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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury

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

and ending

Inspection

A For the 2020 calendar year, or tax year beginning D Employer identification number Check if applicable: C Name of organization Address change AMERICAN PROMISE, INC. Name change 47-4608840 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ (978) 254-627533 BRADFORD STREET termin-ated 955,381. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return CONCORD, MA 01742 H(a) Is this a group return Applica-F Name and address of principal officer: JEFF CLEMENTS for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.AMERICANPROMISE.NET **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 2015 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER, INSPIRE AND ORGANIZE Activities & Governance AMERICANS TO WIN THE 28TH AMENDMENT TO THE CONSTITUTION. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) <u>19</u> 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 245 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 341,098. 954,930. Contributions and grants (Part VIII, line 1h) Revenue Ō. 0. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 6,174. 451. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 347,272. 955,381. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. 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) 165,101. 209,292. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25)

120,756. 294,492. 187,391. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 459,593. 396,683. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -112,321.558,698. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 653,922. 396,599. 20 Total assets (Part X, line 16) 320,855. 19,480. 21 Total liabilities (Part X, line 26) 634,442. 22 Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JEFF CLEMENTS, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature if self-employed SANDRA M. BROWN, CPA05/13/21 Paid SANDRA M. BROWN, CPA P01614103 Firm's EIN **43**-1985162 Firm's name SMITH, SULLIVAN & BROWN, P.C. Preparer Firm's address 80 FLANDERS ROAD - SUITE #200 Use Only WESTBOROUGH, MA 01581 Phone no. (508) 871-7178 May the IRS discuss this return with the preparer shown above? See instructions

Га	Obselvit Oakselvia Oasentaissa a vastasta assaulias in this Dart III	X
	Check if Schedule O contains a response or note to any line in this Part III	Δ
1	Briefly describe the organization's mission: AMERICAN PROMISE SUPPORTS CAMPAIGNS ACROSS THE NATION, ORGANIZING AND)
	EMPOWERING AMERICANS TO ACT TOGETHER TO RATIFY THE 28TH AMENDMENT.	
	OUR PROGRAMS OFFER SUPPORT FOR ALL AMERICANS WHO JOIN US AS VOLUNTEER	.S
	ON BALLOT INITIATIVE EFFORTS, STATE AND LOCAL 28TH AMENDMENT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	□No
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.	
 4а		0.)
та	AMERICAN PROMISE, INC. EMPOWERS AMERICANS WITH KNOWLEDGE, SKILLS, AND	
	EFFECTIVE CITIZEN ADVOCACY TOOLS AND WORKS TO ADVANCE CONSTITUTIONAL	
	PRINCIPLES AND LAWS THAT SECURE CORE AMERICAN PRINCIPLES OF LIBERTY,	
	POLITICAL EQUALITY, ANTI-CORRUPTION, FEDERALISM AND RESPONSIVE,	
	REPRESENTATIVE GOVERNMENT. AMERICAN PROMISE, INC'S FOCUS INCLUDES	
	- -	
	ADVANCING THE UNIFIED CROSS-PARTISAN SUPPORT NEEDED IN STATES AND THE	
	FEDERAL LEGISLATURE TO PASS ONE OR MORE CONSTITUTIONAL AMENDMENTS, AS	
	WELL AS EFFECTIVE LAWS, THAT REFLECT THE MISSION OF AMERICAN PROMISE,	
	INC.	
	AMERICAN PROMISE INC. FOCUSES ITS ADVOCACY AND ORGANIZING PROGRAMS IN	ĺ
	FIVE AREAS MORE FULLY DESCRIBED IN SCHEDULE O.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		— <i>'</i>
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 177,561.	
	Form 990	(2020)

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				
	during the tax year? If "Yes," complete Schedule C, Part II	4			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III				
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to				
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ _{3,7}	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		.	
_	Schedule D, Part III	8		X	
9	Did the organization report an amount in Part X, line 21, 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?			 ₩	
	If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			 ₩	
	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				
	as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		x	
L	Part VI	11a			
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		x	
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		 	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x	
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	110			
<u> </u>	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		Х	
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	Х		
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		Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000				
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			ا ۔۔	
	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				
	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,			,,	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X	
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		X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v	
	complete Schedule G, Part III	19		X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a			
	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			x	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$	

Part IV Checklist of Required Schedules (continued)

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04 -	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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			7.7
	Schedule L, Part I	25b		Х
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,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	х	
30	Did the organization receive more than \$25,000 in non-cash contributions: in ros, complete ochecate in	23		
-	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Α.	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			N _a
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	J		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

032004 12-23-20

Form 990 (2020) AMERICAN PROMISE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 19 b If least one is reported on Form W-3, Transmittal of Wage and Tax Statements, tool for the celendarry are ording with or within they ware covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2s is greater than 250, you may be required to 4-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? a All any time during the calendary ear, did the organization have an interest in, or a significant or of the raturation your, a financial account; or driven from 150 or foreign country from 150 or foreign					Yes	No			
b If a least one is reported on line 2a, did the organization file all required footeral employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A A any time during the calendary early differed to the space of the space	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a 19						
3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 4b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file als, provide an explanation on Schedule O 5b If 1 Yes, "Nat It filed a Form 990 Tor this year If "No" to file als, provide an explanation on Schedule O 5c If Yes 1 Yes, "Interest the name of the foreign country (such as a bank account, securities account, or other financial account) or the file and the foreign country (such as a bank account, securities account, or other financial account) or the file and the file of the security of t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
b If "Yes," has it filled a Form 990.T to this year? If "No" to fine 3b, provide an explanation on Schedule O 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)? 5b If "Yes," enter the name of the foreign country (such as a bank account; securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization as party to a prohibited tax shelter transaction? 6c Does the organization the organization file Form 8888-17 6a Does the organization shelt were not tax deductible as charitable contributions? 6b Was were not tax deductible? 7 Organizations that were not tax deductible as charitable contributions under section 170(c). 8c Was were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c Was the organization shelt may receive deductible contributions under section 170(c). 8c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c). 9c Was the fire organization shelt with a section 170(c) with a section 170(c). 9c Was the fire orga		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A 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)? 5b If Yes, "enter the name of the foreign country ▶ 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very solicitation an express statement that such contributions or gifts were not tax deductible? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, "A time the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8b If Yes, "A time the organization notify the donor of the value of the goods or services provided? 7c If Yes (a the organization notify the donor of the value of the goods or services provided? 7c If Yes (a the organization notify the donor of the value of the goods or services provided? 7d If Yes, "Indicate the number of Forms 8282 filed during the year 9 If the organization received a contribution of organization indirectly, to pay premiums on a personal benefit contract? 7d If Yes (a the organization neceived a contribution of corts, boats,	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х			
b if "Yes," enter the name of the foreign country. ▶ b if "Yes," enter the name of the foreign country. ▶ be instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did have a prohibited tax shelter transaction at any time during the tax year? 5c Did have a propagalization and annual gross recognization for the organization shelt were not tax deductible? 5c Did the organization shelt many receive deductible contributions under section 170(c). 5c Did the organization shelt many receive deductible contributions under section 170(c). 5c Did the organization shelt many receive deductible contributions under section 170(c). 5c Did the organization shelt many receive deductible contributions under section 170(c). 5c Did the organization shelt many receive deductible or only the year of the organization shelt are under the donor of the value of the goods or services provided? 5c Did the organization shelt was premient incexes of 5f made party as a contribution of organization shelt was required to the Form 8282? 5c Did the organization contribution of organization that was required to the Form 8282 are quited to the Form 8282? 5c Did the organization contribution of cars, boats, airplanes, or other vehicles, did the organization file or Transaction received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098 C? 5d Sponsoring organization make any taxable distributions under section 4966? 5d Did the sponsoring organization make any taxable distributions under section 4966? 5d Did the sponsoring organization make any taxable distributi	b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O							
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). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Saor 50, did the organization file Form 88867.7 5c If "Yes" to line Saor 50, did the organization file Form 88867.7 5c Is Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax edictutible as charitable contributions. b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Ib dithe organization state may receive deductible contributions under section 170(c). a Ib dithe organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88287. b If "Yes," indicate the number of Forms 8282 filed during the year 1	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b D/d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes' to line 5a or 5b, did the organization file Form 8886.17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If 'Yes' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive apayment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 8b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 8c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8c If 'Yes,' indicate the number of Forms 8282 filed during the year 9c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Expressional organization for the value of the goods or services provided? 9c If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Expressional programization make a given the property of the organization file form 8893 are equired? 9c If the organization file organization file organization file a Form 1088-0? 9c Sponsoring organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-0? 9c Sponsoring organization make a		financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Х			
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a	b		11h						
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Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				-Lu					
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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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X				13a					
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b 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 excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			13b						
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X									
	16		t income?	16		Х			

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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 Schoolule O contains a response or note to any line in this Bart VI			Х
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
000	tion 7.1 dovorning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		103	140
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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	<u> </u>		
·	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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 1.6		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA, AL, AR, CA, FL, GA, HI, IL, KS	, KY	, MD	, MN
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			
.5	for public inspection. Indicate how you made these available. Check all that apply.	,5 5111)	, avail	abi0
	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, ar	ıd fina	ncial	
13	statements available to the public during the tax year.	ıu IIIIdi	iciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	JEFF CLEMENTS - (978) 254-6275			
	33 BRADFORD STREET, CONCORD, MA 01742			
	CPE CCUEDITE O FOD FILL LICH OF CHAMPS		000	(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		orga	aniza			mpe	nsa		director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition more) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation	amount of
	week	_	T			T	T	from	from related	other
	(list any hours for	lirectc				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or (Individual trustee or d Institutional trustee Officer Key employee Highest compensated employee Former		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization			
	organizations	Individual trustee or director	Institutional trustee		yee	ımpeı		(** = *********************************		and related
	below	idual	tution	-e	Key employee	est co	je j			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) JEFF CLEMENTS	8.00									
PRESIDENT AND BOARD MEMBER	32.00	Х		Х				0.	0.	0.
(2) JOHN WASS	1.00									
BOARD CHAIR & TREASURER	1.00	X		Х				0.	0.	0.
(3) ALICIA HESSE-CLEARY	1.00									
BOARD MEMBER	1.00	X			oxdot	_	L	0.	0.	0.
(4) BUFF KAVELMAN	1.00									
BOARD MEMBER	1.00	X			╙			0.	0.	0.
(5) DEBRA WINGER	1.00									
BOARD MEMBER	1.00	X			╙			0.	0.	0.
(6) JIM RUBENS	1.00	↓								
BOARD MEMBER	0.00	X			Ь			0.	0.	0.
		_								
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Form **990** (2020)

	t VII Section A. Officers, Directors, Trus (A)	(B)	T		(((D)	(E)			(F)	
	Name and title	Average			Posi	•	1		Reportable	Reportable		Е-	ربر timate	, d
	name and title	hours per		not c	heck	more	than		compensation	compensation			nount (
		week					is bot or/trus		from	from related			other	JI
		(list any	lo lo						the	organizations			pensa	tion
		hours for	lirect				_		organization	(W-2/1099-MISC	,		om the	
		related	e or 0	tee			satec		(W-2/1099-MISC)	(***2/1099*********	"		anizati	
		organizations	uste	trus		9 0	nbeu		(**-2/1033-141130)			•	d relate	
		below	ualt	tiona		ploy	yee oi	L					nizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, gc	u nzaci	3110
		-	=	=	0	ž	工业	ш.			\dashv			
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1b	Subtotal							ightharpoonup	0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r								eceived more than \$100	.000 of reportable				
_	compensation from the organization	iot iiii iiiod to ti			Ju u.		o,			,,ooo or reportable				0
	compensation from the organization												Yes	No
2	Did the exceptation list on former officer	director truct				مررما		, bio	haat aampanaatad amr	lavas an	Г			
3	Did the organization list any former officer	•	-	•	•	•	•	_		•				Х
_	line 1a? If "Yes," complete Schedule J for s											3		
4	For any individual listed on line 1a, is the si	•							•	•				37
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or	· · · · · · · · · · · · · · · · · · ·				-			ted organization or indiv	dual for services				
	rendered to the organization? If "Yes," con	nplete Schedul	e J t	or st	uch _I	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)			(C	;)	
	Name and business	address	N	INC	3				Description of s	ervices	C		, nsatio	n
								\dashv						
								\dashv						
_				_	_		_	\neg						
2	Total number of independent contractors (includina but n	not li	mite	d to	tho	se li	ster	d above) who received m	ore than				
_	\$100,000 of compensation from the organ		"				0		,					
	Too, 300 of compensation from the organ	Zation										Forms (990 (2	3030

032008 12-23-20

Pa	rt v	4111				a in this Dort VIII			
			Check if Schedule O conta	ins a response	or note to any iir	e in this Part VIII (A)	(B)	(C)	
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ts ts	1	<u>а</u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
β, m			Fundraising events						
ifts ar A			Related organizations						
s, G mila			Government grants (contribution						
ion			All other contributions, gifts, grants	· -					
but			similar amounts not included above		954,930.				
otri O		а	Noncash contributions included in lines 1	··· 	609,195.				
Col		_	Total. Add lines 1a-1f			954,930.			
					Business Code				
ø	2	а							
rvic e		b							
Se		С		_					
am		d							
Program Service Revenue		е							
P		f	All other program service rever	nue					
			Total. Add lines 2a-2f						
	3		Investment income (including of						
			other similar amounts)						
	4		Income from investment of tax	exempt bond p	roceeds				
	5		Royalties		>				
				(i) Real	(ii) Personal				
	6	а	Gross rents6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
_		b	Less: cost or other basis						
Revenue			and sales expenses 7b						
, ve		С	Gain or (loss) 7c						
		d	Net gain or (loss)						
her	8	а	Gross income from fundraising eve	ents (not					
g			including \$	of					
			contributions reported on line						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from funda						
	9	а	Gross income from gaming act						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gami	•					
	10	а	Gross sales of inventory, less r						
		_	and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales	ot inventory					
sn.			MEDCHANDTOR CAT	FC	Business Code 900099	451.	451.		
Miscellaneous Revenue	11		MERCHANDISE SAL	טט	900033	#3I•	401.		
lla ven		b							
Re		c	All other reverses						
Σ			All other revenue			451.			
		е	Total. Add lines 11a-11d			955,381.	451.	0.	0.
	12		Total revenue. See instructions			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 J T •	ı	

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

t include amounts reported on lines 6b, p, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A) Total expenses	(B) Program service expenses	(C) Management and	(D) Fundraising
· ·		1	general expenses	expenses
Grants and other assistance to domestic				
ndividuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
ndividuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
· · ·				
	100 761	60 155	45 024	60 700
	102,701.	00,133.	45,824.	68,782
	10 500	/ 051	2 010	2 6 4 1
				3,641
	16,029.	5,932.	4,141.	5,956
` ','				
Management				
egal	16 110		16 110	
	16,449.		16,449.	
obbying				
Professional fundraising services. See Part IV, line 17				
nvestment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
olumn (A) amount, list line 11g expenses on Sch 0.)			3,851.	14,088
Advertising and promotion				11,546
Office expenses	6,833.	90.	1,317.	5,426
nformation technology				
				8,825
	1,590.	1,368.	12.	210
Payments of travel or entertainment expenses				
or any federal, state, or local public officials				
Conferences, conventions, and meetings				
	3,583.	1,098.	1,845.	640
Other expenses. Itemize expenses not covered				
bove (List miscellaneous expenses on line 24e. If				
	8,447.		8,447.	
SUPPLIES & ACTIVITIES		88.	.,	1,642
	-,			_, -,
All other expenses				
	396 683	177 561	98.366	120,756
	333,003.	1,7,5010	20,3001	120,750
	rustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) Other salaries and wages rension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes rees for services (nonemployees): Management Regal Recounting Robbying	rustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) where salaries and wages contributions (include ection 401(k) and 403(b) employer contributions) where employee benefits to 401(k) and 403(b) employer contributions (include ection 401(k) and 403(b) employer contributions) where employee benefits to 401(k) and 403(b) employer contributions (include ection 401(k) and 403(b) employer contributions) where employee benefits to 401(k) and 403(b) employer contributions (include ection 401(k) and 403(b) employer contributions) where employee benefits to 40,029. The expense of the e	rustees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1)) and ersons described in section 4958(c)(3)(B) Other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) (include ection 401(k) and 403(b) employer contributions) (their employee benefits 20 to 5 resvrices (nonemployees): Alanagement 403(b) employees: Alanagement 404(b) employees: Alanagement 500(b) employees: Alanagement 605(b) employee 605(b) employees: Alanagement 605(b) employee 605(b) employees: Alanagement 605(b) employee 605(b) employees: Alanagement 605(b) employees: Alanag	unstees, and key employees compensation not included above to disqualified ersons (as defined under section 4958(f)(1) and ersons described in section 4958(c)(3)(8) other salaries and wages ension plan accruals and contributions (include ection 401(k) and 403(b) employer contributions) other employee benefits 10,502. 4,851. 2,010. There employee benefits 16,029. 5,932. 4,141. Salaries east or services (nonemployees): Management egal eccounting obbying 16,449. 16,449. 16,449. Obbying ordessional fundraising services. See Part IV, line 17 rowstment management fees where the management fees plants of the first order order order order order order order order order or order order or order order or order order or order

Form **990** (2020)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	333,273.	1	428,155.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,000.	4	79,000.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
				6	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	13,917.	9	3,732.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	142 025
	15	Other assets. See Part IV, line 11		15	143,035.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10100		653,922.
	17	Accounts payable and accrued expenses		17	19,480.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
iii		trustee, key employee, creator or founder, substantial contributor, or 35%	310,667.	00	
Lia	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		24	
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	320,855.	26	19,480.
		Organizations that follow FASB ASC 958, check here ▶ X			
Ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	60,744.	27	559,442.
Bal	28	Net assets with donor restrictions		28	75,000.
п		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	634,442.
_	33	Total liabilities and net assets/fund balances	206 500	33	653,922.
					Form 990 (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				81.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				83. 98.		
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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		63	4,4	42.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			_		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							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,					
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit					
	Act and OMB Circular A-133?		L	3а		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2020)

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, INC.

Employer identification number 47-4608840

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar	Funds or A	Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·							
		(a) Donor advised 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	Did the organization inform all donors and donor advisors in	writing that the assets held in do	nor advised fun	nds							
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No							
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fund	s can be used	only							
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other	purpose confe	rring							
	impermissible private benefit?										
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Fo	rm 990, Part IV	, line 7.							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).									
	Preservation of land for public use (for example, recreated	ation or education)	vation of a histo	orically important land area							
	Protection of natural habitat	Preser	vation of a certi	ified historic structure							
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in	the form of a co								
	day of the tax year.			Held at the End of the Tax Year							
а	Total number of conservation easements			2a							
b				2b							
С	Number of conservation easements on a certified historic st			2c							
d	Number of conservation easements included in (c) acquired										
	listed in the National Register			2d							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminat	ed by the orgar	nization 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										
•	violations, and enforcement of the conservation easements										
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enfor	cing conservati	on easements during the year							
7	Amount of avanages incurred in manitaring inspecting box	dling of violations, and enforcing	aanaamiatian aa	an amonto duvina the year							
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing t	conservation ea	asements during the year							
	▶ \$ Does each conservation easement reported on line 2(d) abo	ve esticity the requirements of sec	otion 170/b)/4)/E	2)/6)							
8											
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat										
3	balance sheet, and include, if applicable, the text of the foot		•								
	organization's accounting for conservation easements.	note to the organization 3 intancia	ar statements tr	lat describes the							
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasure	s. or Other	Similar Assets.							
	Complete if the organization answered "Yes" on Forn	•	,								
	If the organization elected, as permitted under FASB ASC 9	58. not to report in its revenue sta	tement and ba	lance sheet works							
	of art, historical treasures, or other similar assets held for pu	•									
	service, provide in Part XIII the text of the footnote to its fina	· ·		·							
b	If the organization elected, as permitted under FASB ASC 9			e sheet works of							
	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			. • \$							
	(ii) Assets included in Form 990, Part X										
2	If the organization received or held works of art, historical tre										
	the following amounts required to be reported under FASB A		<i>,</i>								
а	Revenue included on Form 990, Part VIII, line 1			. • \$							
b	Assets included in Form 990, Part X										
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2020							

Pai	t III Organizations Maintaining Co	ollections of A	t, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessio	n, and other record	s, checl	k any of the	following tha	at make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ney further t	the organizati	ion's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	asures, or oth	er similaı	assets			
	to be sold to raise funds rather than to be mai	ntained as part of t	he orgai	nization's c	ollection?			\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	•	•	ū						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on For								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	* *								
Pai										<u> </u>
		(a) Current year		rior year	(c) Two year			ears hack	(e) Four y	ears hack
12	Beginning of year balance	(a) Current year	(6)	nor year	(C) Two you	10 buok	(a) 111100 y	ouro buon	(C) roury	ouro buon
	-									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a)) held as:					
	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organiza	ation the	at are held a	and administe	ered for t	he organiz	ation	_	
	by:								\	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipme	ent.								
•	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. s	See Form 990	D, Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) A	cumulate	ed	(d) Book	value
	,	basis (investn			(other)		oreciation		` ,	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	Add lines 1a through 1a (Column (d) must ea		V colun	on (D) line	100)					0

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 AMERICAN PRO	OMISE, INC.	47-	4608840 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	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" of		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) DUE FROM AMERICAN PROMISE	EDUCATION FU	JND, INC.	143,035
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	143,035
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(7) (8)

Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	992,611.
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	37,230.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	37,230.
3	Subtract line 2e from line 1			3	955,381.
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			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	955,381.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		ı Expenses per	Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line				400 040
1	Total expenses and losses per audited financial statements			1	433,913.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		27 222		
а	Donated services and use of facilities		37,230.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	37,230.
3	Subtract line 2e from line 1			3	396,683.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))		5	396,683.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part X,	line 2; Part XI,

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 POSITION MADE BY THE ORGANIZATION IS THE EXISTENCE OF UNRELATED BUSINESS INCOME TAX AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(4) 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 AMERICAN PROMISE, INC. Part XIII Supplemental Information (continued)	47-4608840 Page 5
Part XIII Supplemental Information (continued)	

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	▶ Go	to www.irs.gov/Fo	orm990 for	instructio	ns and the	latest information.			Ins	spect	ion	
Name of the organization							Emp	loyer	identi	ficati	on nu	mber
	AMERICA	N PROMISE,	INC.				47-	-46	088	40		
Part I Excess Ben	efit Transa	ictions (section 5	01(c)(3), sec	ction 501(c)(4), and se	ction 501(c)(29) orga	anizatio	ons or	าly).			
Complete if the	organization a	answered "Yes" on	Form 990, F	Part IV, line	25a or 25b	o, or Form 990-EZ, P	art V, li	ne 40)b.			
1 (a) Name of disqualified	nerson	(b) Relationship bet		alified	lo	e) Description of tran	eaction	1		(d) Corrected?		
(a) Name of disqualified	person	person and o	rganization		(c) z see i p ii si i sa i sa						es	No
										\bot		
										+	_	
										+-	_	
										+		
										$+\!-$		
2 Enter the amount of tax	v incurred by the	ne organization mar	nagers or dis	<u> </u>	nersons dur	ring the year under						
	•	· ·	ū				1	\$				
3 Enter the amount of tax	k. if anv. on line	e 2. above. reimburs	sed by the c	organizatio	n			\$				
	, , ,	, · - , · - · · · · ·	,	g				•				
Part II Loans to ar	nd/or From	Interested Per	sons.									
Complete if the	organization a	answered "Yes" on	Form 990-E	Z, Part V, I	ine 38a or F	orm 990, Part IV, lir	ne 26; o	r if th	ie orga	nizatio	on	
reported an am	ount on Form	990, Part X, line 5,		_								
(a) Name of (b) Relati			(d) Loan to o	(0)	(f) Balance due			(i) Approved by board or		(i) W	Written	
interested person	with organiza	tion of loan	organization?	principa	al amount		defau	ult?	cómm		agree	ment?
	2222		To From				Yes	No	Yes	No	Yes	No
JEFF CLEMENTS		ENWORKING	X		,000.	0.		X	X		X	
WHALEBACK PART	NNON-AF	FIWORKING	Х	∠5(,000.	0.		Х	Х		Х	
				+					$\vdash \vdash \vdash$			
	+			+					\vdash			
				+					\vdash			
				+			\vdash		\vdash			
	+			+								
				1								
Total					> \$							
Part III Grants or A	ssistance	Benefiting Inte	rested Pe	ersons.								
Complete if the	organization a	answered "Yes" on	Form 990, F	Part IV, line	27.							
(a) Name of interested	d person	(b) Relationship			Amount of	(d) Type			٠,	Purp		f
		interested per the organiz		as	sistance	assistan	ce		а	assista	ance	
		ine organiz	44011					_				
				1				+				
								+				
				1				+				
				1				+				

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

Schedule L (Form 990 or 990-EZ) 2020

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2020 AMERICAN PROMISE, 47-4608840 Page 2 INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (a) Name of interested person (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? Yes No Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: JEFF CLEMENTS (B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT AND BOARD MEMBER (C) PURPOSE OF LOAN: WORKING CAPITAL LOAN FOR ORGANIZATION'S START-UP PHASE (D) LOAN TO OR FROM ORGANIZATION? = TO ORIGINAL PRINCIPAL AMOUNT \$ 130,000. (F) BALANCE DUE \$ 0. (G) LOAN IN DEFAULT? = NO APPROVED BY BOARD OR COMMITTEE? = YES (H) (I) WRITTEN AGREEMENT? = YES (A) NAME OF PERSON: WHALEBACK PARTNERS, LLC RELATIONSHIP WITH ORGANIZATION: NON-AFFILIATED COMPANY OWNED BY THE ORGANIZATION'S PRESIDENT AND FAMILY (C) PURPOSE OF LOAN: WORKING CAPITAL LOAN FOR ORGANIZATION'S GROWTH LOAN TO OR FROM ORGANIZATION? = TO

G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

ORIGINAL PRINCIPAL AMOUNT \$ 250,000.

(I) WRITTEN AGREEMENT? = YES

Schedule L (Form 990 or 990-EZ) 2020

(F) BALANCE DUE \$ 0.

SCHEDULE M (Form 990)

Noncash Contributions

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

AMERICAN PROMISE, INC.

Employer identification number 47-4608840

rai	LI	Types	OI FIC	operty								
					(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part V	ted on	(d) Method of de noncash contribu	etermin	_	s
1	Art - Wo	orks of	art									
2				s								
				s								
4				s								
5				d goods								
6				s								
7												
8						8	302	,862.	EM7			
9				ded		0	302	,002.	L M A			
10				d stock								
11				o, LLC, or								
				ous	-							
13				contribution -								
14				contribution - Other								
15				al								
16				ial								
17												
18												
19												
20	Drugs a	and me	dical sup	plies	-							
21	Taxider	my										
22	Historic	cal artifa	acts									
23	Scientif	fic spec	imens .									
24	Archeo											
25	Other		(LOA1	N FORGIVEN	X	1	306	,333.				
26	Other		()								
27	Other		()								
28	Other		()								
29	Numbe	r of For	ms 8283	3 received by the orga	anization durin	g the tax year for c	ontributions					
	for which	ch the d	organizati	ion completed Form	8283, Part V, [Donee Acknowledg	ement	29				
											Yes	No
30a	During	the yea	ır, did the	e organization receive	by contribution	on any property rep	oorted in Part I, lin	es 1 throu	gh 28, that it			
	must he	old for a	at least th	hree years from the d	ate of the initia	al contribution, and	l which isn't requir	ed to be u	sed for			
				ne entire holding perio						30a		X
b				arrangement in Part II.								
31				have a gift acceptanc		equires the review	of any nonstanda	rd contribu	utions?	31		Х
				hire or use third partie								
	contrib	•		·······		•				32a		Х
b			ibe in Pa									
33				i't report an amount ir	n column (c) fo	or a type of propert	y for which columi	n (a) is che	cked,			
	describ				(-/ 1-),EPare	,	() = =::0	,			
_HA				uction Act Notice, se	ee the Instruc	tions for Form 99	0.		Schedule N	/I (Forr	n 990)	2020

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN PROMISE TNC. **Employer identification number** 47-4608840

Intercent interior interior
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESOLUTIONS, THE AMERICAN PROMISE CANDIDATE PLEDGE, CITIZEN LOBBYING,
AND MORE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CITIZEN EMPOWERMENT:
AMERICAN PROMISE'S CITIZEN EMPOWERMENT PROGRAMMING FOCUSES ON BUILDING
A DISTRIBUTED, DECENTRALIZED NETWORK TO SUPPORT, CONNECT AND AMPLIFY
CROSS-PARTISAN LOCAL ACTION BY ADVOCATES TO MOVE FORWARD THE 28TH
AMENDMENT IN STATE AND FEDERAL LEGISLATURES.
PLEDGE CAMPAIGN:
BY SECURING PLEDGES FROM CANDIDATES FOR OFFICE AND INCUMBENTS TO USE
THEIR OFFICE TO WORK FOR A 28TH AMENDMENT, AMERICAN PROMISE IS ABLE TO
HOLD ELECTED REPRESENTATIVES TO THEIR WORD, TO ENSURE THAT THEY
REPRESENT THE GOOD OF THE COUNTRY AND THE WILL OF THE PEOPLE FOR BIG,
·
REAL REFORM THROUGH THE 28TH AMENDMENT, RATHER THAN DO THE BIDDING OF
BIG DONORS AND SPECIAL INTERESTS.
STATE INITIATIVES:
AMERICAN PROMISE PROVIDES LEGAL EXPERTISE, ORGANIZING STRATEGY AND
EXECUTION, AND DIRECT LOBBYING SUPPORT FOR STATEWIDE BALLOT CAMPAIGNS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization AMERICAN PROMISE, INC.	Employer identification number 47-4608840				
AND LOCAL AND STATE RESOLUTIONS CALLING ON CONGRESS FOR A	А 28ТН				
AMENDMENT.					
CONGRESSIONAL INITIATIVES:					
AMERICAN PROMISE WORKS WITH DEMOCRAT, REPUBLICAN, AND INI	DEPENDENT				
MEMBERS OF CONGRESS TO GROW CROSS-PARTISAN SUPPORT FOR A	28ТН				
AMENDMENT.					
CITIZEN CONNECTION CENTER:					
AMERICAN PROMISE'S CITIZENS CONNECTION CENTER IS A ONE-ST	OP INTERACTIVE				
WEBSITE FOR CITIZENS, MEDIA, ORGANIZATIONS, LEGISLATORS A	AND STAFF FOR				
EDUCATION, RESOURCES, EVENTS, LEGISLATIVE DEVELOPMENTS, C	CITIZEN				
STORY-TELLING, NEWS, OPINION PIECES AND MORE ABOUT THE BA	ACKGROUND AND				
PROGRESS OF THE 28TH AMENDMENT.					
KEEP THE PROMISE CAMPAIGN:					
AT THE END OF 2020, THE ORGANIZATION COMPLETED PHASE 1 OF	7 ITS 3 PHASE				
STRATEGIC PLAN. THE ORGANIZATION BUILT THE FOUNDATION, 1	INCLUDING THE				
STRATEGY, ORGANIZATIONAL STRUCTURE, LEADERSHIP TEAM, PROG	RAMMING, AND				
CITIZEN PARTICIPATION THAT WILL ALLOW FOR RAPIDLY BUILDIN	IG AND				
EXPANDING THE SKILLS AND ENGAGEMENT OF AMERICANS AS THE C	RGANIZATION				
MOVES INTO PHASE 2. IN PHASE 2, AMERICAN PROMISE, INC. V	VILL BUILD				
CAPACITY IN ITS EMPOWERMENT, COMMUNICATIONS, AND POLITICATIONS	AL DEPARTMENTS,				
TO MOBILIZE AND ORGANIZE ITS STATE- AND NATION-WIDE MEMBE	RSHIP TO BUILD				
THE POLITICAL WILL, ADVOCACY, AND CAMPAIGNS NECESSARY FOR	R THE AMENDMENT				
032212 11-20-20 Sch	edule O (Form 990 or 990-EZ) 2020				

Name of the organization

AMERICAN PROMISE, INC.

Employer identification number 47-4608840

TO PASS THROUGH CONGRESS.

DURING 2020 AND IN THE LEAD UP TO PHASE 2, SET TO BE EXECUTED FROM 2021

THROUGH 2023, THE ORGANIZATION EXPANDED ITS FUNDRAISING CAPABILITIES BY

HIRING ADDITIONAL FUNDRAISING STAFF, DEVELOPING SYSTEMS AS WELL AS

MAKING INVESTMENTS IN COMMUNICATION MATERIALS TO PREPARE FOR THE 2021

LAUNCH OF THE KEEP THE PROMISE CAMPAIGN, A THREE-YEAR, \$20 MILLION

GROWTH CAMPAIGN BEGINNING IN 2021. THIS PHASE OF THE CAMPAIGN RESULTED

IN AN INCREASED LEVEL FUNDRAISING COSTS RELATIVE TO THE OVERALL BUDGET,

WHILE PROGRAMMING WAS REDUCED AS A RESULT OF THE COVID-19 IMPACT.

FORM 990, PART VI, SECTION A, LINE 4:

AMENDED BY-LAWS

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

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

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

NEW EMPLOYEES RECEIVE A COPY OF THE HANDBOOK WHICH INCLUDES THE POLICY UPON HIRE. THE POLICY IS REVIEWED ANNUALLY WITH THE BOARD AND WITH ALL EMPLOYEES AND READILY AVAILABLE IN THE ORGANIZATION OPERATIONS INTRANET AT ALL TIMES.

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

THE OGRANIZATION'S PRESIDENT IS ALSO A BOARD MEMBER. HE PROVIDES HIS SERVICES FOR NO CHARGE TO THE ORGANIZATION; THE FINANCIAL STATEMENTS VALUED HIS DONATED SERVICES FOR 2020 AT \$23,750.

Name of the organization AMERICAN PROMISE, INC.	Employer identification number 47-4608840
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
MA, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MN, MS, NJ, NY, NC, OR, PA, RI,	SC, TN, UT, VA, WV, WI
MO, AK, CO, CT, ME, ND, OH, OK, WA	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury

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

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

2020 Open to Public Inspection

Employer identification number

OMB No. 1545-0047

47-4608840 AMERICAN PROMISE, 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) Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No AMERICAN PROMISE EDUCATION FUND, INC. -47-4601462 33 BRADFORD STREET CONCORD MA CITIZEN-LED CONSTITUTIONAL Х 01742 AMENDMENT EDUCATION MASSACHUSETTS 501(C)(3) LINE 7 N/A

Page 2

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 organizations treated as a partnership during the tax year. Part III

(a)	(b) (c)		(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)														
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	l or Percentage
of related organization		(state or	entity	(related, unrelated,	income end-of-year		alloca	itions?	amount in box	partne	ownership														
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes No		amount in box 20 of Schedule K-1 (Form 1065)	Yes	10														
				,			1.00	1	,	1.55															
										++															
-																									

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) 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	ent	i) etion b)(13) rolled ity?
		country)		,				Yes	No
									<u> </u>
-									
									_
-									

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with o	one or more rel	lated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-			1a		X		
b	Gift, grant, or capital contribution to related organization(s)					1b		X		
С	Gift, grant, or capital contribution from related organization(s)					1c		X		
d	Loans or loan guarantees to or for related organization(s)					1d	Х			
	Loans or loan guarantees by related organization(s)					1e		X		
f	Dividends from related organization(s)					1f		X		
g	Sale of assets to related organization(s)					1g		X		
h	h Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s)					1i		X		
j Lease of facilities, equipment, or other assets to related organization(s)										
-	, , , , , , , , , , , , , , , , , , , ,					,				
k Lease of facilities, equipment, or other assets from related organization(s)										
I Performance of services or membership or fundraising solicitations for related organization(s)										
	Performance of services or membership or fundraising solicitations by related organization					1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					1n	Х			
	Sharing of paid employees with related organization(s)					10	Х			
	3 1 7 7 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									
р	Reimbursement paid to related organization(s) for expenses					1p		X		
q	Reimbursement paid by related organization(s) for expenses					1q	Х			
•						,				
r	Other transfer of cash or property to related organization(s)					1r		X		
s	Other transfer of cash or property from related organization(s)					1s		X		
	If the answer to any of the above is "Yes," see the instructions for information on who mu									
	· · · · · · · · · · · · · · · · · · ·	(b) ransaction type (a-s)	(c) Amount involved	Method of d	(d) etermining amount in	volved				
		type (a s)								
1)	AMERICAN PROMISE EDUCATION FUND, INC.	N	64,641.	ACTUAL COSTS	INCURRED					
2) -	AMERICAN PROMISE EDUCATION FUND, INC.	0	447,184.	ACTUAL COSTS	INCURRED					
3) 4	AMERICAN PROMISE EDUCATION FUND, INC.	Q	235,214.	ACTUAL COSTS	INCURRED					
4)	AMERICAN PROMISE EDUCATION FUND, INC.	D	143,035.	ACTUAL COSTS	INCURRED					
5)										
6)										

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	