	ļ.——	Amount				
	Beginning balance						1c						
	Additions during the year						1d						
	Distributions during the year						1e						
	Ending balance	000 D. 4 V I	040				<u>1f</u>	<u> </u>	٦.,	_	٦		
	Did the organization include an amount on F	orm 990, Part X, line	217					L	Yes	L	」No		
Par	If "Yes," explain the arrangement in Part XIV	f the eventuation on		"Vaa" ta Far	000 Boot	IV line :							
rai	t V Endowment Funds. Complete								4 \ Faus		haal.		
_		(a) Current year		rior year	(c) Two yea		(d) Inree	years back	(e) Four	years	Dack		
	Beginning of year balance	10,776,319.	9	<u>,091,557.</u>	11,81	7,639.							
	Contributions												
	Net investment earnings, gains, and losses	1,152,306.	1	<u>,718,852.</u>	-2,68	0,712.							
	Grants or scholarships			,									
е	Other expenditures for facilities												
	and programs	32,587.		34,090.	4	5,370.							
	Administrative expenses							<del></del>					
_	End of year balance	11,896,038.		,776,319.	9,09	1,557.			]				
	Provide the estimated percentage of the year												
	Board designated or quasi-endowment	88.40	_%										
	Permanent endowment   2.86	%											
		%											
За	Are there endowment funds not in the posses.	ession of the organization	ation tha	at are held a	nd administe	ered for t	the organi	zation	Г		Τ		
	by									Yes	No		
	(i) unrelated organizations								3a(ı)		X		
	(ii) related organizations								3a(ii)		X_		
	If "Yes" to 3a(ii), are the related organization:								3b		<u> </u>		
4	Describe in Part XIV the intended uses of the												
Par													
	Description of investment	(a) Cost or o		, , ,	or other		ccumulat	I	(d) Bool	k valu	e		
		basis (investr	nent)		(other)	de	preciation	1					
	Land				7,309.			0.1			<u>09.</u>		
b	Buildings			9,22	<u>9,167.</u>	3,	539,4	01.	5,68	9,7	<u>66.</u>		
С	Leasehold improvements												
	Equipment				7,641.		483,4				79.		
	Other				0,347.		<u>908,0</u>	38.			09.		
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))				6,42	3,5	<u>63.</u>		

Schedule D (Form 990) 2010

	dule D (Form 990) 2010 AMERICAN PRESS INSTITUTE, I	NC.	aial Chah	13-2	2690182	Page 4
Par	t XI   Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	ciai State	ement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	-		<u>446.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,328,	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		_1,430,	
4	Net unrealized gains (losses) on investments		4		<u>1,187,</u>	126.
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		1,187,	126
_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	10	10		-243,	
10 Par	t XII Reconciliation of Revenue per Audited Financial Statement			Return		740.
1	Total revenue, gains, and other support per audited financial statements		•	1	2,084,	572.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
	Net unrealized gains on investments	2a   1,18	7,126.	1 1		
	-		11120	1 1		
þ	Donated services and use of facilities	2b		1 1		
С	Recoveries of prior year grants	2c		- 1		
d	Other (Describe in Part XIV)	_2d		- 1		
е	Add lines 2a through 2d			2e	1,187,	
3	Subtract line 2e from line 1			3	897,	446.
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				
	Other (Describe in Part XIV)	4b		1		
c	Add lines 4a and 4b	,		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	897	446.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses per			
	Total expenses and losses per audited financial statements			1	2,328,	120
1						140.
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	<del> </del>	-		
b	Prior year adjustments	2b		4		
С	Other losses	2c		_		
d	Other (Describe in Part XIV)	2d		_		
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	2,328,	120.
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				
	Other (Describe in Part XIV)	4b		1		
	Add lines 4a and 4b			4c		0.
				5	2,328,	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  t XIV Supplemental Information			1 3	2,320,	120.
						4.5-1
•	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III					4, Part
	2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp				ınformatıon	
PAF	T V, LINE 4: THE BUILDING FUND IS FOR MAJO	OR MAINTEN	IANCE A	7ND		
REN	OVATION COST OF THE API BUILDING. THE BOAR	RD DESIGNA	TED EN	1DOM	MENT FUN	1D
IS	TO FUND PROGRAM SERVICES AND OPERATING COS	STS.				
DAE	T X, LINE 2: IN JUNE 2006, THE FINANCIAL A	CCOINTING	יוא בייים	מממו	C BOARD	
LVI	I A, DINE Z. IN COME 2000, THE PINANCIAL A	CCOUNTING	DIMI	MILD	3 DOMIND	
(FA	SB) RELEASED FASB ASC 740-10, INCOME TAXES	S. THAT PE	ROVIDES	GU:	IDANCE H	OR
7		,	<u> </u>			
REI	ORTING UNCERTAINTY IN INCOME TAXES. FOR TH	IE YEAR EN	IDED DE	ECEM	BER 31,	
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<u>201</u>	0, THE INSTITUTE HAS DOCUMENTED ITS CONSIL	DEKATION (	JE FASI		<u>C 740−1(</u> lule D (Form 9	
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Schedule D (Form 990) 2010	AMERICAN	PRESS	INSTITUTE	, INC.	13-269	0182 Page 5
Schedule D (Form 990) 2010  Part XIV Supplemental Inf	formation (continue	d)			·	
AND DETERMINED THA	AT NO MATERI	AL UNC	<u>ERTAIN TA</u>	X POSITIONS	QUALIFY FO	R EITHER
RECOGNITION OR DIS	COLOCIEDE EN	שמה בינ	NANCTAL C	<b>ฑภ สายพายามสา</b> ย		
RECOGNITION OR DIS	CLOSOKE IN	TRE FI.	MANCIAL S	TATEMENTS.		
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SCHEDULE I (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" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047	2010	Open to Public	Inspection

Employer identification number . 13-2690182 INC. AMERICAN PRESS INSTITUTE, General Information on Grants and Assistance Name of the organization Part I 2

The organization maintain records to substantiate the amount of the grants of assistance, the grants of assistance, and the selection criteria used to award the grants of assistance?  2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	to substantiate the stance? ocedures for mon	e amount of the grants toring the use of grant	or assistance, the funds in the United	grantees eligibility	of the grants of ass	istance, and me selection	X Yes No	0
art II	Governments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	res" to Form 990, Part IV, lir	ne 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000 Check thi	s box if no one recipier	it received more th	an \$5,000 Part II	can be duplicated if a	additional space is needed	<b>A</b>	╗
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
<ul><li>2 Enter total number of section 501(c)(3) and government organizations</li><li>3 Enter total number of other organizations</li></ul>	and government o	rganizations					<b>A A</b>	

Schedule I (Form 990) (2010)

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

INC

Page 2

13-2690182

AMERICAN PRESS INSTITUTE,

Schedule I (Form 990) (2010)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

FELLOWSHIP AWARD TO ATTEND SEMINARS. IT COVERS TUITION AND IN SOME INSTANCES, HOTEL AND LIMITED TRAVEL				
28,854,				
0				
35				
ELLOWSHIP AWARDS				
	35 0, 28,854,BOOK	0, 28,854,BOOK	35 0, 28,854,BOOK	35 0, 28,854,BOOK

Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

2: API REVIEWS AND SELECTS FELLOWSHIP RECIPIENTS LINE Ţ PART Η SCHEDULE

AWARD LETTER AND IS REGISTERED TO THE SEMINAR APPLIED FOR. IN SOME

FROM APPLICATIONS RECEIVED. THE SUCCESSFUL APPLICANT GETS A FELLOWSHIP

API MAY COVER THE TRAVEL AND HOTEL COSTS. HOTEL COSTS ARE PAID INSTANCES, DIRECTLY TO THE HOTEL AND THE TRAVEL REIMBURSEMENT IS BASED ON SUBMISSION

THE TRAVEL INVOICE/PAPERWORK AND MAY BE LIMITED TO CERTAIN AMOUNTS. OF

(F) DESCRIPTION OF NON-CASH ASSISTANCE: FELLOWSHIP AWARD TO ATTEND

032102 01-13-11

Schedule I Part IV	(Form 99 Supp	90) 2010 Diemental Infor	AMERICAL mation	N PRES	SS INST	TITUTE,	INC.	13-2690182 P	age 2
<u>SEMINA</u>	ARS.	IT COVERS	TUITION A	AND II	N SOME	INSTANC	CES, HOTEL	AND LIMITED	
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#### 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.

ee separate instructions.

2010

Open to Public Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			l
	CEO/Executive Director Check all that apply			ĺ
	Compensation committee			ĺ
	Independent compensation consultant  X Compensation survey or study			ĺ
	Form 990 of other organizations  X Approval by the board or compensation committee			ĺ
				ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X X X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> X</u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			İ
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			ĺ
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	_8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	İ	<u> </u>

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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	SC compensation	(C)	(Q)	. (E)	(F)
	•	(ı) Base	(ii) Bonus &	(III) Other	Retirement and other deferred	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation
( <b>A</b> ) Name	· · · · ·	compensation	incentive	reportable compensation	compensation		, (a) (a)(a)	Form 990 or Form 990-EZ
	Ξ	254,507.	0	0	0	2,546.	257,053.	0
1 ANDREW B. DAVIS	Ξ	0	0	0	0.	0	0	0
	ε	139,663.	0	0	0.	15,720.	155,383.	0
2 CAROL ANN RIORDAN	⊕	• 0	0	0	0.	0	0	0
	Ξ							
m	Ξ							
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Schedule J (Form 990) 2010

#### **SCHEDULE O**

. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

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 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 THE 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.

IF AN EMPLOYEE IS UNSURE OR BECOMES PERSONALLY INVOLVED IN ANY SITUATION
THAT MAY VIOLATE THE REQUIREMENT AND SPIRIT OF THE CONFLICT OF INTEREST
POLICY, HE OR SHE CONTACTS 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
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. IF THE EMPLOYEE IS FOUND TO
BE GUILTY OF A CONFLICT OF INTEREST, DISCIPLINARY ACTION IS METED OUT.

DISCIPLINARY ACTION MAY INCLUDE TERMINATION AND REIMBURSEMENT TO API FOR

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

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization AMERICAN PRESS INSTITUTE, INC.

Employer identification number 13-2690182

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. IN 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 THAT SUPPORTS API, IT WAS MUTUALLY AGREED TO FOREGO BONUS AND COMPENSATION

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY

AVAILABLE TO THE PUBLIC UPON REQUEST.

ADJUSTMENTS SINCE 2008.

Name of the organization  AMERICAN PRESS INSTITUTE, INC.	Employer identification number 13-2690182
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	1,187,126.