

# Short Form

## Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

- Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization

PROJECT 515, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 50143

City or town, state or country, and ZIP + 4

Minneapolis, MN 55405-0143

D Employer identification number

E Telephone number

(612) 822-7177

F Group Exemption

Number . . . ▶

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

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

I Website: ▶ www.project515.org

J Organization type (check only one) - ☒ 501(c) ( 4 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶\$ 54,269

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	54,216
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	53
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
Expenses	b	Less: direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe )	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	54,269
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	91,843
	14	Occupancy, rent, utilities, and maintenance	14	350
	15	Printing, publications, postage, and shipping	15	13,686
	16	Other expenses (describe )	16	
	17	<b>Total expenses.</b> Add lines 10 through 16	17	105,879
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(51,610)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	60,075
	20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	8,465	

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

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60,075	8,465
23 Land and buildings		
24 Other assets (describe )		
25 <b>Total assets</b>	60,075	8,465
26 <b>Total liabilities</b> (describe )		
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	60,075	8,465

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)What is the organization's primary exempt purpose? CHANGING LAWS TO REDUCE DISCRIMINATION

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

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)**28** PROMOTE THE GOAL OF ENSURING THAT SAME SEX COUPLES AND THEIR

FAMILIES HAVE EQUAL RIGHTS AND CONSIDERATIONS UNDER

MINNESOTA LAW.

(Grants \$ ) If this amount includes foreign grants, check here ☐**28a**

88,883

**29**(Grants \$ ) If this amount includes foreign grants, check here ☐**29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐**30a****31** Other program services (attach schedule) . . . . .(Grants \$ ) If this amount includes foreign grants, check here ☐**31a****32** Total program service expenses (add lines 28a through 31a) . . . . .**32**

88,883

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MICHAEL CASSIDY PO BOX 50143 Minneapolis MN, 55405--014	TREASURER 5	0	0	0
LEE ANDERSON PO BOX 50143 Minneapolis MN, 55405--014	CHAIR 10	0	0	0
SUSAN COGGER PO BOX 50143 Minneapolis MN, 55405--014	VICE CHAIR 5	0	0	0
RUSS TESTA PO BOX 50143 Minneapolis MN, 55405--014	SECRETARY 5	0	0	0
RON BEINING PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
JANE BOWMAN PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
JOHN LARSEN PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 5	0	0	0
RODERIC SOUTHALL PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
DAVID WELLS III PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
WILLIAM GREER PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
MICHAEL D'AMATO PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
JENNIFER ENGH PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
CRISTINE ALMEIDA PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
LISA KANE PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0
JOANN USHER PO BOX 50143 Minneapolis MN, 55405--014	DIRECTOR 3	0	0	0

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	42,749
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
	section 4911 ; section 4912 ; section 4955		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed.	MN	
42 a	The books are in care of	MICHAEL CASSIDY	
	Located at	PO BOX 50143 Minneapolis, MN	
	Telephone no.	612-822-7177	
	ZIP + 4	55405-014	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

