# 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)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning and ending	<u> </u>	
<b>B</b> (	Check if upplicable	C Name of organization	D Employer identifi	cation number
	Addre:	AMERICAN PROMISE, INC.		
	Name chang	Doing business as	47-46088	40
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/s	uite E Telephone numbe	r
	Final return	33 BRADFORD STREET	(978) 25	4-6275
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	872,520.
	Ameno return	CONCORD, MA 01/42	H(a) Is this a group re	
	Application		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
			527 If "No," attach a	list. See instructions
		e: WWW.AMERICANPROMISE.NET	H(c) Group exemption	
K F	orm of	·	/ear of formation: $2015$	M State of legal domicile: MA
Pa	art I	Summary		
æ	1	Briefly describe the organization's mission or most significant activities: TO EMPOW	ER, INSPIRE A	ND ORGANIZE
an	l	AMERICANS TO WIN THE 28TH AMENDMENT TO THE C		
/ern		Check this box  if the organization discontinued its operations or disposed of r	1	
9			3	<u>5</u>
∞		Number of independent voting members of the governing body (Part VI, line 1b)		23
ţies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		200
Activities & Governance		Total number of volunteers (estimate if necessary)		0.
Ā		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
	ь	Net differed business taxable income from Point 990-1, Part I, life 11	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	954,930.	872,520.
une		Program service revenue (Part VIII, line 2g)	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	451.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	955,381.	872,520.
		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.
ç		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,292.	308,509.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	20,175.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)  216,505.		
Ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,391.	394,400.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	396,683.	723,084.
		Revenue less expenses. Subtract line 18 from line 12	558,698.	149,436.
s or			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	653,922.	917,638.
et nd E	21	Total liabilities (Part X, line 26)	19,480.	133,760.
		Net assets or fund balances. Subtract line 21 from line 20	634,442.	783,878.
_	art II	Signature Block  Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	stamanta and to the heat of m	v knowledge and balief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		y knowledge and beller, it is
uue,	, correc		04/26	/2022
Sig	<b>n</b>	Signature of officer Signature	Date	2022
Her		JEFF CLEMENTS, PRESIDENT		
He	C	Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	i	SANDRA M. BROWN, CPA	04/26/22 if self-employ	P01614103
	parer	Firm's name SMITH, SULLIVAN & BROWN, P.C.	Firm's EIN	43-1985162
	Only	Firm's address 80 FLANDERS ROAD - SUITE #200		
	•	WESTBOROUGH, MA 01581	Phone no. (5	08) 871-7178
May	/ the IF	as discuss this return with the preparer shown above? See instructions		X Yes No

Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  AMERICAN PROMISE PROVIDES NONPARTISAN SUPPORT, EXPERTISE, STRATEGY AND
	LEADERSHIP FOR ALL AMERICANS WHO SEEK TO SUPPORT A CONSTITUTIONAL
	AMENDMENT ENABLING RESPONSIBLE POLICIES AND PRACTICES WITH RESPECT TO
	THE ROLE OF MONEY USED TO INFLUENCE ELECTION OUTCOMES. AMERICAN
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 No  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	(Code:) (Expenses \$ 383,056 •
	AMERICAN PROMISE, INC. EMPOWERS, INSPIRES, AND ORGANIZES AMERICANS TO
	WIN THE CAUSE OF OUR TIME: THE 28TH AMENDMENT. THIS HISTORIC REFORM
	WILL REBALANCE OUR POLITICS AND GOVERNMENT BY PUTTING THE RIGHTS OF
	INDIVIDUAL CITIZENS AND THE INTERESTS OF THE NATION BEFORE THE
	PRIVILEGES OF CONCENTRATED MONEY, CORPORATIONS, UNIONS, POLITICAL
	PARTIES, AND SUPERPACS. AMERICAN PROMISE LEADS THE NON-PARTISAN,
	FIFTY-STATE CAMPAIGN FOR THE 28TH AMENDMENT SO THAT PEOPLE, NOT MONEY,
	GOVERN AMERICA.
	GOVERN AMERICA:
	AMERICAN PROMISE, INC. FOCUSES ITS ADVOCACY AND ORGANIZING PROGRAMS IN
	THE FOLLOWING FIVE AREAS, FULLY DESCRIBED IN SCHEDULE O.
4b	(Code:) (Expenses \$ including grants of \$)       (Revenue \$)
4c	(Code:) (Expenses \$
	/ (Linear Land Land Land Land Land Land Land Land
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 383,056.
	Form 990 (2021)

17140427 807818 AME8840

# 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? See instructions	2	Х	
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			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V  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		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.414	11a		X
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	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		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	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	Х	
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		X
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			<b>.</b>
4-	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	4-		X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>- ''</del> -		
.0	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,"			<del></del>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 (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		Х
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			37
	Schedule J	23		Х
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
	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			1 37
	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%	26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
ZI	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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			
	"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 line 28a or 28b?If			1 37
	"Yes," complete Schedule L, Part IV	28c	Х	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Α_	$\vdash$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	X	77
	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	05:		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
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	- 50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	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			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Enter the manuscript of the W 2d included of the fat. Enter of the dephicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	(garnoming) whithings to prize withings:	l ic	1	

Form 990 (2021) AMERICAN PROMISE, INC.

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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	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?	3a		Х			
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		Х			
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 a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a							
	any contributions that were not tax deductible as charitable contributions?	6a	Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		37				
_	were not tax deductible?	6b	X				
7	Organizations that may receive deductible contributions under section 170(c).	_					
а	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					
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	7.					
a	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c					
d e	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?	7 <del>f</del>		X			
g 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.							
a Did the sponsoring organization make any taxable distributions under section 4966?							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
а	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.)						
	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.	13a					
а	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.	ıoa					
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						
С	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	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?							
If "Yes," see the 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?							
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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	5		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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:			
а	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
b	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 on Schedule O the process, if any, used by the organization to review this Form 990.			
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
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			
	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 on 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		X
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, 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)	)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			

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Name and title  One particular  Name and title	Check this box if neither the organization		T	21 1120			прс	isai			<b>(E)</b>
Name and title   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organizations below line)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any hours for related organization (W-2/1099-MISC/ 1099-NEC)   Average hours per week (list any h	(A)	(B)			Pos	رد ition	1		(D)	(E)	(F)
week (list any hours for related organizations below line)  (1) JEFF CLEMENTS PRESIDENT AND BOARD MEMBER  (2) JOHN WASS BOARD CHAIR & TREASURER  1.00 BOARD MEMBER  1	Name and title	1		(do not check more than one box, unless person is both an		-	·				
(list any hours for related organizations below line)  (1) JEFF CLEMENTS PRESIDENT AND BOARD MEMBER  (2) JOHN WASS BOARD CHAIR & TREASURER  (3) BUFF KAVELMAN BOARD MEMBER  (1) DEBRA WINGER BOARD MEMBER  (2) JIM RUBENS		1						•			
Solution			tor								
Solution			direc				pa		I .		
Solution			tee o	ustee			ensat			1099-NEC)	organization
Solution			al trus	nal tr		loyee	comp		1099-NEC)		
Solution			lividu	titutic	icer	/ emp	hest ploye	mer			organizations
PRESIDENT AND BOARD MEMBER         32.00 X         X         X         0.         0.         0.           (2) JOHN WASS         1.00 X         X         X         0.         0.         0.         0.           BOARD CHAIR & TREASURER         1.00 X         X         0.         0.         0.         0.           (3) BUFF KAVELMAN         1.00 X         0.         0.         0.         0.         0.           BOARD MEMBER         1.00 X         0.         0.         0.         0.         0.           (5) JIM RUBENS         1.00 X         0.         0.         0.         0.         0.	(4)	,	프	lus	₩	Ş.	iĘ m	휸			
1.00			₩.		\ <del>,</del>						0
BOARD CHAIR & TREASURER       1.00 X X       X       0.00       0.00         (3) BUFF KAVELMAN       1.00 X       0.00       0.00         BOARD MEMBER       1.00 X       0.00       0.00         (4) DEBRA WINGER       1.00 X       0.00       0.00         BOARD MEMBER       1.00 X       0.00       0.00         (5) JIM RUBENS       1.00 X       0.00       0.00			^		^				0.	0.	0.
(3) BUFF KAVELMAN     1.00       BOARD MEMBER     1.00       (4) DEBRA WINGER     1.00       BOARD MEMBER     1.00       (5) JIM RUBENS     1.00			<b>₩</b>							_	0
BOARD MEMBER         1.00 X         0.00         0.00           (4) DEBRA WINGER         1.00 X         0.00         0.00           BOARD MEMBER         1.00 X         0.00         0.00           (5) JIM RUBENS         1.00         0.00         0.00			^		^				0.	0.	0.
(4) DEBRA WINGER     1.00       BOARD MEMBER     1.00       (5) JIM RUBENS     1.00			₩.								0
BOARD MEMBER         1.00 X         0. 0. 0.           (5) JIM RUBENS         1.00           0. 0. 0.			^						0.	0.	0.
(5) JIM RUBENS 1.00			₩.						0	٥	n
			^						0.	0.	0.
			₩.						0	٥	0
	BOARD MEMBER	0.00	^						0.	0.	0.
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			1								

Form 990 (2021)

	(A)	(B)			(C Pos	C) ition	,		(D)	(E)	(F)			
	Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensatio from related		an	stimate nount o other	
		(list any hours for related	ee or director	stee			nsated		the organization (W-2/1099-MISC/	organizations (W-2/1099-MIS 1099-NEC)		fr	pensa om the anizati	е
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)				d relate anizatio	
	Subtotal								0.		0.			0.
С	Subtotal  Total from continuation sheets to Part V  Total (add lines 1b and 1c)	II, Section A						<b>&gt;</b>	0.		0.			0.
2	Total number of individuals (including but compensation from the organization								eceived more than \$100	,000 of reportabl	e			0
3	Did the organization list any <b>former</b> officer			•		•		_		•			Yes	No X
4	line 1a? If "Yes," complete Schedule J for some some some some some some some some	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			3		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv			5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co										none		from	
_	the organization. Report compensation for								n the organization's tax		рспо			
	(A) Name and business	address	N	INC	3				( <b>B)</b> Description of s	ervices	С	ompe	) nsatio	n
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
	,											Form	990 (2	2021)

Form	า 99	0 (2	2021) <b>AME</b>	RI	CAN	PROM	IISE, IN	C.			47-4608	840 Page 9
Pa	rt \	/III	Statement of Re	ver	nue							
			Check if Schedule O	cont	ains a res	sponse	or note to any	line in thi	is Part VIII			
									(A)	(B)	(C)	(D)
								Tota	al revenue	Related or exempt function revenue		Revenue excluded from tax under
										lunction revenue	business revenue	sections 512 - 514
ts t	1	a	Federated campaigns		1:	a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			_						
٦٤								-				
fts r A			Fundraising events					_				
ig'ë			Related organizations					_				
Sin			Government grants (contr			9		_				
a tic		f	All other contributions, gifts,				070 500					
[ 편된			similar amounts not included	abo		f	872,520 252,570	_				
id O			Noncash contributions included in					┙ 。.				
<u>ā Č</u>		h	Total. Add lines 1a-1f				<u></u>	8.	72,520.			
							Business Cod	е				
e S	2	а										
Program Service Revenue		b										
Sun		С										
eve		d										
Pg.		е										
Ŗ.		f	All other program service	reve	nue							
			Total. Add lines 2a-2f									
	3		Investment income (includ									
			other similar amounts)	-				.				
	4		Income from investment of									
	5		Royalties		· ·		_	. —				
			noyanio		(i) R		(ii) Persona					
	6	а	Gross rents	6a			1					
	Ŭ		Less: rental expenses	6b								
			Rental income or (loss)	6c								
			` ,		•							
	7		Net rental income or (loss)	<u>'</u>	(i) Seci		(ii) Other	-				
	′	а	Gross amount from sales of	l_		unties	(ii) Other	_				
			assets other than inventory	7a								
		b	Less: cost or other basis									
Ž			and sales expenses	7b				_				
evenue		С	Gain or (loss)	7с								
œ			Net gain or (loss)				<u>,</u>	•				
Other	8	а	Gross income from fundraising		-							
δ			including \$		o	f						
			contributions reported on	line	1c). See							
			Part IV, line 18			8a						
		b	Less: direct expenses			8b						
		С	Net income or (loss) from	func	draising e	ven <u>ts</u>	<u>,</u>	•				
	9	а	Gross income from gamin	g ac	tivities. S	See						
			Part IV, line 19			9a						
		b	Less: direct expenses			9b						
		С	Net income or (loss) from	gam	ing activ	ities		•				
	10	а	Gross sales of inventory, I	ess	returns							
			and allowances			10a						
		b	Less: cost of goods sold									
			Net income or (loss) from				<b>&gt;</b>					
s							Business Cod	е				
fiscellaneous Revenue	11	а										
ane		b										
e el		С										
ĬŠ.		d	All other revenue									

e Total. Add lines 11a-11d

**12 Total revenue**. See instructions

872,520.

# 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).

	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		охроносо	gorioral experiess	схропосо
	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	269,302.	105,999.	55,131.	108,172
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,900.	9,226.	1,689.	4,985 9,353
10	Payroll taxes	23,307.	9,130.	4,824.	9,353
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,525.		4,525.	
С	Accounting	13,500.		13,500.	
d	Lobbying	22,500.	22,500.		
е	Professional fundraising services. See Part IV, line 17	20,175.			20,175
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	110,801.	82,321.	24,953.	3,527 36,838
12	Advertising and promotion	148,975.	109,921.	2,216.	36,838
13	Office expenses	25,504.	6,931.	5,171.	13,402
14	Information technology				
15	Royalties				
16	Occupancy	5,553.	2,351.	1,056.	2,146
17	Travel	5,654.	3,278.	10.	2,366
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	28,214.	28,214.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 040	1 000	0.055	0.54
23	Insurance	4,010.	1,062.	2,077.	871
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	EVENT COSTS	16,273.	1,621.		14,652
b	LICENSES, REGISTRATIONS	8,891.	502.	8,371.	18
С				·	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	723,084.	383,056.	123,523.	216,505
26	<b>Joint costs.</b> Complete this line only if the organization		-	•	<del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	112-09-21				Form <b>990</b> (202

Form **990** (2021)

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>(B)</b> End of year
	1	Cash - non-interest-bearing	428,155.	1	571,438.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	79,000.	3	315,429.
	4	Accounts receivable, net		4	
	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			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	1 2722	9	225.
	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	20 546
	15	Other assets. See Part IV, line 11		15	30,546.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	10 100	16	917,638.
	17	Accounts payable and accrued expenses		17	133,760.
	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,			
oii.		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		OE.	
	26	of Schedule D  Total liabilities. Add lines 17 through 25	19,480.	25 26	133,760.
	20	Organizations that follow FASB ASC 958, check here	. 13,400.	20	155,700.
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	559,442.	27	468,878.
Bal	28	Net assets with donor restrictions		28	315,000.
БП	20	Organizations that do not follow FASB ASC 958, check here		20	323,0001
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	783,878.
2	33	Total liabilities and net assets/fund balances	652 022	33	917,638.
		. Classical and the decete faire balanee		-55	Form <b>990</b> (2021)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		87	2,5	20.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		72	3,0	84.		
3								
4								
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		78	3,8	78.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
			_		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 on Schedule O.							
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	e basis	s,					
	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	t,					
	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	nedule	O.					
За	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	udit					
	Act and OMB Circular A-133?			За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2021)

## **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

Inspection

Name of the organization

AMERICAN PROMISE, INC.

**Employer identification number** 47-4608840

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced ianiae	(2)
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		funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	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	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures,	or Other	Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	any of the	following the	at make sign	ificant use	e of its		
	collection items (check all that apply):									
а	Public exhibition	c	ı 🔲 ı	Loan or exc	hange progr	am				
b	Scholarly research	e			0.0					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ev further t	the organizat	ion's exemp	t purpose	in Part >	CIII.	
5	During the year, did the organization solicit o	•		-	-					
	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Pai	t IV Escrow and Custodial Arran								ne 9, or	
	reported an amount on Form 990, Pa			Ū				,	,	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other a	ssets not inc	luded			
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII									
	-							P	Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on F						?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.					-				
Pai										
	· ·	(a) Current year		rior year		rs back (d)	Three years	s back (	<b>e)</b> Four ye	ears back
1a	Beginning of year balance			-					-	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	re (line 1	a column (	a)) held as:	<u> </u>		I		
	Board designated or quasi-endowment	Torre your orra balarie	%	g, oolallii (	ajj riola ao.					
	Permanent endowment	%								
	· —									
·	The percentages on lines 2a, 2b, and 2c sho	, -								
32	Are there endowment funds not in the posse	•	ation the	nt are held s	and administ	ared for the	organizati	on		
ou		331011 Of the organiz	ation the	it are ricid t	and administ	crea for the	organizati	OII	Y	es No
	by: (i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	<del>-  </del>
h	If "Yes" on line 3a(ii), are the related organiza								3b	-
4	Describe in Part XIII the intended uses of the								JD	
÷	t VI Land, Buildings, and Equipm		SWITICITE	unus.						
	Complete if the organization answere		0. Part I\	/. line 11a. \$	See Form 99	0. Part X. line	e 10.			
	Description of property	(a) Cost or o			t or other	(c) Accu		1	<b>d)</b> Book v	value.
	bescription of property	basis (investr		` '	(other)	depre		,	J) DOOK V	alue
12	Land	,	,	24010	(251)	GOPIO				
	Land Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		· X colun	nn (R) line	100)			+		0.

Schedule D (Form 990) 2021

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 va
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 000 Dort IV line	11a Can Farm 000 Part V line 12
(a) Description of investment		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets.		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.
	Description	(b) Book valu
· · ·		(S) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>
Part X Other Liabilities.	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.
Part X Other Liabilities.  Complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete if the organization answered "Yes" of the complete in the complete i	n Form 990, Part IV, line	
Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.  (b) Book value
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2)	on Form 990, Part IV, line	
Cart X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of a Description of liability  (1) Federal income taxes (2)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)		(b) Book valu

Schedule D (Form 990) 2021

Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		nevellue per n	etuiii.	
1	Total revenue, gains, and other support per audited financial statements			1	904,680.
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		32,160.		
С	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	32,160.
3	Subtract line <b>2e</b> from line <b>1</b>			3	872,520.
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.)				
	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	872,520.
Pa	t XII   Reconciliation of Expenses per Audited Financial State			Returr	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		•		
1	Total expenses and losses per audited financial statements			1	755,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	·
_ а	Donated services and use of facilities	2a	32,160.		
b	Prior year adjustments		. ,	-	
c	Other losses	···· <del>                                 </del>		-	
4	Other (Describe in Part XIII.)	····		-	
	Add lines 2a through 2d			2e	32,160.
3				3	723,084.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				72370010
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
				-	
	Other (Describe in Part XIII.)	•		40	0.
	Add lines 4a and 4b  Tatal arranges Add lines 2 and 4a. (This must arrange Form 200, Part I. line 19.)			4c	723,084.
5 <b>D</b> a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  † XIII Supplemental Information.			5	723,004.
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part X,	line 2; Part XI,
PAI	RT X, LINE 2:				
TA	K POSITION:				
THI	E ORGANIZATION CURRENTLY EVALUATES ALL TA	X POSIT	IONS, AND	MAKES	S A
DE	TERMINATION REGARDING THE LIKELIHOOD OF T	HOSE PO	SITIONS BE	ING U	UPHELD

THE PRIMARY TAX POSITION MADE BY THE ORGANIZATION IS THE UNDER REVIEW. EXISTENCE OF UNRELATED BUSINESS INCOME TAX AND THE ORGANIZATION'S STATUS AS A TAX-EXEMPT ORGANIZATION UNDER IRC SECTION 501(C)(4). FOR THE YEARS PRESENTED, THE ORGANIZATION HAS NOT RECOGNIZED ANY TAX BENEFITS OR LOSS CONTINGENCIES FOR UNCERTAIN TAX POSITIONS BASED ON THIS EVALUATION.

Schedule D (Form 990) 2021

Schedule D (Form 200) 2021 AMERICAN PROMISE, INC. 47-4608840 Page S Part XIII   Supplemental Information (continued)	Schedule D (Form 990) 2021	AMERICAN PROMISE,	INC.	47-4608840 Page 5
	Part XIII Supplemental Info	rmation (continued)		<u> </u>
	<u> </u>			

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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

Name of the organization

......

Employer identification number

	N PROMISE, INC.				47-4608	840		
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	ered "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not		
<ul> <li>Indicate whether the organization raise</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indictions</li> </ul>	e X Solicita f Solicita g Special  or oral agreement with any individual Part VII) or entity in connection with positions or entities (fundraisers) pursuit	tion of tion of fundra I (include profess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
STUDIO RAINWATER - 110 KING	FUNDRAISING CAMPAIGN	Yes	No					
PHILIP ROAD, SUITE 2F,	CONSULTANTS	103	Х	0.	20,175.	0.		
Total					20,175.			
3 List all states in which the organization or licensing.  MA, AL, AR, CA, FL, GA, HI,  MO, AK, CO, CT, ME, ND, OH,	IL, KS, KY, MD, MN, MS,				·			

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Schedule G (Form 990) 2021

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021 AMERICAN PROMISE, INC. 47-4608840 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes ..... Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ **b** If "Yes," explain:

Schedule G (Form 990) 2021

132082 10-21-21

Scr	nedule G (Form 990) 2021 AMERICAN PROMISE, INC. 47	-46	0884	EU Page 3
11	Does the organization conduct gaming activities with nonmembers?	L	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	[	Ye:	s No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	1	3a	%
	b An outside facility		3b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Ye	s No
ŀ	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(	c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	daning manager compensation • • •			
	Description of services provided			
		,		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	_	
	retain the state gaming license?	L	Ye	s L No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe		
_	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	l Part I	II, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
90	NIGORIE C. DADM I IING OD IICM OG MGN HIGHGM DAID GINDDAIC	ם מבוז		
<u>50</u>	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	EKS	:	
(I	) NAME OF FUNDRAISER: STUDIO RAINWATER			
<u>(I</u>	ADDRESS OF FUNDRAISER:			
<u>11</u>	.0 KING PHILIP ROAD, SUITE 2F, RUMFORD, RI 02916			

Schedule G	(Form 990) AMERICAN PROMISE,	INC. 47-4608840 Page 4
Part IV	(Form 990) AMERICAN PROMISE, Supplemental Information (continued)	<u>~</u>

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

**Noncash Contributions** 

OMB No. 1545-0047

**Employer identification number** 

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.

Open to Public Inspection

Name of the organization AMERICAN PROMISE, INC. 47-4608840 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures Art - Fractional interests ..... 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 252,570.FMV Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

132141 11-17-21

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

## **SCHEDULE 0** (Form 990)

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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN PROMISE, INC.

**Employer identification number** 47-4608840

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMISE AND OUR SUPPORTERS ADVANCE THIS NONPARTISAN CONSTITUTIONAL
AMENDMENT EFFORT BY SEEKING ENDORSEMENTS, LEGISLATIVE RESOLUTIONS,
STATE BALLOT INITIATIVES, GRASSROOTS AND DIRECT LOBBYING, AND A
ULTIMATELY A SUCCESSFUL VOTE BY CONGRESS AND STATE LEGISLATURES TO PASS
AND RATIFY THE AMENDMENT.
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.

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

Schedule O (Form 990) 2021

STATE INITIATIVES:

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** AMERICAN PROMISE, INC. 47-4608840 AMERICAN PROMISE PROVIDES LEGAL EXPERTISE, ORGANIZING STRATEGY AND EXECUTION, AND DIRECT LOBBYING SUPPORT FOR STATEWIDE BALLOT CAMPAIGNS AND LOCAL AND STATE RESOLUTIONS CALLING ON CONGRESS FOR A 28TH AMENDMENT. CONGRESSIONAL INITIATIVES: AMERICAN PROMISE WORKS WITH DEMOCRAT, REPUBLICAN, AND INDEPENDENT MEMBERS OF CONGRESS TO GROW CROSS-PARTISAN SUPPORT FOR A 28TH AMENDMENT. 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. KEEP THE PROMISE CAMPAIGN: AT THE END OF 2020, THE ORGANIZATION COMPLETED PHASE 1 OF ITS 3 PHASE THE ORGANIZATION BUILT THE FOUNDATION, INCLUDING THE STRATEGIC PLAN. STRATEGY, ORGANIZATIONAL STRUCTURE, LEADERSHIP TEAM, PROGRAMMING, AND

EXPANDING THE SKILLS AND ENGAGEMENT OF AMERICANS AS THE ORGANIZATION
MOVED INTO PHASE 2. IN 2021, THE FIRST YEAR OF PHASE 2, AMERICAN

INC. CONTINUED TO BUILD CAPACITY IN ITS EMPOWERMENT

CITIZEN PARTICIPATION THAT SET THE STAGE FOR RAPIDLY BUILDING AND

Schedule O (Form 990) 2021

PROMISE,

Schedule O (Form 990) 2021 Page **2** 

Name of the organization

AMERICAN PROMISE, INC.

Employer identification number 47-4608840

COMMUNICATIONS, AND POLITICAL DEPARTMENTS, TO MOBILIZE AND ORGANIZE ITS

STATE- AND NATION-WIDE MEMBERSHIP TO BUILD THE POLITICAL WILL,

ADVOCACY, AND CAMPAIGNS NECESSARY FOR THE AMENDMENT TO PASS THROUGH

CONGRESS.

DURING 2020 AND 2021, THE ORGANIZATION EXPANDED ITS FUNDRAISING

CAPABILITIES BY HIRING ADDITIONAL FUNDRAISING STAFF, DEVELOPING SYSTEMS

AS WELL AS MAKING INVESTMENTS IN COMMUNICATION MATERIALS FOR THE 2021

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

GROWTH CAMPAIGN SET TO COMPLETE IN 2023. THIS PHASE OF THE CAMPAIGN

RESULTED IN AN ELEVATED LEVEL OF FUNDRAISING COSTS RELATIVE TO THE

OVERALL BUDGET, WHILE PROGRAMMING CONTINUED TO BE REDUCED AS A RESULT

OF THE COVID-19 IMPACT.

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 2021 AT \$17,500.

Schedule O (Form 990) 2021 Page **2** 

Name of the organization **Employer identification number** AMERICAN PROMISE, INC. 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 FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 82,321. MANAGEMENT AND GENERAL EXPENSES 24,953. FUNDRAISING EXPENSES 3,527. TOTAL EXPENSES 110,801. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 110,801.

### SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**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.

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

2021

Employer identification number

Open to Public Inspection

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) 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 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

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

of Dolated Ourses institute Touchle and Doubs weeking Consolete if the aurenication annuous all Mad an Fours 000 Doubly line 04 honours it had annous nelated
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
reated 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			end-of-year allocations?		amount in box managir		or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0	
	1											
	1											
	1											
	1											

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	ent	(i) Section 512(b)(13) controlled entity?	
		country)		,				Yes	No	
									<u> </u>	
									<u> </u>	
									├─	
									Щ_	

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

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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 wit	th one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)							
С	Gift, grant, or capital contribution from related organization(s)							
d	d Loans or loan guarantees to or for related organization(s)							
	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)							
	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j Lease of facilities, equipment, or other assets to related organization(s)							X	
							X	
k Lease of facilities, equipment, or other assets from related organization(s)								
-1	Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	s)			1n	Х		
0	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Х	X	
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)								
s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on who n	must complete th	nis line, including covered	relationships and transaction thresholds.				
	(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount in	volved			
	<del></del>	type (a-s)						
1) AMERICAN PROMISE EDUCATION FUND, INC.		0	630,992.	ACTUAL COSTS INCURRED				
2) AMERICAN PROMISE EDUCATION FUND, INC.		Q	613,175.	ACTUAL COSTS INCURRED				
3)								
4)								
5)								
<b>C</b> \								
6)	0.14.17.04	36		Schodulo	D (Ear	n 000	2021	

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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)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners s	Share of	Share of	Dispro	opor- ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
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 N	o income	assets	Yes	No	(F01111 1065)	Yes N	10
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