

Short Form
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Department 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 \$500,000 and total assets less than \$1,250,000 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.

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable:

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

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

D Employer identification number

20-8876339

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 Tax-exempt status (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
Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 141,161

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

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	110,712
	2	Program service revenue including government fees and contracts	2	30,440
	3	Membership dues and assessments	3	
	4	Investment income	4	9
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	6b	b Less: direct expenses other than fundraising expenses	6b	
E x p e n s e s	6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a).	6c	
	7a	7a Gross sales of inventory, less returns and allowances	7a	
	7b	b Less: cost of goods sold	7b	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	7c	
	8	8 Other revenue (describe ► _____)	8	
	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	141,161
	10	10 Grants and similar amounts paid (attach schedule)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	57,746
	13	13 Professional fees and other payments to independent contractors	13	36,000
A s s e t s	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	13,150
	16	16 Other expenses (describe ► _____)	16	
	17	17 Total expenses. Add lines 10 through 16	17	106,896
	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	34,265
	19	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	5,875
	20	20 Other changes in net assets or fund balances (attach explanation).	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,140

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	8,465	22 40,543
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	8,465	25 40,543
26 Total liabilities (describe ► STM132)	2,590	26 403
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,875	27 40,140

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 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 <input type="checkbox"/>	28a	0
29	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	0

(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	TREASURER 5	0	0	0
LEE ANDERSON PO BOX 50143 Minneapolis MN, 55405	CHAIR 10	0	0	0
SUSAN COGGER PO BOX 50143 Minneapolis MN, 55405	VICE CHAIR 5	0	0	0
RUSS TESTA PO BOX 50143 Minneapolis MN, 55405	SECRETARY 5	0	0	0
RON BEINING PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0
JANE BOWMAN PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 5	0	0	0
JOHN LARSEN PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 5	0	0	0
RODERIC SOUTHALL PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0
DAVID WELLS III PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0
MICHAEL D'AMATO PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0
JENNIFER ENGH PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0
CRISTINE ALMEIDA PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0
LISA KANE PO BOX 50143 Minneapolis MN, 55405	DIRECTOR 3	0	0	0

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

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	36,000	
b	Did the organization file Form 1120-POL for this year?		X
38a	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 outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations. 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		X
41	List the states with which a copy of this return is filed. ▶ MN		
42a	The organization's books are in care of MICHAEL CASSIDY Telephone no. ▶ 612-822-7177 Located at ▶ PO BOX 50143 Minneapolis, MN ZIP + 4 ▶ 55405		
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)?		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.?		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		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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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 Here Signature of officer _____ Date _____
 MICHAEL CASSIDY, TREASURER
 Type or print name and title

Paid Preparer's Use Only Preparer's signature _____ Date 05-21-2010 Check if self-employed ☐ Preparer's Identifying No. (See inst.) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROR Tax Professionals LLC
 4500 Park Glen Road, Ste 425
 St. Louis Park, MN 55416
 EIN ▶ _____ Phone no. ▶ 612-822-7177

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No