

Short Form Return of Organization Exempt From Income Tax

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

C Name of organization: PROJECT 515, INC.
Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 50143
Room/suite:
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: [X] Cash [] Accrual Other (specify)

I Website: www.project515.org

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) - [X] 501(c) (4) (insert no.) [] 4947(a)(1) or [] 527

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.)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Includes sub-rows for detailed revenue and expense categories.

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.

Table with 3 columns: Description, (A) Beginning of year, and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? <u>CHANGING LAWS TO REDUCE DISCRIMINATION</u>			
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.			
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)	32	0

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	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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
	37a 36,000		
b	Did the organization file Form 1120-POL for this year?		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 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		
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 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		
42 a	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)? 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.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:		X
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.

Table with 3 columns: Question, Yes, No. Rows 46-49b.

Table for line 50: Complete this table for the organization's five highest compensated employees. Columns: (a) Name and address, (b) Title and average hours, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account.

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."

Table for line 51: Complete this table for the organization's five highest compensated independent contractors. Columns: (a) Name and address, (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 MICHAEL CASSIDY, TREASURER. Date.

Paid Preparer's Use Only: Preparer's signature Michael D Cassidy, Date 05-21-2010, Check if self-employed, Preparer's Identifying No., Firm's name ROR Tax Professionals LLC, address 4500 Park Glen Road, Ste 425, St. Louis Park, MN 55416, Phone no. 612-822-7177.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No