# Form **990**

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	2020 calendar year, or tax year beginning and	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		47-46014	62
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  33 BRADFORD STREET	Room/suite	E Telephone numbe (978) 25	
	termin- ated			G Gross receipts \$	1,177,958.
	Amend			H(a) Is this a group re	
F	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Tax-exe	mpt status: X 501(c)(3)	or 527	1	list. See instructions
		E: ► WWW.AMERICANPROMISE.NET	<u> </u>	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Year		A State of legal domicile: MA
_		Summary	<b>L</b> 1001	oriorination.	otato or logar dormono, ====
	T	Briefly describe the organization's mission or most significant activities: TO EI	DUCATE	. INSPIRE.	EMPOWER AND
Governance	' ;	UNITE AMERICANS TO BUILD A STRONG REPUBLE			
na.	2	Check this box  if the organization discontinued its operations or dispos			
Ve	3			3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
გ დ		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			19
iţi	6	Fotal number of volunteers (estimate if necessary)			244
Activities	7a	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	' b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	<del>                                     </del>	tet amouted basiness taxable insome norm some set in act, into the		Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		1,093,724.	1,177,664.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
e e	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	294.
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,093,724.	1,177,958.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		397,263.	447,184.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ē	. b	Fotal fundraising expenses (Part IX, column (D), line 25)	38.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		538,358.	330,975.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		935,621.	778,159.
	19	Revenue less expenses. Subtract line 18 from line 12		158,103.	399,799.
Net Assets or	23	·	Ве	ginning of Current Year	End of Year
sets	20	Fotal assets (Part X, line 16)		601,230.	1,116,607.
ASS	21	Total liabilities (Part X, line 26)		34,465.	150,043.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		566,765.	966,564.
P	art II	Signature Block			
Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	yn	Signature of officer		Date	
He	re	JEFF CLEMENTS, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa		SANDRA M. BROWN, CPA SANDRA M. BROWN	, CPA	05/13/21 self-employ	
	parer	Firm's name SMITH, SULLIVAN & BROWN, P.C.		Firm's EIN ▶	43-1985162
Us	e Only	Firm's address 80 FLANDERS ROAD - SUITE #200		,_	00) 074 7476
		WESTBOROUGH, MA 01581		Phone no. (5	
Ма	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE IDENTIFY, EMPOWER, AND AMPLIFY THE VOICES AND ACTIONS OF LEADERS	
	WHO WORK ACROSS DIVIDES TO PRESERVE OUR DEMOCRATIC REPUBLIC AND CREATE	
	A STRONG FOUNDATION FOR THE FUTURE OF OUR COUNTRY. WE PROVIDE CIVIC	
	EDUCATIONAL PROGRAMS THAT ENGAGE, INSPIRE, AND CREATE LEADERS FROM	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	10
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	10
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	// / // / // / /	• )
	AMERICAN PROMISE EDUCATION FUND EDUCATES, INSPIRES, EMPOWERS AND UNITES	<u> </u>
	AMERICANS TO BUILD A STRONG REPUBLIC AND HEALTHY DEMOCRACY,	
	PARTICULARLY FOCUSED ON CORE AMERICAN PRINCIPLES OF LIBERTY, POLITICAL	
	EQUALITY, ANTI-CORRUPTION, FEDERALISM AND RESPONSIVE, REPRESENTATIVE	
	GOVERNMENT. APEF OFFERS PROGRAMS AND EDUCATION ABOUT THE CONSTITUTIONAL	<u></u>
	MEANS OF SECURING THOSE PRINCIPLES, AND THE HISTORIC AND CURRENT ROLE	
	OF ALL AMERICAN CITIZENS IN DOING SO, THROUGH CONSTITUTIONAL AMENDMENTS,	,
	LAW, VOTING, COMMUNITY LEADERSHIP AND SERVICE, AMONG OTHERS.	
	/ CHE COMPRISE O FOR MORE PRESENT	
	(SEE SCHEDULE O FOR MORE DETAIL)	
4b	(Code:) (Expenses \$	_ )
4c	(Code:) (Expenses \$	_ '
44	Other program services (Describe on Schedule O.)	
<del>-t</del> u		
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 567, 246.	
7.5	Form <b>990</b> (20	)20)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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	11c		Х
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	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 and XII is optional	12b		X
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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	145		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		22
13	foreign organization? 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 other assistance to	13		<del></del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continu
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization 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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			<b>.</b>
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		v	
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule 0  rt V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	55 Contours & Contains & Copondo of Hoto to dry into in the fact y		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	The state that the state of the			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		Х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
' a	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		х
b	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
d	1-1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:	-		
'' a	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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		
	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 reserves on hand			77
14a	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			. v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	Form	. 000	(2020)

Form **990** (2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line 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 on Schedule O.			
b	Enter the number of voting members included on 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 with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	'		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	and the second s	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			,
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization'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 ►MA, CA, NY, PA, KY, RI, AL, CO, C	r,DC	,FL	, GA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JEFF CLEMENTS - (978) 254-6275			
	33 BRADFORD STREET, CONCORD, MA 01742			
	SEE SCHEDIILE O FOR FILL LIST OF STATES	Farm	aan	/0000\

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	, unle	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JEFFREY D. CLEMENTS	32.00	X		x				0.	0.	0
PRESIDENT AND BOARD MEMBER (2) JOHN WASS	1.00	^		^				0.	0.	0.
BOARD CHAIR AND TREASURER	1.00	x		x				0.	0.	0.
(3) ALICIA HESSE-CLEARY	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(4) BUFF KAVELMAN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) DEBRA WINGER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) CHERYL CRAWFORD	1.00								_	_
BOARD MEMBER	0.00	Х						0.	0.	0.
(7) JASON FORD	1.00	l							•	•
BOARD MEMBER	0.00	Х						0.	0.	0.
		-								
		-								
				L						
				_						

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		than	nne	Reportable	Reportable	E:	stimated	b
		hours per	box	, unle	ss pe	rson	is bot	n an		compensation	ar	nount o	f
		week	_	Ler an	lu a u	liecic	Jiriius	iee)	- Ironi	from related		other	
		(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)		npensat rom the	
		related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	1	janizatio	
		organizations	truste	al trus		yee	mper		(17 27 1000 111100)		١ ١	d relate	
		below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	ıer			org	anizatio	ns
		line)	Indiv	Instit	Officer	Key e	High empl	Former					
1b	Subtotal							<b>•</b>	0.	0			0.
С	Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.	0			0.
d	Total (add lines 1b and 1c)							<u> </u>	0.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable			_
	compensation from the organization											I I	0
												Yes	No
3	Did the organization list any <b>former</b> officer,												77
	line 1a? If "Yes," complete Schedule J for si										3		X
4	For any individual listed on line 1a, is the su												77
	and related organizations greater than \$150										4		Х
5	Did any person listed on line 1a receive or a	-				-		elat	ted organization or indivi	dual for services			37
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .				5		X
	tion B. Independent Contractors									<b>*</b>			
1	Complete this table for your five highest con										nsation	trom	
	the organization. Report compensation for	ine calendar y	ear	endi	ng v	vith	or w	ithii		/ear.		<b></b>	
	<b>(A)</b> Name and business	address							( <b>B</b> )  Description of s	ervices		C) nsation	
BAI	RK MEDIA							$\dashv$	NATIONAL				
	) PENNSYLVANIA ST, LAWF	RENCE. F	ZS.	66	504	44			COMMUNICATIO	NS	10	0,44	18.
				-				$\dashv$				J , 13	
								$\dashv$					

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	rt V	/111			5			
			Check if Schedule O contains a respons	se or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
					Total Tovollas	function revenue		from tax under
10 10								sections 512 - 514
ants Ints			Federated campaigns 1a					
يق			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
텵		d	Related organizations 1d					
ns, Sim		е	Government grants (contributions) 1e	77,500.				
iţi S		f	All other contributions, gifts, grants, and					
ğ.			***	,100,164.				
d d		g	Noncash contributions included in lines 1a-1f 1g \$	230,007.				
<u>3 E</u>		h	Total. Add lines 1a-1f	<b>)</b>	1,177,664.			
				Business Code				
မွ	2	а						
ه چَ		b						
Program Service Revenue		С						
am		d						
og R		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	•	294.			294.
	4		Income from investment of tax-exempt bond					
	5		Royalties	· ·				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	,				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not worth line and a will a six					
			Gross amount from sales of (i) Securities					
	′	а	assets other than inventory 7a	(.,, 5				
		h	Less: cost or other basis					
ō		D						
enr		_	and sales expenses 7b					
Revenue		C	Gain or (loss) 7c					
er	_		Net gain or (loss)	······				
Ğ	8	а						
J								
			contributions reported on line 1c). See					
			, <del>L</del>	Ba Bb				
			· · · · · · · · · · · · · · · · · · ·					
	_		Net income or (loss) from fundraising events	·				
	9	а	Gross income from gaming activities. See	_				
			· · · · · · · · · · · · · · · · · · ·	e la	1			
	40		Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns	_				
				0a				
				Ob				
		С	Net income or (loss) from sales of inventory					
Sn	١			Business Code				
ne je	11			-				
llar /en		b		-				
Miscellaneous Revenue		С		-				
ž			All other revenue					
		е	Total. Add lines 11a-11d		1 177 050	^	^	204
	12		Total revenue. See instructions	<b>)</b>	1,177,958.	0.	0.	294.

# Part IX Statement of Functional Expenses

section	on 501(c)(3) and 501(c)(4) organizations must comp		-		X
<u> </u>	Check if Schedule O contains a respon	se or note to any line in  (A)	this Part IX	(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	392,490.	275,173.	49,745.	67,572
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,672.	14,902.	2,191.	3,579
10	Payroll taxes	34,022.	23,673.	4,533.	5,816
11	Fees for services (nonemployees):				
а	Management				
	Legal	200.		200.	
	Accounting	17,247.		17,247.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	84,151.	75,142.	3,337.	5,672
12	Advertising and promotion	142,962.	124,284.	270.	18,408
13	Office expenses	10,783.	364.	7,955.	2,464
14	Information technology				
15	Royalties				
16	Occupancy	64,641.	46,660.	8,487.	9,494
17	Travel	831.	622.		209
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,904.	3,812.	1,610.	482
24	Other expenses. Itemize expenses not covered				
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES/ACTIVITIES	4,256.	2,614.		1,642
b		•			· · · · · · · · · · · · · · · · · · ·
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	778,159.	567,246.	95,575.	115,338
26	Joint costs. Complete this line only if the organization	.,	, , ,	.,	- ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Part X | Balance Sheet

Part A	X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		228,032.	1	103,276
:	2	Savings and temporary cash investments		15,497.	2	844,590
;	3	Pledges and grants receivable, net		347,500.	3	157,864
4	4	Accounts receivable, net		4		
	5	Loans and other receivables from any curren				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of t	nese persons		5	
(	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ا يَو	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹   १	9	Prepaid expenses and deferred charges		10,201.	9	10,877
10	0a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
1	1	Investments - publicly traded securities			11	
1:	2	Investments - other securities. See Part IV, lir	e 11		12	
1:	3	Investments - program-related. See Part IV, lin		13		
14	4	Intangible assets			14	
1	5	Other assets. See Part IV, line 11			15	
10	6	Total assets. Add lines 1 through 15 (must e		601,230.	16	1,116,607
1	7	Accounts payable and accrued expenses	56.	17	7,008	
18	8	Grants payable		18		
19	9	Deferred revenue			19	
20	0	Tax-exempt bond liabilities			20	
2	1	Escrow or custodial account liability. Comple			21	
တ္က 2	2	Loans and other payables to any current or fo	ormer officer, director,			
≝		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of t	nese persons		22	
בן בׂ	3	Secured mortgages and notes payable to un			23	
2	4	Unsecured notes and loans payable to unrela	ated third parties		24	
2	5	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		34,409.	25	143,035
20	6	Total liabilities. Add lines 17 through 25		34,465.	26	150,043
		Organizations that follow FASB ASC 958, o				
8		and complete lines 27, 28, 32, and 33.				
<u>e</u> 2	7	Net assets without donor restrictions		47,505.	27	541,940
g   2	8	Net assets with donor restrictions		519,260.	28	424,624
בַ		Organizations that do not follow FASB ASC				
Net Assets or Fund Balances S. S. S		and complete lines 29 through 33.	•			
ο 29	9	Capital stock or trust principal, or current fun	ds		29	
£   36		Paid-in or capital surplus, or land, building, or			30	
8 3		Retained earnings, endowment, accumulated			31	
₹   3		Total net assets or fund balances		566,765.	32	966,564
-   3		Total liabilities and net assets/fund balances		601,230.	33	1,116,607
		***************************************				Form <b>990</b> (2020

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,17	7 9	58.
2		2				<del>59</del> .
	Total expenses (must equal Part IX, column (A), line 25)	3				99.
3	Revenue less expenses. Subtract line 2 from line 1					<del>65.</del>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		50	0,1	05.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		96	6, <u>5</u>	64.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:	0 10 10 10	-,			
	X Separate basis Consolidated basis Both consolidated and separate basis					
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	+			
·	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			20		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
Jd		igi <del>e</del> At	Juit	3a		Х
<b>L</b>	Act and OMB Circular A-133?			oa		
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Name of the organization AMERICAN PROMISE EDUCATION FUND, 47-4601462 TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Total

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN PROMISE EDUCATION FUND, INC. 47-4601462 Page 2

### 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	653,831.	308,155.	830,600.	1093724.	1177664.	4063974.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	CE2 021	200 155	020 600	1002704	1100664	4062084	
4	Total. Add lines 1 through 3	653,831.	308,155.	830,600.	1093724.	1177664.	4063974.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						1402075	
_	column (f)						1492075. 2571899.	
	Public support. Subtract line 5 from line 4.						23/1099.	
	endar year (or fiscal year beginning in)	(a) 2016	(b) 0017	(a) 2019	(4) 2010	(=) 2020	(f) Total	
		(a) 2016 653,831.	(b) 2017 308,155.	(c) 2018 830,600.	(d) 2019 1093724.	(e) 2020 1177664.	(f) Total 4063974.	
_	Amounts from line 4  Gross income from interest,	033,031.	300,133.	030,000.	1000724.	1177004.	40033744	
8	•							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources					294.	294.	
9	Net income from unrelated business							
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						4064268.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the					501(c)(3)		
	organization, check this box and stop	here					<b>&gt;</b>	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2020 (I	line 6, column (f), c	livided by line 11,	column (f))		14	63.28 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%	
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□	
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□	
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
	more, and if the organization meets the		·					
	organization meets the facts-and-circle						▶∐	
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						_
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include 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						
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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	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						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here		-				<b>&gt;</b> L
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (li					15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2020. If the						17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶Ш
ı	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶Ш

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
0		
9a		
9b		
0-		
9с		
10-		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
2		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described in line 2, above, did the organization's supported organizations have a cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sec		rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	<u> </u>		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' а		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization satisfied the Additional Test: Gomplete line 2 solow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns)	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		It the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020 AMERICAN PROMISE EDUCATION FUND, INC. 47-4601462 Page 6

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
_1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ited Type III supporting org	anization (see				

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	9 Distributable amount for 2020 from Section C, line 6 9				
10 Line 8 amount divided by line 9 amount 10					
	·	(i)	(ii)		/iii\

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
_8_	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	ne of orga		N PROMISE EDUCA	rion fund, i		oyer identification number 47-4601462
Pa	art I-A		janization is exempt un			rganization.
2	Political	campaign activity expendit	ration's direct and indirect polit ures gn activities		▶\$	
	art I-B		janization is exempt un			
			incurred by the organization ur			
2	Enter the	e amount of any excise tax	incurred by organization manage	gers under section 4955	5▶\$	
			n 4955 tax, did it file Form 4720			
						Yes No
		describe in Part IV.	janization is exempt un	der section 501(c)	excent section 501(	C)(3)
			by the filing organization for s		· · · · · · · · · · · · · · · · · · ·	
			ization's funds contributed to c			
3			s. Add lines 1 and 2. Enter here			
	line 17b				▶\$	
4	Did the t	filing organization file <b>Form</b>	1120-POL for this year?			Yes No
5	made pa	ayments. For each organiza tions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organi o a separate political org	ization's funds. Also enter th ganization, such as a separa	ne amount of political
		(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

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Schedule C (Form 990 or 990-EZ) 2020  Part II-A   Complete if the organization 501(h)).						
	ation belongs to an af	filiated group (and list ir	n Part IV each affiliated	group member's nam	e, address,	 EIN,
expenses, and sha	re of excess lobbying	expenditures).				
B Check ► ☐ if the filing organiza	ation checked box A	and "limited control" pro	ovisions apply.			
	its on Lobbying Expo ditures" means amo	enditures unts paid or incurred.	)	(a) Filing organization's totals	<b>(b)</b> Affiliate tota	
1a Total lobbying expenditures to infl	uence public opinion	(grassroots lobbying)		0.		
<b>b</b> Total lobbying expenditures to infl	uence a legislative bo	ody (direct lobbying)		0.		
c Total lobbying expenditures (add	ines 1a and 1b)			0.		
d Other exempt purpose expenditure				778,159.		
e Total exempt purpose expenditure				778,159. 141,724.		
f Lobbying nontaxable amount. Ent				141,/24.		
If the amount on line 1e, column (a)		bbying nontaxable am				
Not over \$500,000		f the amount on line 1e. 00 plus 15% of the exc				
Over \$500,000 but not over \$1,00 Over \$1,000,000 but not over \$1,5		00 plus 15% of the exc				
Over \$1,500,000 but not over \$17		00 plus 5% of the exce				
Over \$17.000.000	\$1,000	•	00 0101 \$1,000,000.			
	1 + - ,	,				
g Grassroots nontaxable amount (el	nter 25% of line 1f)			35,431.		
h Subtract line 1g from line 1a. If ze	ro or less, enter -0-			0.		
i Subtract line 1f from line 1c. If zer	o or less, enter -0			0.		
j If there is an amount other than ze	ero on either line 1h o	r line 1i, did the organiz	ation file Form 4720	-		
reporting section 4911 tax for this	•			L	Yes	└── No
(Some organizations t	hat made a section See the sepa	rate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.	
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	<b>(d)</b> 2020	<b>(e)</b> To	otal
2a Lobbying nontaxable amount	65,091	135,118.	165,343.	141,724.	507	,276.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					760	,914.
c Total lobbying expenditures						
d Grassroots nontaxable amount	16,273	33,780.	41,336.	35,431.	126	,820.
e Grassroots ceiling amount (150% of line 2d, column (e))					190	,230.

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020 AMERICAN PROMISE EDUCATION FUND, INC. 47-4601462 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504/ \/			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 504(c)(6)	on 501(c)(	b), or se	ction	
	501(c)(6).			Yes	N <sub>2</sub>
				res	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from to till-B Complete if the organization is exempt under section 501(c)(4), section 50			otion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, lin	e 3, is
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)		1		
2	expenses for which the section 527(f) tax was paid).	Jai			
•	,		2a		
	Current year Carryover from last year				
C					
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	17		4		
5	expenditure next year?  Taxable amount of lobbying and political expenditures (See instructions)		5		
_	t IV Supplemental Information		3		
		List\: Dort II /	1 lines 1 d	nd 0 (Coo	
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	) 1151), Fait 11-7	A, III 165 T a	iliu 2 (See	
111511	actions), and Part II-b, line 1. Also, complete this part for any additional information.				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN PROMISE EDUCATION FUND, INC.

**Employer identification number** 47-4601462

Schedule D (Form 990) 2020

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	$\operatorname{Did}$ the organization inform all donors and donor advisors in	~		
	are the organization's property, subject to the organization's $ \\$			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose co	ı — —
Da	impermissible private benefit?			
Par		-		art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	7	
	Preservation of land for public use (for example, recrea	ation or education)	7	historically important land area
	Protection of natural habitat		☐ Preservation of a	certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	oution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic str			
d	Number of conservation easements included in (c) acquired			
_	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the o	organization during the tax
	year •			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			□ vaa □ Na
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	na enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and or	oforcina consonyativ	on assements during the year
′	\$\\$\$ \$\$	alling of violations, and el	norchig conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	nts of section 170/h	\(4\(\B\(i\)
Ū	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
Ŭ	balance sheet, and include, if applicable, the text of the footi		· ·	
	organization's accounting for conservation easements.	note to the organization	o milanolar otatornol	no triat december the
Par	t III Organizations Maintaining Collections o	f Art, Historical Tr	easures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	· ·	•	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, educatior	, or research in furt	therance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that de	scribes these items	· i.
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	, ,		,
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$
				<b>L</b> 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
b	Assets included in Form 990, Part X			

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

		N PROMISE						4/-46			age 2
Pai	t III   Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Simil	ar Asse	<b>ts</b> (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	t make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	C	: <u> </u>	Loan or exc	hange progra	ım					
b	Scholarly research	€	• 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	in how th	ney further t	he organization	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or othe	er similar	assets	_	_	_	_
	to be sold to raise funds rather than to be ma								Yes		_ No
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	'Yes" on I	orm 990	), Part IV,	line 9, o	r	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	ns or other as	sets not i	ncluded	_	_	_	_
	on Form 990, Part X?							L	Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing	table:							
									Amour	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial acco	unt liabilit	y?	L	Yes	F	⊣ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete if										
	-	(a) Current year	(b) P	rior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	<b>(e)</b> Fou	r years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the curr	•	•	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	· ———	6									
_	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held a	ind administe	red for th	e organiz	zation			·
	by:								- m	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizar								3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							
Га	Complete if the organization answered		0 Dort I\	/ lino 11a S	Soo Form 000	Dort V I	ino 10				
	·	1							(a) Da a	ر با مار در دا	
	Description of property	(a) Cost or of basis (investi			or other (other)		cumulate reciation		( <b>d</b> ) Boo	k valu	е
4.	Lond	`	nent)	Dasis	(Ott ICI)	uepi	CCIALIOIT				
	Land										
	Buildings							<del>-  </del> -			
	Leasehold improvements							<del>-  -</del>			
	Equipment Other							<del>-  -</del>			
æ	OHIG										

Schedule D (Form 990) 2020

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

7 – 4	l 60	14	162	Page 3
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	OMISE EDUCATION	ON FUND, INC	• 4/-	-4601462 Pa	ıge <b>3</b>
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"				af can a mander to the	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end	of-year market value	<del></del>
(1) Financial derivatives					
(2) Closely held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F) (G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	I1c. See Form 990. Part	X line 13		
(a) Description of investment	(b) Book value	(c) Method of valua		of-year market value	
(1)	( )	.,			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶					
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l1d. See Form 990, Part	X, line 15.		
(a) l	Description			(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b></b>		
Part X Other Liabilities.	E 000 D 1 N/ I' 4		0 0 1 1 1 1 0 0 0 0		
Complete if the organization answered "Yes"  (a) Description of liability	on Form 990, Part IV, line 1	11e or 11f. See Form 99	U, Part X, line 25.	(b) Book value	
				(b) BOOK Value	
(1) Federal income taxes (2) DUE TO AMERICAN PROMISE,	INC.			143,03	3 5
	INC.			143,0	<del>, , , , , , , , , , , , , , , , , , , </del>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Column (b) must equal Form 900, Part V, eal (P) line	25)			143,03	<del>1</del> 5
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 ∠5.)	<u></u>	<b>&gt;</b>	143,03	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements with	i nevellue per n	Ctuii	••
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,335,315.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	157,357.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	157,357.
3	Subtract line 2e from line 1			3	1,177,958.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
-	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,177,958.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12., rt XII Reconciliation of Expenses per Audited Financial Sta			•	
	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin	<b>atements Wit</b> le 12a.	h Expenses per	•	rn.
	rt XII Reconciliation of Expenses per Audited Financial St	<b>atements Wit</b> le 12a.	h Expenses per	•	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin	<b>atements Wit</b> le 12a.	h Expenses per	Retu	rn.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements Wit	h Expenses per	Retu	rn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements Wit	h Expenses per	Retu	rn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	h Expenses per	Retu	rn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a	h Expenses per	Retu	935,516.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a	157,357.	Retu	935,516. 935,357.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other (Describe in Part XIII.)	2a	157,357.	Retu	935,516.
Pa 1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a	157,357.	Retu	935,516. 935,357.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1	2a 2b 2c 2d	157,357.	Retu	935,516. 935,357.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	157,357.	Retu	935,516. 935,516. 157,357. 778,159.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	157,357.	Retu	935,516. 935,357.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION CURRENTLY EVALUATES ALL TAX POSITIONS, AND MAKES A DETERMINATION REGARDING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UNDER REVIEW. THE PRIMARY TAX POSITIONS MADE BY THE ORGANIZATION ARE THE NONEXISTENCE OF UNRELATED BUSINESS INCOME TAX AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. FOR THE YEAR PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020  Part XIII   Supplemental Infor	AMERICAN	PROMISE	EDUCATION	FUND,	INC.	47-4601462	Page 5
Part XIII   Supplemental Infor	mation (continue	ed)					
-							

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization AMERICAN PROMISE EDUCATION FUND, INC. Employer identification number 47 - 4601462

Pai	rt I Types of Property							
		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	<b>(d)</b> Method of det	ermin	ina	
		applicable	contributions or	amounts reported on	noncash contribut		•	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	77	,	020 007	T13.67.7			
9	Securities - Publicly traded	Х	3	230,007.	F.W.A			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		•					
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	gement 29				
					-		Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							
ΙНΔ	For Panerwork Reduction Act Notice see	the Instruc	tions for Form 00	0	Schedule M	(Earn	. 000)	2020

Schedule M	(Form 990) 2020	AMERICAN	PROMISE	EDUCATION	FUND,	INC.	47-4601462	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information.	Provide the info	rmation required by ributions, the number	Part I, lines er of items r	30b, 32b, eceived, o	and 33, and whether the organizar a combination of both. Also com	ation plete

Schedule M (Form 990) 2020

032142 11-23-20

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN PROMISE EDUCATION FUND, INC. **Employer identification number** 47-4601462

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POLITICALLY, PROFESSIONALLY, AND DEMOGRAPHICALLY DIVERSE BACKGROUNDS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN COLLABORATION WITH AMERICAN PROMISE, INC., AMERICAN PROMISE EDUCATION FUND, INC. FOCUSES ITS CIVIC EDUCATION PROGRAMS IN FOUR AREAS. NATIONAL CITIZEN LEADERSHIP CONFERENCES: AMERICAN PROMISE'S NATIONAL CITIZEN LEADERSHIP CONFERENCE (NCLC), HELD ANNUALLY IN WASHINGTON, D.C., CONVENES MORE THAN 300 CITIZEN LEADERS FROM ALL 50 STATES, BUSINESS LEADERS, YOUTH DELEGATIONS, TOPIC EXPERTS, DEMOCRACY REFORM ORGANIZATIONS, REPUBLICAN AND DEMOCRATIC MEMBERS OF CONGRESS, AND LEADERS FROM EVERY MAJOR ORGANIZATION WORKING ON THE 28TH THROUGH KEYNOTE ADDRESSES, EXPERT PANELS, WORKSHOPS, AND NETWORKING OPPORTUNITIES, NCLC OFFERS ATTENDEES THE CHANCE TO SHARE KNOWLEDGE, LESSONS, STRATEGIES AND NEW SKILLS TO STRENGTHEN CIVIC COURAGE AND IMPROVE COLLABORATION.

WRITING THE 28TH AMENDMENT PROGRAM:

AMERICAN PROMISE'S WRITING THE 28TH AMENDMENT PROGRAM SERVES TO EDUCATE ON, STIMULATE CONVERSATIONS ABOUT, AND VET KEY PRINCIPLES FOR ESTABLISHING A SOUND CONSTITUTIONAL FOUNDATION FOR DEMOCRACY REFORM.

THE PROGRAM BRINGS CROSS-PARTISAN CITIZEN VOLUNTEERS TOGETHER WITH

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

**Employer identification number** 

AMERICAN PROMISE EDUCATION FUND, INC. 47-4601462

CONSTITUTIONAL AND LEGAL EXPERTS TO BETTER EXPLAIN AND UNDERSTAND THESE

PRINCIPLES. THROUGH A SERIES OF TOWN HALL STYLE EVENTS ACROSS THE

COUNTRY AND AN ONLINE TOWN HALL EXPERIENCE, CITIZENS LEARN ABOUT KEY

PRINCIPLES FROM A VARIETY OF PERSPECTIVES, THE POTENTIAL IMPACTS OF

INCORPORATING PRINCIPLES INTO A CONSTITUTIONAL AMENDMENT, AND THEN

CONTRIBUTE THEIR THOUGHTS ON THE FOUNDATIONAL ISSUES THAT MATTER TO

THEM.

#### CITIZEN EMPOWERMENT:

AMERICAN PROMISE'S CITIZEN EMPOWERMENT PROGRAMMING FOCUSES ON

COLLABORATING WITH PARTNER ORGANIZATIONS AND COMMUNITY GROUPS IN

LOCALES ACROSS THE NATION, TO BRING TOGETHER CITIZENS OF ALL

BACKGROUNDS TO LEARN ABOUT THE PRINCIPLES OF DEMOCRACY, THE IMPACT OF

MONEY IN POLITICS ON A RANGE OF ISSUES, AND THE ROLE OF CITIZEN-LED

CONSTITUTIONAL AMENDMENTS IN SHAPING OUR REPUBLICAN DEMOCRACY TO THE

PEOPLE'S WILL. THE CITIZEN EMPOWERMENT PROGRAMMING PROVIDES THE

STRUCTURE AND TRAINING FOR CITIZEN LEADERS TO START AMERICAN PROMISE

ASSOCIATIONS IN ORDER TO EDUCATE THEIR COMMUNITIES ABOUT THE ISSUES AND

THE AMENDMENT SOLUTION.

#### CITIZEN CONNECTION CENTER:

AMERICAN PROMISE'S CITIZENS CONNECTION CENTER IS A ONE-STOP INTERACTIVE

WEBSITE FOR CITIZENS, MEDIA, ORGANIZATIONS, LEGISLATORS AND STAFF FOR

EDUCATION, RESOURCES, EVENTS, LEGISLATIVE DEVELOPMENTS, CITIZEN

STORY-TELLING, NEWS, OPINION PIECES AND MORE ABOUT THE BACKGROUND AND

PROGRESS OF THE 28TH AMENDMENT.

Name of the organization **Employer identification number** AMERICAN PROMISE EDUCATION FUND, INC. 47-4601462 KEEP THE PROMISE CAMPAIGN: AT THE END OF 2020, THE ORGANIZATION COMPLETED PHASE 1 OF ITS 3 PHASE STRATEGIC PLAN. THE ORGANIZATION BUILT THE FOUNDATION, INCLUDING THE STRATEGY, ORGANIZATIONAL STRUCTURE, LEADERSHIP TEAM, PROGRAMMING, AND CITIZEN PARTICIPATION THAT WILL ALLOW FOR RAPIDLY BUILDING AND EXPANDING THE SKILLS AND ENGAGEMENT OF AMERICANS AS THE ORGANIZATION MOVES INTO PHASE 2. IN PHASE 2, AMERICAN PROMISE EDUCATION FUND WILL BUILD CAPACITY IN ITS EMPOWERMENT AND COMMUNICATIONS DEPARTMENTS, TO REPLICATE ITS STATEWIDE CHAPTER MODEL, ENGAGE A GROWING NETWORK OF BUSINESS LEADERS, FULLY IMPLEMENT INITIATIVES DESIGNED TO AMPLIFY THE VOICES OF THE NEXT GENERATION AND SERVE AS A LEADER IN THE REFORM MOVEMENT THROUGH PARTNERSHIPS, CONVENINGS AND ITS NATIONAL CITIZEN LEADERSHIP CONFERENCE. ULTIMATELY THESE PROGRAMS TRANSLATE INTO CITIZENS WHO, WITH TRAINING, COMMUNICATION RESOURCES AND CONNECTIVITY TO A BROAD REFORM COMMUNITY, CAN ENGAGE EFFECTIVELY IN THEIR DEMOCRACY AND HAVE A VOICE IN THE FUTURE DIRECTION AND RENEWAL OF THIS NATION. DURING 2020 AND IN THE LEAD UP TO PHASE 2, SET TO BE EXECUTED FROM 2021 THROUGH 2023, THE ORGANIZATION EXPANDED ITS FUNDRAISING CAPABILITIES TO LAUNCH THE KEEP THE PROMISE CAMPAIGN, A THREE-YEAR, \$20 MILLION GROWTH CAMPAIGN BEGINNING IN 2021. FORM 990, PART VI, SECTION A, LINE 4: AMENDED BY-LAWS

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization

AMERICAN PROMISE EDUCATION FUND, INC.

Employer identification number 47-4601462

THE BOARD WILL REVIEW THE DRAFT 990 PRIOR TO THE PRESIDENT SIGNING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW EMPLOYEES OF AMERICAN PROMISE, INC. RECEIVE A COPY OF THE HANDBOOK,
WHICH INCLUDES THE CONFLICT OF INTEREST POLICY, UPON HIRE. AMERICAN
PROMISE, INC. EMPLOYEES PROVIDE SOME SERVICES TO AMERICAN PROMISE EDUCATION
FUND, INC. AS PART OF A WRITTEN SHARED-COST AGREEMENT. THE CONFLICT OF
INTEREST POLICY IS REVIEWED ANNUALLY WITH THE BOARD OF BOTH AMERICAN
PROMISE, INC. AND AMERICAN PROMISE EDUCATION FUND, INC. AND WITH ALL
EMPLOYEES AND IS READILY AVAILABLE IN THE ORGANIZATION OPERATIONS INTRANET
AT ALL TIMES.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S PRESIDENT IS ALSO A BOARD MEMBER. HE PROVIDES HIS

SERVICES FOR NO CHARGE TO THE ORGANIZATION; THE AUDITED FINANCIAL

STATEMENTS VALUED HIS DONATED SERVICES FOR 2019 AT \$91,200.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

MA,CA,NY,PA,KY,RI,AL,CO,CT,DC,FL,GA,ME,MD,NJ,ND,OH,TN,VA,WA

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC BY REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES

75,142.

Name of th	e organization	AMERI	CAN PF	ROMISI	E EDUC	CATIO	ON FUN	1D, I	NC.		Employer ide 47 – 46	entification num	nber
MANAGE	EMENT AN	ID GENE	RAL EX	PENSI	ES							3,33	37.
FUNDRA	AISING E	EXPENSE	:s									5,6	72.
TOTAL	EXPENSE	ES										84,1	51.
TOTAL	OTHER F	EES ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		84,1	51.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Internal Revenue Service

Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

47-4601462 AMERICAN PROMISE EDUCATION FUND, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No AMERICAN PROMISE, INC. - 47-4608840 TO INSPIRE AMERICANS TO 33 BRADFORD STREET WIN THE CAUSE OF OUR TIME: Х CONCORD, MA 01742 THE 28TH AMENDMENT. MASSACHUSETTS 501(C)(4) N/A

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

Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
i di cili	organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener manag partn	al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		or tracty		400010		Yes	No
-									
									<u> </u>
									Щ

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				_					
Vot	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No					
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?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	. 1a		X					
	Gift, grant, or capital contribution to related organization(s)			X					
С	Gift, grant, or capital contribution from related organization(s)	. 1c		X					
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)	_ 1f		Х					
g	Sale of assets to related organization(s)	. 1g		Х					
	Purchase of assets from related organization(s)			Х					
i	Exchange of assets with related organization(s)			Х					
j	Lease of facilities, equipment, or other assets to related organization(s)			Х					
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х					
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х					
m	n Performance of services or membership or fundraising solicitations by related organization(s)			Х					
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Х						
	Sharing of paid employees with related organization(s)	. —	Х						
		•							
g	Reimbursement paid to related organization(s) for expenses	. 1p	Х						
a a	Reimbursement paid by related organization(s) for expenses	1q		Х					
Ċ									
r	Other transfer of cash or property to related organization(s)	1r		х					
s	Other transfer of cash or property from related organization(s)	1s		Х					
	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.	.   .9	<u> </u>						
_	the another to any of the above to free, does the methodotter of which makes only be the methodotter throughout through								

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) AMERICAN PROMISE, INC.	N	64,641.	ACTUAL COSTS INCURRED
(2) AMERICAN PROMISE, INC.	0	447,184.	ACTUAL COSTS INCURRED
(3) AMERICAN PROMISE, INC.	P	235,214.	ACTUAL COSTS INCURRED
(4) AMERICAN PROMISE, INC.	E	143,035.	ACTUAL COSTS INCURRED
<u>(5)</u>			
(6)	4.2		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(h	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners se	Share of	Share of	Dispro tion	por- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentage
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownersnip
		Country)	Sections 5 (2-5 (4)	Yes No	p mcome	assets	Yes	No	(F01111 1065)	Yes N	0
							$\vdash$			$\vdash$	
							$\sqcup$			$\sqcup$	