

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



45799

## **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)

and ending

Inspection

Department of the Treasury Interna JRevenue Service

A For the 2011 calendar year, or tax year beginning

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

Open to Public

OMB No 1545-0047

<b>B</b> 0	heck if pplicable	C Name of organization	D Employer identification number
clear	□Addres		·
	_lchange ``]Name		26 4442149
Statute	_change	Doing Business As  Number and street (or P.0. box if mail is not delivered to street address)  Rgom/s	26-4442148
\# <u>`</u>	return Termin	·	uite E Telephone number 202 - 503 - 2010
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֡֓֓֡֓֓֓֡֡֓֓֡֡֡֓֓֡֡֡֓֓֡֡֓֡֡֡֡	⊒ated Amend return		G Gross receipts \$ 1,655,720.
-57	Applica		H(a) Is this a group return
Rec in I	pendin	F Name and address of principal officer Francis Cannon	for affiliates? Yes X No
<b>5</b> :		same as C above	H(b) Are all affiliates included? Yes No
001 T	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (unsert no.) 4947(a)(1) or	527 If "No," attach a list (see instructions)
Pa DEC TE TE Pa	Vebsit	e:  www.americanprinciplesproject.org organization:  X Corporation	H(c) Group exemption number ▶
<u>ŞK F</u>	orm of	organization: X Corporation	ear of formation: 2009 M State of legal domicile: DC
<sub>©</sub> Pa	art I	Summary	
	, , ,	Shelly describe the organization's mission or most significant activities TO Educa	
န္က		America's founding principles and to promote	
c d3S Governance		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net assets
ွှဲ		Number of voting members of the governing body (Part VI, line 1a)	JAY 1 3 7
- ≪	4 1	Number of independent voting members of the governing body (Part VI, line 19) (Total number of individuals employed in calendar year 2011 (Part V, line 2a)	/ED 4 7
ctivities		Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 12
ctivities &	)	Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12	2015 6
Aci	ı	retail and dialog been lede for order are tim, coloring (b), into 12	1/41
_	<u>b</u> 1	Net unrelated business taxable income from Form 990-T, line 34	NCH 76 0.
	١.	OGD	Current Year Current Year
Re04ก็บe	l .	Contributions and grants (Part VIII, line 1h)	1,270,057. 1,220,820.
)4E		Program service revenue (Part VIII, line 2g)	0. 0.
<b>€</b>	i .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	<4,427.
Z	l .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.
0	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,265,630. 1,222,777.
100	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
0		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
္ကြင္မ	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	856,596. 834,422.
Sen in	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
ZX	D	Total fundraising expenses (Part IX, column (D), line 25)   16,517.	387,351. 368,237.
$\circ$	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	
SCANNED (Expenses	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,243,947. 1,202,659.
-8	<del></del>	Revenue less expenses Subtract line 18 from line 12	21,683. 20,118.
anci anci	20 -	Total accets (Part V. line 16)	Beginning of Current Year End of Year
Pass Bal	20	Total assets (Part X, line 16)	101,653. 121,771.
Net Assets o Fund Balance	21 22 1	Total liabilities (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20	0. 0. 101,653. 121,771.
	art II	Signature Block	101,055. 121,771.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements, and to the hest of my knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	
<u>,</u>	1	The same of the sa	10/11/12
Sigr	n	Signature of officer	Date
Her		Andresen Blom, Executive Director	
		Type or print name and title	
		Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	1	Cynthia B Laporta, CPA Cumm B Layorh	10/22/24 self-employed P00279363
Prep	oarer [	Firm's name Kositzka, Wicks and Company	Firm's EIN 54-1342298
Use	Only	Firm's address 5500 Cherokee Ave, Suite 400	
		Alexandria, VA 22312	Phone no. (703) 642-2700
May	the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No
1320	01 01-23	The state of the s	Form <b>990</b> (2011)
	S	ee Schedule O for Organization Mission State	
			70.00

	990 (2011) American Principles Project	26-4442148	<u>Page 2</u>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Bnefly describe the organization's mission:		
	Educate the public on America's founding principles and	how those	
	principles are being appiled currently. Promote a return		<del></del>
			1 1
	principles where America has veered from them - looking	at both soc	<u>raı</u>
	and economic issues.		
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	X No
	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?	Ves	X No
3	If "Yes," describe these changes on Schedule O.		110
	•		
4	Describe the organization's program service accomplishments for each of its three largest program services, as i		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and allocations t	to
	others, the total expenses, and revenue, if any, for each program service reported.	<del></del>	
4a	(Code ) (Expenses \$ 965,826 · including grants of \$ ) (Revenue	e \$	)
	Sponsored a presidential candidate debate, focusing on o		· ·
	founding principles; Continued outreach to the Lationo of		·
	through townhalls, op-eds, newsletters, and earned media		
	return to gold standard and sound money including sponso		
	conference and op-eds; Researched & alerted the public t	<u>:o threats t</u>	.0
	childrens' innocence and to parental soverighty through	government	
	intrusion into education; Produced and aired internet ta		
	focusing on social issues; Distributed newsletters, emai		<del></del>
		TP' DICPP	
	releases		
		<u> </u>	
4b	(Code) (Expenses \$	a \$	1
-1.0	/ (LADERSON - /		
			<del></del>
			-
			<del></del>
4c	(Code) (Expenses \$) (Revenue	ie \$	)
4d	Other program services (Describe in Schedule O.)		
•••		,	
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 965,826.		000
13200		Form 9	<b>90</b> (2011)

# Form 990 (2011) American Principles Project Part IV Checklist of Required Schedules

			Yes	No
1	ls 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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_ 6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_ 7		_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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	-		-
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	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	44.		х
А	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		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		.	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
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 hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Form	990 "	2011
		rorm	コラリ ご	20111

132003 01-23-12

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

If "Yes," complete Schedule R, Part V, line 2

Form **990** (2011)

35b

36

37

X

X

X

	Check if Schedule O contains a response to any question in this Part V			
			V	<u> </u>
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a 12			ŀ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		- <u>-</u> -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1
	any contributions that were not tax deductible?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
a	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	711		
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		:
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			}
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of receives an head			}
	Enter the amount of reserves on hand	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
U	. 199, Tao it filed a Form 120 to report these payments (if two, provide an explanation in Schedule O	Form	990	/2011\

132005 01-23-12

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

	Check if Schedule O contains a response to any question in this Part VI						X			
Sec	tion A. Governing Body and Management									
			_			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		7						
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	_1b_		_7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p wrth	any other							
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		L	5		X			
6	Did the organization have members or stockholders?				6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?				7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or							
	persons other than the governing body?				7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by ti	ne following:							
а	The governing body?				8a	X	İ			
b	Each committee with authority to act on behalf of the governing body?				8b		X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	Γ						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)							
			-			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X			
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," a	esспbe	ſ			X			
	ın Schedule O how this was done				12c		Х			
13	Did the organization have a written whistleblower policy?				13		х			
14	Did the organization have a written document retention and destruction policy?				14		х			
15	Did the process for determining compensation of the following persons include a review and approve	al by ı	ndependent	Γ						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official				15a		X			
b	Other officers or key employees of the organization			Γ	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			ſ						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	vith a							
	taxable entity during the year?			. L	16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard the organical statement and safeguard statement and sa	nızatıd	n's							
	exempt status with respect to such arrangements?				16b					
Sec	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 990-7	(Sec	tion 501(c)(3)s oi	nly) av	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply.			- '						
	Own website Another's website X Upon request									
19										
	statements available to the public during the tax year.		2							
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	ords of the orga	nızatı	on· 🕨	•				
	<u>Andresen Blom - 202-785-9500</u>				-					
	1420 K Street, NW, Washington, DC 20005									
13200 01-23-					Form	990	(2011)			

# 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

X

### 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
- 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

Check this box if neither the organizar (A)	(B)			(C)				(D)	(E)	(F)
Name and Title	Average	, <sub>4-</sub>		Pos	ition			Reportable	Reportable	Estimated
	hours per	Ьох	(do not che box, unless		rson	is bot	han	compensation	compensation	amount of
	week		ceran	dad	recto	x/trus	tee)	from	from related	other
	(describe	rector						the	organizations	compensation
	hours for	5	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or director	trust		8	ubeus		(W-2/1099-MISC)		organization
	in Schedule	를	tional		ploy	st con	_			and related organizations
	O)	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Forme			organizations
(1) Francis P. Cannon										-
Director/President	15.00	X		X				32,000.	157,500.	0.
(2) Luis Tellez										
Director	1.00	X						0.	0.	0.
(3) Ellen Barrosse										
Director	1.00	X	<u> </u>					0.	0.	0.
(4) Sean Fieler		•								
Director	2.00	X						0.	0.	0.
(5) Maggie Gallagher		}								
Director	3.00	X						48,000.	0.	0.
(6) Myers Mermel										
Director	1.00	X						0.	0.	0.
(7) Kevin Hall		ŀ						_		
Director	1.00	X						0.	0.	0.
(8) Andresen Blom										
Executive Director	40.00		<b>-</b>	X				80,000.	70,000.	0.
(9) Alfonso Auguilar	40.00									_
Executive Director, Latino	40.00					X		90,000.	30,000.	0.
(10) Emmett McGroarty	40.00									
Director Preserve Innocen	40.00		_			X		85,000.	35,000.	0.
(11) Jeff Bell	40.00							0.5.000		
Policy Director	40.00			_	<u> </u>	X		95,000.	25,000.	0.
	<del></del>		<u> </u>							
						<u> </u>				
			_			-	_			
							1			
<del></del>		<del> </del>		-	_	-	_		<del></del>	
				İ						
		<u> </u>	-			├—	$\vdash$	<u> </u>		
132007 01-23-12			L		L	L				Form <b>990</b> (2011)

Form 990 (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2011)

,					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
돧	1 a	Federated campaigns	1a					
is a	b	Membership dues	1b					
Am A	С	Fundraising events	1c					
듩	đ	Related organizations	1d					
ž E	е	Government grants (contribut	ions) <u>1e</u>					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran	ts, and					,
혈		sımılar amounts not ıncluded abo	ve 1f	1220820.				
들	g	Noncash contributions included in lines	: 1a-1f \$	432,443.				
<u>8</u>	<u>h</u>	Total. Add lines 1a-1f		<b>•</b>	1220820.			
				Business Code			-	
9	2 a							
ē Š	b						· <del>_</del> _	
en S	c		_					
e a	d	·			:			
Program Service Revenue	е							
<u>-  </u>	f	All other program service reve	enue .					
_	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)		▶		· ·		
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨	<del></del>			
	5	Royalties .	Γ	<b>•</b>				
			(i) Real	(ıi) Personal				
	6 a			ļ				
-	b	•		<del></del>				
	С	, ,						
	d	, , , , , ,		. •			· · · · · · ·	
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
- 1		assets other than inventory	434900.			ľ		
	b	Less cost or other basis	422242					
		and sales expenses	432943.	-				
- 1	С	Gain or (loss)	1,957.	L	4 055	4 055		
1	d	• ' '		<u> </u>	1,957.	1,957.		
9	8 a		-					
Other Revenu		including \$	of					
å		contributions reported on line						
je		Part IV, line 18	a					
ŏ		Less: direct expenses  Net income or (loss) from fund	b drawa awanta					
								-
	98	Gross income from gaming ac Part IV, line 19						
	<b>.</b>	Less direct expenses	a b	<del></del>				
		Net income or (loss) from gan	_					
		Gross sales of inventory, less	-		_			
	io a	and allowances						
	h	Less. cost of goods sold	a b					
1		Net income or (loss) from sale	•					
		Miscellaneous Revenu		Business Code				
-	11 a			23311033 0006				
	b							
	2							
	4	All other revenue	<del></del>					<del> </del>
	9	Total, Add lines 11a-11d	•					
	12	Total revenue. See instructions.	• •		1222777.	1,957.	0.	0.
132009	)						,	Form <b>990</b> (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do i	Check if Schedule O contains a responsition include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	430,000.	360,000.	70,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	355,333.	292,800.	62,533.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	49,089.	36,817.	12,272.	·
11	Fees for services (non-employees)				
а	Management				
b	Legal	92.	ı	92.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other _	168,945.	129,074.	24,619.	15,252
12	Advertising and promotion	7,280.	7,280.		
13	Office expenses	19,208.	7,510.	11,698.	
14	Information technology	7,629.	7,260.	369.	
15	Royalties .				
16	Occupancy	23,511.	2,500.	21,011.	
17	Travel	49,463.	39,327.	8,871.	1,265
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	82,106.	80,258.	1,848.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	7,003.		7,003.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Membership in ALEC	3,000.	3,000.		
b	- Included Shifty III Addition	3,000.	3,000		
C					
d					
	All other expenses	-			<del></del>
25	Total functional expenses. Add lines 1 through 24e	1,202,659.	965,826.	220,316.	16,517
<u>25                                    </u>	Joint costs. Complete this line only if the organization	<u> </u>	202,020	220,310.	10,011
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	outsument sampaign and rundraising solicitation.				

		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		101,653.	1	121,771.
	2	Savings and temporary cash investments		•	2	
	3	Pledges and grants receivable, net			3	
i	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dir	ectors, trustees, kev			
ĺ		employees, and highest compensated employee				
Ì		of Schedule L		,	5	
	6	Receivables from other disqualified persons (as	defined under section	· · · · · · · · · · · · · · · · · · ·		
	•	4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instru	-	6		
SIE	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges	-		9	
ľ	-	Land, buildings, and equipment cost or other			-	
l	iva	basis Complete Part VI of Schedule D	10a			
	h	Less: accumulated depreciation	10b		400	en ye
1	11	Investments - publicly traded securities		10c		
		* * *		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line		13	*1.	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	101,653.	15	101 771	
-+	16	Total assets. Add lines 1 through 15 (must equa	ai line 34)	101,653.	16	121,771
	17	Accounts payable and accrued expenses		<del></del> .	17	
	18	Grants payable		18		
	19	Deferred revenue			19	<del></del>
	20	Tax-exempt bond liabilities			20	<del></del>
es	21	Escrow or custodial account liability Complete F			21	<del></del>
	22	Payables to current and former officers, director				
Liabilities		highest compensated employees, and disqualific	ed persons. Complete Part II	-		
_		of Schedule L		<del></del> -	22	<del></del>
	23	Secured mortgages and notes payable to unrela	·		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			_25	
+	26_	Total liabilities. Add lines 17 through 25		0.	_26	0
		Organizations that follow SFAS 117, check he	re 🕨 🔛 and complete			
Ses		lines 27 through 29, and lines 33 and 34.		-		
ğ	27	Unrestricted net assets	•	<del></del>	27	
Ва	28	Temporarily restricted net assets	•		28	
2	29	Permanently restricted net assets	. 🖼		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, ch	neck here 🕨 🐰 and			
ğ		complete lines 30 through 34.		_		_
l še	30	Capital stock or trust principal, or current funds		0.		0
AS	31	Paid-in or capital surplus, or land, building, or eq	•	0.	31	0.
او	32	Retained earnings, endowment, accumulated in	come, or other funds	101,653.	32	121,771
-	33	Total net assets or fund balances		101,653.		121,771
- 1	34	Total liabilities and net assets/fund balances		101,653.	34	121,771

Form **990** (2011)

Form	990 (2011) American Principles Project	26-444214	3_ P	age 12
Pai	t XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response to any question in this Part XI			
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1,2	22 <u>,</u> '	777.
2	Total expenses (must equal Part IX, column (A), line 25)	2 1,2	02,0	559.
3	Revenue less expenses Subtract line 2 from line 1	3	20,3	118.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 1	01,0	553.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6 1	<u>21,'</u>	<u>771.</u>
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (	)		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2h		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	20		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O.		,
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit		
	Act and OMB Circular A-133?		<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		<u> </u>
		Form	n <b>990</b>	(2011)

# 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

Name of the organization

Employer identification number

Schedule A (Form 990 or 990-EZ) 2011

D		Decem	America	n Principles	Proj	<u>ect</u>				2	6-4442	148	_
Paı				ity Status (All organiz					tructions.		<del></del>	<del></del>	
	organı			because it is: (For lines	_		-	•					
1	=			s, or association of chur		nbed in se	ection 170	(b)(1)(A)(i)	).				
2	႕			<b>0(b)(1)(A)(ii).</b> (Attach Sc		_							
3	=			tal service organization									
4		A medical res		operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter t	the hospital	i's name,	
5		•		benefit of a college or ur	niversity ov	vned or or	erated by	a governi	mental uni	t describ	ed in		-
•		-	(b)(1)(A)(iv). (Comple	<del>-</del>				a govern	······································		· · · ·		
6				ent or governmental unr	t described	d in section	n 170(b)(	I)(A)(v).					
7	X												
			b)(1)(A)(vi). (Comple		• •		J						
8		· ·		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9				eives: (1) more than 33			rom contri	butions, m	nembershi	p fees. ai	nd aross re	ceipts from	
				nctions - subject to certa									
			-	axable income (less sect	•		•				•		
		_	509(a)(2). (Complete	•		•		•	, ,			•	
10		An organizati	on organized and or	perated exclusively to te	st for publ	c safety S	See <b>sectio</b>	n 509(a)(4	4).				
11				perated exclusively for th					-	y out the	purposes o	of one or	
		more publicly	supported organiza	itions described in secti	on 509(a)( <sup>-</sup>	i) or section	on 509(a)(2	) See sec	ction 509(	a)(3). Che	eck the box	that	
		describes the	type of supporting	organization and compl	ete lines 1	1e through	11h						
		a Type I	b	Type II o	с 🗀 Тур	e III - Fund	tionally int	egrated		d 🗌	Type III - (	Other	
е	X	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner than	
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	∂(a)(2)	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting of	rganization, check th	nis box .								. $\square$	]
g		Since August	t 17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the folk	owing pers	sons?			_
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ıı) and (	ııı) below,	,	Yes No	_
		the gove	erning body of the si	upported organization?						-	11g(i)		_
		(ii) A family	member of a persor	n described in (i) above?	•						. 11g(ii)		_
		(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	∍?					11g(iii)		_
h		Provide the fe	ollowing information	about the supported or	ganızatıon	(s)							
				(iii) Type of	L		1		(vi) la	the	·-·		_
(i)		of supported	(ii) EIN	organization	in col. (i) lis		(v) Did you organizat		(vi) Is organization	on in col.		nount of	
	orga	inization		(described on lines 1-9	governing				(i) organız U.S		sup	port	
				above or IRC section (see instructions))	Yes		Yes	No	Yes	 No			
					1.00	110		,,,,	1.00				-
				1									
					ļ	_			ļ	ļ			_
							1						
					-								-
								-					_
													-
ota	1		I	I	1	I	I	I	1	1 1			

132021 01-24-12

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

### Part II 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")			480,400.	1,270,057.	1,204,945.	2,955,402,
2	Tax revenues levied for the organ-				, ,		
	ization's benefit and either paid to						
	or expended on its behalf	L		1			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			480,400.	1,270,057,	1,204,945,	2,955,402,
5	The portion of total contributions						<del></del>
	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)						2,370,815.
6	Public support. Subtract line 5 from line 4						584,587.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			480,400.	1,270,057.	1,204,945.	2,955,402.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain	!					
	or loss from the sale of capital	i					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						2,955,402.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, th	ird, fourth, or fifth tax	year as a sectio	n 501(c)(3)	
	organization, check this box and stor						▶X
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (	• • •	•	column (f))		14	%
	Public support percentage from 2010	•	•			15	<u>%</u>
16a	33 1/3% support test - 2011. If the	_			4 is 33 1/3% or n	nore, check this bo	k and
	stop here. The organization qualifies		•				. ▶□
t	33 1/3% support test - 2010. If the	-			ine 15 is 33 1/3%	or more, check th	is box
47.	and stop here. The organization qual			•	10.10		. ▶∟
1/8	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			•	•	π IV how the organ	zation
	meets the "facts-and-circumstances"	-			-		▶
t	10% -facts-and-circumstances tes						U% or
	more, and if the organization meets the				•		
40	organization meets the "facts-and-circ						▶;
18	Private foundation. If the organization	m ala not check a	box on line 13, 1	ba, 160, 1/a, or 17b,			
					Sche	edule A (Form 990	or 990-EZ) 2011

### 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				·- · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-	:					
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose					1	
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					1	
furnished by a governmental unit to					1	
the organization without charge				<u>                                     </u>		<u></u>
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<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						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties				1		
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses				j		
acquired after June 30, 1975						1
c Add lines 10a and 10b				·		
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carned on	1				.1.	
12 Other income Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)	Į .					
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here		<u> </u>		<u> </u>		<b></b> ▶□
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2011 (I	ine 8, column (f) d	livided by line 13, o	column (f)) .		15	%
16 Public support percentage from 2010			· · ·		16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	11 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18 Investment income percentage from 2	2010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						▶□
b 33 1/3% support tests - 2010. If the						and
line 18 is not more than 33 1/3%, che	=				-	
20 Private foundation. If the organization			•		-	▶□

### SCHEDULE J (Form 990)

### **Compensation Information**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions

American Principles Project

Employer identification number 26-4442148

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			1
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			1
	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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	1		
	establish compensation of the CEO/Executive Director Explain in Part III.	1		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee	1		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			-
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			·
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		X
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			_
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2011

Page 2

American Principles Project Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	(3)	32,000.	0	0	0	0	32,000.	0
1 Francis P. Cannon	Ξ			0	0	0	,500	0
	Ξ	80		0	0.	0	1 4	0
2 Andresen Blom	(II)			0	0	0	000′	0.
ļ	€	90	0	0.	0	0	000'	0.
3 Alfonso Auguilar	(ii)			0	0	0.	-	0.
	Θ	85,		0	0	0.	85,000.	0.
4 Emmett McGroarty	(E)	35,		0	0	0	35,000.	0.
	ε	.000,26	0	0.	0	0	95,000.	0.
s Jeff Bell	(ii)	25,		0.	0	0.	25,000.	0
	Θ							
9	<u>(ii</u>							
	ε							
7	Ξ							
	Ξ							
8								
	Ξ							
6	⊞							
	Ξ							
10	(ii)							
	Ξ							
1	(11)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							=
	Ξ							
14	<u> </u>							
	Ξ							
15	(1)							
	Ξ							
16	∄							

Schedule J (Form 990) 2011

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered "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.

OMB No 1545-0047

Open To Public Inspection

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

	Am	<u>erican :</u>	Princi	ples	Projec	t	_	2	26-44	4214	8	
Part I	Excess Benefit	t Transactio	ons (section	on 501(c)(	<ol><li>and section</li></ol>	n 501(c)(4) organization	ns only)					
	Complete if the orga	anization answ	ered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	Ob.		
1	(a) Name of dis	equalified perc	00			(b) Description	of transc	otion			(c) Con	rected?
	(a) Hame of the			_		(b) Description	Ur trainse	CHOH			Yes	No
	-											
_				_								
	···-			-					_			
	<del></del>											
· · · · · · · · · · · · · · · · · · ·											<del></del>	
	the amount of tax imp	oosed on the o	rganization	manager	s or disqualifi	ed persons during the	e year un	der	• •			
	the amount of tax, if a	nv on line 2 a	shove reim	hursed hy	the organiza	ation			• •		_	
O Linton	the amount of tax, if a	ary, or mio 2, e	25040, 101111	buiseu by	y and organize	20011			Ψ	-		
Part II	Loans to and/o	or From Inte	erested I	Persons	S.				-			
	Complete if the orga	anization answ	ered "Yes"	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38	За.			
	ame of interested son and purpose	(b) Loan to the organ	o or from	(c) Origi	nal principal nount	(d) Balance due	(e	) In ault?	(f) Ap	proved pard or puttee?	(g) W agree	ritten ment?
		То	From				Yes	No	Yes	No	Yes	No
<b>1</b> —												
					_				ļ			
		<del> </del>							ļ	ļ		
			<del></del> -				<del> </del>		-			
		-					<del> </del> -	-		<del> </del> -		
						-	<del> </del>					
							-		<del> </del>			
							1		1			
						··· ·			1			
Total		<del>-</del>			▶ \$			<u></u>	1	<del></del>		
Part III	Grants or Assis	stance Ben	efiting Ir	ntereste	ed Person	S.						
<del>_</del> ,	Complete if the orga	anization answ	ered "Yes"	on Form	990, Part IV,	line 27.						
	(a) Name of interested	person		(b) Relati		een interested person ganization	and		(c) Am	ount and	d type o	f 
			-									
								-				
								_				
				-				-				
						<del></del>						
				•								
								<del> </del>				
											-	

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

Schedule L (Form 990 or 990-EZ) 2011

### SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule M (Form 990) (2011)

Department of the Treasury Internal Revenue Service

Name of the organization

990, Part IV, lines 29 or 30. ► Attach to Form 990.

26-4442148 American Principles Project Types of Property (a) (b) (c) (d) Number of Noncash contribution Method of determining Check if contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles Boats and planes 7 Intellectual property 8 432,443. FMV - Date of receip X 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution · Other 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

132141 01-23-12

LHA

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

Schedule M (Form 990) (2011) American Principles Project	26-4442148	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I the organization is reporting in Part I, column (b), the number of contributions, the number of items Also complete this part for any additional information.	, lines 30b, 32b, and 33, an received, or a combination	d whether
Also complete this part tot any additional information.		
Schedule M, Part I, Column (b): American Principles Proj	ect is	
reporting the number of contributions		
Schedule M, Line 32b: American Principles Project uses a	stockbroker	
to sell securities.		
		<del></del>
		-
		<del></del>
	<del></del>	_,
132142 01-23-12	Schedule M (Form	990) (2011)

### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

mplete to provide information for responses to specific questions o

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 26-4442148 American Principles Project Form 990, Part I, Line 1, Description of Organization Mission: principles, including both social and economic issues. Form 990, Part VI, Section A, line 8b: There are no committees to the board. Form 990, Part VI, Section B, line 11: The Form 990 will be reviewed. by the board of directors. 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 - Line 2 Compensation to Francis Cannon is not paid directly to him but is instead paid to Capital City Partners. The compensation paid to Capital City Partners includes the amount paid for Mr. Cannon's services. Reimbursement of health insurance was agreed to for one employee (not a "key employee" nor a "higly compensated")

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

# Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

Employer identification number 26-4442148

OMB No 1545-0047 Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling End-of-year assets Public charity Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income ਉ Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) 9 Primary activity American Principles Project Primary activity Name, address, and EIN Name, address, and EIN of disregarded entity Name of the organization Part II Partl

(g) Section 512(b)(13) Š × controlled entity? Yes entity status (if section 501(c)(3)) Exempt Code section District of Columbia 501(c)(4) foreign country) Advocacy American Principles in Action - 26-4613397 of related organization 1420 K Street, NW, Suite 300 20002 Washington, DC

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

132181 01-23-12 LHA

Schedule R (Form 990) 2011

Page 2

Schedule R (Form 990) 2011 American Principles Project

Part III 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)

Schedule R (Form 990) 2011	Schee			30			
	-						
					:		
						:	
					:		
of Perc /ear owr ts	total ne	Type of entity (C corp, S corp, or trust)	Direct e	Legal domicile (state or foreign country)	Primary activity		Name, address, and EIN of related organization
(d)	<b>(</b>	(9)	5	(9)	organizations treated as a corporation or trust during the tax year )  (h)  (h)  (h)  (h)  (h)  (h)  (h)	Ing the tax	rporation or trust duri
	:						
	ate allocations? 20 of Schedule  Yes No K-1 (Form 1065)	end-of-year ate alloc assets Yes		(related, unrelated, excluded from tax under sections 512-514)		(state or foreign country)	
(j) (k) General or Percentage	(h) (i) Disproportion-		(f) Share of total	(e) dominant income	olling	(C) Legal domicile	(b) Primary activity
_			S		4 7	, ,	

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

Note, Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				<u>~</u>	Yes	Ŷ
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?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<b>1</b>	_	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				10	^	×
c Gift, grant, or capital contribution from related organization(s)				2	_	×
				7	_	,
				2 ,		4 >
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				<b>9</b>	7	4
				ĭ		>
T sale of assets to related organization(s)				=	1	اله
g Purchase of assets from related organization(s)				1g	^	<b>×</b>
h Exchange of assets with related organization(s)				ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)				÷	^	×
				;		5
<ul> <li>Lease of facilities, equipment, or other assets from related organization(s)</li> </ul>				-	7	ď
k Performance of services or membership or fundraising solicitations for related organization(s)	anızatıon(s)			¥	^	×
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę		×
n Sharing of paid employees with related organization(s)				£	×	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				9	^	×
p Reimbursement paid by related organization(s) for expenses				10	7	×
• Other transfer of cash or nonedry to related organization(s)						×
r Other transfer of cash or property from related organization(s)				<b>!</b> +	~	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	iis line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) American Principles in Action	z	261,000.	FMV and % of salary			
0						
(7)						1
(3)						İ
(4)						
(9)				1		]
(9)						
132163 01-23-12	31		Schedule R (Form 990) 2011	R (Form 9	90) 20	11

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(A)	·   -	(5)	(0)	9	(5)	æ	9	9	(3)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are all partners sec 501(c)(3)	U)	Share of	Dispropor- tionate	Code V-UBI	General or managing	Percentage
of entity		(state or foreign country)	excluded from tax under section 512-514) Yes No	Ves No	total	end-of-year assets	allocations?	allocations? Of Schedule K-1 partner? Ownership	Yes No	ownersnip
			•							
			•							
			•							
			:			1				
									$\dashv$	

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011   American Principles Project   Supplemental Information	26-4442148 Page 5
Part VII	Supplemental Information	(
	Complete this part to provide additional information for responses to questions on Schedule R	(see instructions)
·		
	· · · · · · · · · · · · · · · · · · ·	
		- 1
	·	
		· · · · · · · · · · · · · · · · · · ·
		- X
		· · · · · · · · · · · · · · · · · · ·
	·	·
		<del>-</del>
_		