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DLN: 93493228003256

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Open to Public Inspection

| A F | or the | 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-201 | 5 | | | | | | | | |
|--------------------------------|-------------|--|--|------------------------------|-------------|------------------------------|--|--|--|--|--|
| B Ch | neck if ap | plicable C Name of organization American Principles Project | | D Emplo | yer ic | lentification number | | | | | |
| Ad | ldress ch | | | 26-46 | 5133 | 97 | | | | | |
| ⊢ Na | ame char | ge Doing business as | | | | | | | | | |
| ⊢ _{In} | ıtıal retur | | | | | | | | | | |
| Fıı | nal | Number and street (or P O box if mail is not delivered to street address) Room/sui | te | E Teleph | one nu | ımber | | | | | |
| re | turn/term | ninated 1130 Connecticut Avenue NW No 425 | | (202) | 503 | -2010 | | | | | |
| Ar | nended r | only of tottill state of province, country, and En of foreign postar code | | | | | | | | | |
| ☐ Ap | plication | Washington, DC 20036 pending | | G Gross r | eceipt | s \$ 3,040,938 | | | | | |
| | | F Name and address of principal officer | H(a) | Is this a group | retu | rn for | | | | | |
| | | Terry Schilling | () | subordinates? | · · · · · · | ΓYes Γ Nο | | | | | |
| | | 1130 Connecticut Avenue NW No 425 Washington, DC 20036 | | Are all subord | nate | s 「Yes「No | | | | | |
| | | - ' | | included? If "No " attach | ı a lıs | t (see instructions) | | | | | |
| I Ta | ax-exem | pt status | | Group exempt | | | | | | | |
| J W | /ebsite | : www americanprinciplesproject org | | Group exempt | .1011 11 | diffici F | | | | | |
| | | anization ✓ Corporation Trust Association Other ► | 1 | | | Maria di Ila | | | | | |
| | m of org | Summary | L Yea | r of formation 20 | 009 | M State of legal domicile DC | | | | | |
| F | _ | - | | | | | | | | | |
| | | refly describe the organization's mission or most significant activities or mission is to advocate for policy solutions that uphold America's founding pr | inciples | | | | | | | | |
| စ္ | | | ' | | | | | | | | |
| e e | - | | | | | | | | | | |
| Ē. | , - | heck this box 📭 if the organization discontinued its operations or disposed of | f more th | nan 25% of its | net a | ecete | | | | | |
| Governance | 2 0 | meck this box F in the organization discontinued its operations of disposed of | 1411 25 70 01 163 | iiet c | 133613 | | | | | | |
| | 3 N | umber of voting members of the governing body (Part VI, line 1a) | | | 3 | 4 | | | | | |
| Activities & | 4 N | umber of independent voting members of the governing body (Part VI, line 1b) | | | 4 | 3 | | | | | |
| 툳 | 5 T | otal number of individuals employed in calendar year 2015 (Part V, line 2a) . | | | 5 | 19 | | | | | |
| ្វ | 6 T | otal number of volunteers (estimate if necessary) | | | 6 | 0 | | | | | |
| • | 7a ⊤ | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0 | | | | | |
| | b N∈ | t unrelated business taxable income from Form 990-T, line 34 | | | 7b | 0 | | | | | |
| | | | | Prior Year | | Current Year | | | | | |
| _ | 8 | Contributions and grants (Part VIII, line 1h) | | 2,016, | 807 | 2,370,596 | | | | | |
| Ę | 9 | Program service revenue (Part VIII, line 2g) | | | 0 | 0 | | | | | |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 55, | 806 | 1,496 | | | | | |
| ш. | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | 0 | 101 | | | | | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line | | | | | | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | 0 | 0 | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0 | 0 | | | | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines | | 835, | 226 | 1,319,527 | | | | | |
| \$ | | 5-10) | | | 336 | 1,319,52/ | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 | | | | | | |
| 五 | b | Total fundraising expenses (Part IX, column (D), line 25) ► 565,563 | | | | | | | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,129, | _ | 1,009,412 | | | | | |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,964, | $\overline{}$ | 2,328,939 | | | | | | |
| . 09 | 19 | Revenue less expenses Subtract line 18 from line 12 | - | 107, | 956 | 43,254 | | | | | |
| Net Assets or Fund Balances | | | Begini | ning of Current | Year | End of Year | | | | | |
| 10 kg | 20 | Total assets (Part X, line 16) | | 648, | 590 | 679,746 | | | | | |
| 뿧 | 21 | Total liabilities (Part X, line 26) | · | 412 | 61,464 | | | | | | |
| 碧 | 22 | Net assets or fund balances Subtract line 21 from line 20 | | | 170 | C10.202 | | | | | |
| | rt II | Signature Block | | | | | | | | | |
| | | | | | | | | | | | |

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

| Sign | |
|------|--|
| Here | |

Signature of officer

Terry Schilling Executive Director Type or print name and title

Paid Preparer **Use Only** Print/Type preparer's name Cynthia B Laporta CPA

Preparer's signature Cynthia B Laporta CPA

Firm's name F Kositzka Wicks and Company Firm's address ► 5270 Shawnee Road Suite 250

Alexandria, VA 22312

May the IRS discuss this return with the preparer shown above? (see instruction

For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2015) | | | | Page 2 |
|------------|--------------------|-------------------------------------|---|--------------------------------|---------------------------------------|
| Par | | nt of Program Service A | ccomplishments or note to any line in this Part III | | |
| 1 | | ne organization's mission | | | · · · · · · · · · · · · · · · · · · · |
| | | | e dignity of the human person as lienable rights from our Creator | affirmed by America's founding | principles, namely |
| | | | | | |
| 2 | the prior Form 990 | or 990-EZ? | | hich were not listed on | _Yes ▼No |
| | | these new services on Schedu | | | |
| 3 | services? | | significant changes in how it cond | | Yes ▼No |
| | If "Yes," describe | these changes on Schedule O | | | |
| 4 | expenses Section | | omplishments for each of its three inizations are required to report t program service reported | | |
| 4a | (Code |) (Expenses \$ | 1,394,027 including grants of \$ |) (Revenue \$ |) |
| | | in education Engaged in outreach to | moted a return to the gold standard and legislators regarding immigration reform | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4 c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | · - | ervices (Describe in Schedule | • | | |
| _ | (Expenses \$ | | grants of \$ |) (Revenue \$ |) |
| 4e | Total program sei | rvice expenses ► 1, | 394,027 | | |

| Form 990 (2 | 2015) | | |
|-------------|--------------|----------|-----------|
| Part IV | Checklist of | Required | Schedules |

| 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 | | No | | | | |
|-----|---|-----|-----|----------|--|--|--|--|
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$ | 2 | Yes | | | | | |
| 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 | | No | | | | |
| 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 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | No | | | | |
| 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 | | No | | | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No | | | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No | | | | |
| 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 | | No | | | | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No | | | | |
| 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 | | | | | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | | | | | |
| | 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 | | No | | | | |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 2 | 11c | | No | | | | |
| | 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 | Yes | | | | | |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | <u> </u> | | | | |
| | 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 | Yes | | | | | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No | | | | |
| | 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 | Yes | | | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No | | | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No | | | | |
| 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 | | No | | | | |
| 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 foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No | | | | |
| 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 | | No | | | | |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No | | | | |
| 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 | | No | | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No | | | | |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No | | | | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | | | | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|------------|-----|----------|
| 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 | | 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 | | No |
| 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? <i>If "Yes," complete Schedule J</i> | 23 | Yes | |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | |
| 25a | 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 | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Νo |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | No |
| 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, or key employee? If "Yes," complete Schedule L, Part IV | 200 | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | No No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 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 | | No |
| 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | 990 (2015) | | | Page | | | | | | |
|-----|---|------------|-----|------|--|--|--|--|--|--|
| Pai | 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 | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25 | | | | | | | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | | | | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | Yes | | | | | | | |
| 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Νo | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | | | | | | | |
| 4a | 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)? | | | | | | | | | |
| 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? \cdot . | 5a | | No | | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No | | | | | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | | |
| 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? | 6a | Yes | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | Yes | | | | | | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| | 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 | | | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | | | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | | | | | | | |
| h | required? | 7g 7h | | | | | | | | |
| 8 | Form 1098-C? | 711 | | | | | | | | |
| | during the year? | 8 | | | | | | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | | | |
| 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) | | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| 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 | 13a | | | | | | | | |
| 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 | 1.5a | | | | | | | | |
| c | Enter the amount of reserves on hand | | | | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No | | | | | | |
| h | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | 1 | | | | | | |

| Se | ction 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 4 | | | |
| | 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 in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 3 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | Νο |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | Νο |
| 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 in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| 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 | Yes | |
| b | Describe in 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 | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 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 | Yes | |
| b | O ther officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| 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 | | |
| Se | ction C. Disclosure | | | |
| | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year | | | |

State the name, address, and telephone number of the person who possesses the organization's books and records The Organization 1130 Connecticut Avenue NW No 425 Washington, DC 20036 (202) 503-2010

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

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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A) Name and Title | Name and Title Average hours per week (list any hours | | | | | | | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|--|--|
| | for related organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | from the organization and related organizations |
| (1) Sean Fieler Chairman | 1 00 | х | | х | | | | 0 | 0 | 0 |
| (2) Francis Cannon | 1 00 35 00 | | | | | | | | | |
| President | 5 00 | × | | х | | | | 170,108 | 0 | 17,447 |
| (3) Myers Mermel Treasurer | 1 00 | х | | х | | | | 0 | 0 | 0 |
| (4) Ellen Barrosse | 1 00 | | | | | | | | | |
| Secretary | 1 00 | × | | X | | | | 0 | 0 | 0 |
| (5) Terrence Schilling Executive Director | 35 00 5 00 | | | х | | | | 111,603 | 0 | 13,222 |
| (6) Alfonso Aguilar Director of Latino Partner | 35 00 | | | | | х | | 125,578 | 0 | 6,273 |
| (7) Maggie Gallagher Senior Fellow | 35 00 5 00 | | | | | x | | 139,851 | 0 | 7,512 |
| (8) Emmett McGroarty Director of Education | 35 00 | | | | | х | | 139,394 | 0 | 15,443 |
| (9) Jeffrey Bell Policy Director | 35 00 | | | | | × | | 132,000 | 0 | 0 |
| Policy Director | 5 00 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Part VII | Section A. | Officers, | Directors, | Trustees, | Key Employ | ees, and Hig | hest Compen | sated Employees | (continued |
|----------|------------|-----------|------------|-----------|------------|--------------|-------------|-----------------|------------|
|----------|------------|-----------|------------|-----------|------------|--------------|-------------|-----------------|------------|

| | (A) Name and Title | (B) Average hours per week (list any hours | more t | han o | one l both | do not check Reportable compensation compensation from related corporations organizations (W-2/1000 MISC) | | | | | | mpens from t | ated f other sation the |
|----|--|---|-----------------------------------|-----------------------|---------------|---|------------------------------|--------|---------------------|-------------------|---|-----------------------------|----------------------------------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | | anızatı relate ganıza | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b | Sub-Total | | ٠ | ٠. | | <u>. </u> | <u>.</u> | | | | | | |
| C | Total from continuation shee | • | | | | | . 🕨 | | 818,534 | 0 | | | 59,897 |
| | Total (add lines 1b and 1c) . | | | | | | | | | | | | <u> </u> |
| 2 | Total number of individuals (ii \$100,000 of reportable comp | | | | | | ed abov | re) w | no received more ti | nan | | | |
| | | | | | | | | | | _ | | Yes | No |
| 3 | Did the organization list any f on line 1a? <i>If "Yes," complete</i> : | | | | | | | | | nsated employee | 3 | | N. a |
| 4 | For any individual listed on lin organization and related organ | ie 1a, is the sum | ofrepo | rtabl | e co | mpe | nsatio | n and | d other compensatı | | 3 | | Νo |
| _ | individual | | | | • | • | • | • | | | 4 | Yes | |
| 5 | Did any person listed on line 3 services rendered to the orga | | | | | | | | | or individual for | 5 | | Νo |
| | | | | | | | | | | L | | | |

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| | | <u> </u> |
|---|-----------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| | Description of services | |
| Ralph J Benko, | Consulting | 108,000 |
| Ralph J Benko, 15020 Carryback Drive | | ĺ |
| Garthersburg, MD 20878 | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 🕨 1

| Part V | 4 🛊 🛊 1 | Statement o | | | th Dt VIII | | | _ |
|---|----------|---|--|-------------------------|-------------------|--|--------------------------------|--|
| | | | ule O contains a respoi | ise or note to any iir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| इ इ | 1a | Federated camp | | | | | | |
| Grants mounts | b | Membership du | es 1b | | | | | |
| Ğ Ğ | С | Fundraising eve | ents 1c | | | | | |
| iifts Iaru | d | Related organiz | ations 1d | | | | | |
| s, G imil | e | Government grants | s (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | | ons, gifts, grants, and 1f | 2,370,596 | | | | |
| but the | | similar amounts no | ot included above ons included in lines | | | | | |
| nti d O | g | 1a-1f \$ | ons included in lines | 557,596 | | | | |
| G a a | h | Total. Add lines | s 1a-1f | · · · • | 2,370,596 | | | |
| ie. | | | | Business Code | | | | |
| ven | 2a | | | | | | | |
| 2 | ь | | | | | | | |
| МСе | С | | | | | | | |
| Ser | d | | | | | | | |
| Program Serwce Revenue | e f | Δ II other progra | ım service revenue | | | | | |
| rogi | • | | | | | | | |
| <u> </u> | g | | s 2a – 2f | | | | | |
| | 3 | and other simila | ome (including dividen ar amounts) | 🟲 📗 | | | | |
| | 4 | | tment of tax-exempt bond | proceeds | | | | |
| | 5 | Royalties | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | (I) Keal | (II) Personal | | | | |
| | ١. | Loop routal | | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental incor | me or (loss) | | | | | |
| | 7a | Gross amount | (ı) Securities | (II) Other | | | | |
| | 74 | from sales of assets other than inventory | 670,241 | | | | | |
| | ь | Less cost or other basis and sales expenses | 668,745 | | | | | |
| | c | Gain or (loss) | 1,496 | | 1 | | | |
| | d | | s) | · · · · • | 1,496 | | | 1,496 |
| venue | 8a | Gross income fi events (not incl \$ | luding | | | | | |
| Other Revenue | | See Part IV, lin | reported on line 1c) e 18 a | | | | | |
| ₹ | b | | penses b | | | | | |
| | C | | loss) from fundraising | events 🛌 | | | | |
| | 9a | Gross income fi See Part IV, lin | rom gaming activities le 19 a | | | | | |
| | | | penses b | | | | | |
| | | | loss) from gaming acti | vities | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | b | | oods sold b | | | | | |
| | С | | loss) from sales of inv | | | | | |
| | 11- | Miscellaneous | s Revenue | Business Code 900099 | 101 | 101 | | |
| | 11a b | O ther income | _ | 300039 | 101 | 101 | | |
| | С | | _ | | | | | |
| | d | All other revenu | ue | | | | | |
| | e | Total. Add lines | | 🕨 | | | | |
| | 12 | | See Instructions | | 101 | | | |

Part IX Statement of Functional Expenses

| Section | on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns . | All other organiz | ations must com | plete column (A) | |
|---------|--|-----------------------|---|--|---------------------------------------|
| | Check if Schedule O contains a response or note to any line in th | nis Part IX | | <u> </u> | <u></u> |
| | ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 320,906 | 186,125 | 44,927 | 89,854 |
| 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 | 884,208 | 512,840 | 123,789 | 247,579 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 33,235 | 19,276 | 4,653 | 9,306 |
| 10 | Payroll taxes | 81,178 | 47,083 | 11,365 | 22,730 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 35,707 | 10,847 | 19,623 | 5,237 |
| C | Accounting | 32,465 | 9,863 | 17,841 | 4,761 |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 433,000 | 297,926 | 36,987 | 98,087 |
| 12 | Advertising and promotion | 80,200 | 74,957 | 4,884 | 359 |
| 13 | Office expenses | 10,661 | 5,478 | 1,886 | 3,297 |
| 14 | Information technology | 17,220 | | 17,220 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 149,794 | 86,881 | 20,971 | 41,942 |
| 17 | Travel | 89,499 | 56,781 | 13,477 | 19,241 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 51,685 | 22,759 | 13,806 | 15,120 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,438 | | 1,438 | |
| 23 | Insurance | 11,943 | | 11,943 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Research | 33,386 | 31,800 | | 1,586 |
| b | Program event expenses | 26,025 | 19,325 | 5,700 | 1,000 |
| c | Printing and copying | 16,191 | 9,881 | 5,769 | 541 |
| d | Dues and subscriptions | 14,892 | 1,201 | 8,866 | 4,825 |
| е | All other expenses | 5,306 | 1,004 | 4,204 | 98 |
| 25 | Total functional expenses. Add lines 1 through 24e | 2,328,939 | 1,394,027 | 369,349 | 565,563 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | · · |

| Form 990 (| · · · · · · · · · · · · · · · · · · · |
|------------|---------------------------------------|
| Part X | Balance Sheet |
| | Charles & Cale adula O |

| | | Check if Schedule O contains a response or note to any line | | | (A) | | (B) | |
|-----------------|-----|---|--|----------------|-------------------|-----|-------------|--|
| | | | | | Beginning of year | | End of year | |
| | 1 | Cash-non-interest-bearing | | | 44,904 | 1 | 78,416 | |
| | 2 | Savings and temporary cash investments | | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | |
| | 4 | Accounts receivable, net | | | | 4 | | |
| | 5 | Loans and other receivables from current and former office key employees, and highest compensated employees Cor Schedule L | | 5 | | | | |
| Assets | 6 | section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 501(c) | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | | | |
| 8 | , | Notes and leans reservable not | | | 48,500 | 7 | 48,500 | |
| ⋖ | 7 | Notes and loans receivable, net | | | 40,300 | 8 | 40,500 | |
| | 8 | Inventories for sale or use | | | 10,266 | | 15,537 | |
| | 9 | Prepaid expenses and deferred charges | | | 10,266 | 9 | 15,557 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 12,348 | | | | |
| | b | Less accumulated depreciation | 10b | 2,238 | 5,308 | 10c | 10,110 | |
| | 11 | Investments—publicly traded securities | | | | 11 | | |
| | 12 | Investments—other securities See Part IV, line 11 | | • | 111,830 | 12 | 0 | |
| | 13 | Investments—program-related See Part IV, line 11 . | | | | 13 | | |
| | 14 | Intangible assets | | | | 14 | | |
| | 15 | Other assets See Part IV, line 11 | | | 427,782 | 15 | 527,183 | |
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | | | 648,590 | 16 | 679,746 | |
| | 17 | Accounts payable and accrued expenses | | | 17,255 | 17 | 9,383 | |
| | 18 | Grants payable | | | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | |
| | 21 | Escrow or custodial account liability Complete Part IV of | Schedu | le D | | 21 | | |
| "iabilities | 22 | Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc | | | | | | |
| 逗 | | persons Complete Part II of Schedule L | | | | 22 | | |
| <u>-</u> | 23 | Secured mortgages and notes payable to unrelated third pa | arties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third part | ies . | | | 24 | | |
| | 25 | Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D | related | third parties, | | | | |
| | | | | | 62,157 | | 52,081 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 79,412 | 26 | 61,464 | |
| ъ ф | | Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. | •⊨ ⊽ | and complete | | | | |
| anc | 27 | Unrestricted net assets | | | 569,178 | 27 | 618,282 | |
| <u> </u> | 28 | Temporarily restricted net assets | | 28 | | | | |
| <u> </u> | 29 | Permanently restricted net assets | | | | 29 | | |
| or Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), che | ck here | ► ┌ and | | | | |
| | 20 | complete lines 30 through 34. | | | | 20 | | |
| 3£ | 30 | Capital stock or trust principal, or current funds | | | | 30 | | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fu | | | | 31 | | |
| Ą. | 32 | Retained earnings, endowment, accumulated income, or ot | | | E00 470 | 32 | 040.000 | |
| Net Set | 33 | Total net assets or fund balances | | | 569,178 | | 618,282 | |
| | 34 | Total liabilities and net assets/fund balances | | | 648,590 | 34 | 679,746 | |

| 1 01111 | 330 (2013) | | | Г | aye 12 |
|---------|---|---------|----|------------|------------|
| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
| | | | | | • • • |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,3 | 372,193 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 2,3 | 328,939 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 43,254 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot . | 4 | | 5 | 569,178 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 5,850 |
| 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 in Schedule O) | 9 | | | C |
| | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | ϵ | 518,282 |
| Par | t XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . <u> </u> |
| 1 | Accounting method used to prepare the Form 990 | | | Yes | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both | ewed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both | arate | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant | | 2c | | No |
| | If the organization changed either its oversight process or selection process during the tax year, explain Schedule O | | | | |
| | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133? | | За | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | ! | 3b | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228003256

OMB No 1545-0047

SCHEDULE D (Form 990)

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.

| | Revenue Service | Information about Schedule D | Form 990) and its instructions is at <u>www.ii</u> | rs.gov/form990. | Inspection |
|----------|--|---|---|------------------------|-----------------------|
| | me of the organ | | | Employer ident if | ication number |
| MT) | erican Principles Pro | jeci | | 26-4613397 | |
| 2 | | | Advised Funds or Other Similar F | | its. |
| | Compl | ete if the organization answere | ed "Yes" on Form 990, Part IV, line 6. | | |
| | | | (a) Donor advised funds | (b)Funds and o | ther accounts |
| | Total numbe | er at end of year | | | |
| | | alue of contributions to (during | | | |
| | year) Aggregate v | value of grants from (during year) | | | |
| | | , , , | | | |
| | | value at end of year | | | |
| | _ | | dvisors in writing that the assets held in do he organization's exclusive legal control? | nor advised | ┌ Yes ┌ No |
| | Did the organiz | zation inform all grantees, donors, a | ind donor advisors in writing that grant fund | s can be | |
| | | | penefit of the donor or donor advisor, or for a | any other purpose | □ Yes □ No |
| | | ermissible private benefit? | te if the organization answered "Yes" | on Form 990 Par | |
| -1 | | <u> </u> | e organization (check all that apply) | <u> </u> | 11 v , iiic 7. |
| | | on of land for public use (e g , recre | | n historically import | ant land area |
| | □ Protection | of natural habitat | ☐ Preservation of a | certified historic str | ucture |
| | ☐ Preservation | on of open space | | | |
| | | | neld a qualified conservation contribution in | the form of a conser | vation |
| | easement on t | he last day of the tax year | | | |
| | Total number of | of conservation easements | | | the End of the Yea |
| | | restricted by conservation easeme | nte | 2a 2b | |
| | | servation easements on a certified | | 2b 2c | |
| | | |) acquired after 8/17/06, and not on a | 20 | |
| | historic structure listed in the National Register | | | 2d | |
| | Number of con | servation easements modified, trar | sferred, released, extinguished, or terminat | ed by the organization | on during the |
| | tax year ► | | | | |
| | Number of stat | tes where property subject to cons | ervation easement is located ► | | |
| | | nization have a written policy regar I enforcement of the conservation e | ding the periodic monitoring, inspection, har asements it holds? | | Yes |
| | Staff and volun | nteer hours devoted to monitoring, i | nspecting, handling of violations, and enforc | ing conservation ea | sements during the |
| | year | | | | |
| | - | | | | |
| | | | cting, handling of violations, and enforcing o | conservation easem | ents during the yea |
| | ► \$ | | | | |
| | | nservation easement reported on lir non 170(h)(4)(B)(ii)? | ne 2(d) above satisfy the requirements of se | ction 170(h)(4) | Yes |
| | | | s conservation easements in its revenue ar | · | · |
| | balance sheet, | , and include, if applicable, the text | of the footnote to the organization's financia | • | • |
| | | on's accounting for conservation ea | sements tions of Art, Historical Treasures, | or Other Simila | r Accete |
| | Compl | ete if the organization answere | ed "Yes" on Form 990, Part IV, line 8. | or other similar | n Assets. |
| 1 | works of art, hi | storical treasures, or other similar | AS 116 (ASC 958), not to report in its reve assets held for public exhibition, education note to its financial statements that describe | , or research in furth | |
| , | If the organiza works of art, hi | tion elected, as permitted under SF | AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education | statement and bala | |
| (| i) Revenue incli | uded on Form 990, Part VIII, line 1 | | ► \$ | |
| | | ed in Form 990, Part X | | ► \$ | |
| • | | · | ustorical treasures, or other similar assets i | | |
| | | | FAS 116 (ASC 958) relating to these items | | - |
| a | Revenue inclu | ded on Form 990, Part VIII, line 1 | | ► \$ | |

b Assets included in Form 990, Part X

| Part | 3111 | Organizations Maintaining (continued) | Collections of A | rt, His | stori | cal T | reas | sures, o | r O | ther Sin | nilar A | ssets | |
|------|-----------------|---|------------------------|------------------|---------|------------------------------|---------|--------------------|--------|---------------------|-------------------------------------|--------------|-------------------|
| 3 | | g the organization's acquisition, acce ction items (check all that apply) | ession, and other reco | ords, cl | heck a | | | | | | ıcant us | e of its | |
| а | ┌ P | Public exhibition | | d | ı | Loar | orex | change p | rogra | ams | | | |
| b | | Scholarly research | | e | Γ | Othe | er | | | | | | |
| c | ┌ P | reservation for future generations | | | | | | | | | | | |
| 4 | Provi Part > | de a description of the organization's KIII | s collections and exp | laın ho | w they | y furth | er the | e organıza | ition' | 's exempt | purpose | ın | |
| 5 | | g the year, did the organization solic is to be sold to raise funds rather tha | | | | | | | | | ┌ Yes | ΓN | 0 |
| Par | t IV | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | Form | 990, | Part | IV, lı | ne 9, or | rep | orted an | amour | nt on Fo | orm 990, |
| 1a | | e organization an agent, trustee, cus ded on Form 990, Part X? | todıan or other ıntern | nediary | for c | ontrıb | utions | s or other | asse | ets not | ┌ Yes | ┌ N | o |
| ь | If' | 'Yes," explain the arrangement in Pa | rt XIII and complete | the fo | llowin | g tabl | e | | | | Am | ount | |
| c | | ginning balance | · | | | _ | | - 1 | 1c | | | | |
| d | | ditions during the year | | | | | | | 1d | | | | |
| e | | stributions during the year | | | | | | | 1e | | | | |
| f | | ding balance | | | | | | F | 1f | | | | |
| 2a | | ne organization include an amount or | n Form 990. Part X. lı | ne 21. | for es | scrow | orcus | ⊒ stodial ac | coun | nt liability? | ⊤ Yes | | |
| | D. G. C. | ie organization merade an amount or | | , | 101 02 | | 0. 04. | ocourar ac | | | , | , | |
| b | If"Y∈ | es," explain the arrangement in Part | XIII Check here if th | ne expl | anatı | on has | s been | provided | l ın P | art XIII | | | . ୮ |
| Pai | rt V | Endowment Funds. Complete | | | | | | | | | | | <u> </u> |
| | | · | (a)Current year | | nor yea | | | | | (d) Three ye | | | years back |
| 1a | Begir | nning of year balance | | | | | | | | | | | |
| b | Cont • | ributions · · · · · · · | | | | | | | | | | | |
| C | Net i losse | nvestment earnings, gains, and es | | | | | | | | | | | |
| d | Gran | ts or scholarships | | | | | | | | | | | |
| е | | r expenditures for facilities programs | | | | | | | | | | | |
| f | • A dmi | nistrative expenses | | | | | | | _ | | | | |
| g | | of year balance | | | | | | | + | | | | |
| 2 | | de the estimated percentage of the o | Surrent vear end hala | nce (lu | ne 1 a | colur | mn (a) |) hald as | | | | | |
| | | · - | current year end bara | iice (iii | ie ig, | , colui | iii (a) |) lielu as | | | | | |
| а | | d designated or quasi-endowment 🕨 | | | | | | | | | | | |
| b | | anent endowment ► | | | | | | | | | | | |
| С | | orarily restricted endowment Forecast or lines 2a, 2b, and 2c : | should equal 100% | | | | | | | | | | |
| 3a | organ | here endowment funds not in the pos | | | | are he | ld and | l admınıst | ered | for the | | Ye | s No |
| | | related organizations | | | | | | • | | | - | (i) (ii) | - |
| ь | | elated organizations es" on 3a(ii), are the related organiza | | | | | | | | | - | (11) Bb | |
| 4 | | ribe in Part XIII the intended uses o | · · | | | | | | | | | | |
| Par | t VI | Land, Buildings, and Equip | | | | | | | | | | | |
| | | Complete if the organization a Description of property | nswered 'Yes' to F | orm 9 | Cost | Part I or othe ovestme | r basıs | (b) Cost or oth | er bas | Acc | , Part X cumulated preciation | (d) | .0. Book value |
| | | | | \perp | | | | (othe | r) | + | | | |
| | | | | • | | | | | | | | | |
| | | igs | | · - | | | | | | | | - | |
| | | nold improvements | | . - | | | | | 12.21 | 10 | | 120 | 40.115 |
| | | nent | | . - | | | | | 12,34 | 10 | 2,2 | .30 | 10,110 |

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

10,110

| Part VII Investments—Other Securities. Com See Form 990, Part X, line 12. | plete if the organ | ızatıon answered 'Ye | es' on Form | 990, Part IV, line 11b. |
|---|---------------------|------------------------|--------------|---|
| (a) Description of security or category (including name of security) | | (b) Book value | | Method of valuation r end-of-year market value |
| (1)Financial derivatives | | | | · |
| (2)Closely-held equity interests (3)Other | | | | |
| | | | | |
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| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. | * | | | |
| Complete if the organization answered ' | Yes' on Form 990 | | ee Form 99 | 90, Part X, line 13. |
| (a) Description of investment | | (b) Book value | |) Method of valuation end-of-year market value |
| | | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization | answered 'Ves' on F | form 990 Part IV line | 11d See For | rm 990 Part V line 15 |
| (a) Descrip | | orm 990, Farciv, fine | TTG See F 61 | (b) Book value |
| (1) Due from American Principles Project Foundation (2) Security deposit | | | | 477,183 50,000 |
| | | | | · · |
| | | | | |
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| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | | | | 527,183 |
| Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. | nization answered | 'Yes' on Form 990, | Part IV, lin | e 11e or 11f. |
| 1. (a) Description of liability | (b) Book value | | | |
| Federal income taxes | | | | |
| Deferred rent | 52,08 | 2.1 | | |
| Deferred Tent | 32,00 | 71 | | |
| | | \dashv | | |
| | | | | |
| | | _ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990. Part X. col (B) line 25) | E2 00 | 3.1 | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 52,08 | <u>'-</u> | | |

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | per Return |
|--------|---|---------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 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 | |
| c | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII) | |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| 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) | |
| c | Add lines 4a and 4b | 4c |
| 5 | Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12) | 5 |
| Part 1 | Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | s per Return. |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | |
| а | Donated services and use of facilities | |
| b | Prior year adjustments | |
| c | Other losses | |
| d | Other (Describe in Part XIII) | |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| , | | |
| | A mounts included on Form 990, Part IX, line 25, but not on line 1: | |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a | |
| 4 | | |
| 4 a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | 4 c |

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

| Return Reference | Explanation |
|------------------|--|
| Part X, Line 2 | APP is exempt from federal income tax as a nonprofit organization described in Section 501(c)(4) of the Internal Revenue Code and is classified as an organization other than a private foundation. APP did not have a liability for unrelated business income for the year ended December 31, 2015. The material jurisdictions subject to potential examination by taxing authorities includes the U.S., New Jersey, and the District of Columbia. Management does not believe that the ultimate outcome of any future examinations of open tax years will have a material impact on APIA's results of operations. Tax years that remain subject to examination by the IRS are 2012 through 2015. |
| | |
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| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference | Explanation |
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Schedule D (Form 990) 2015

DLN: 93493228003256

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| | erican Principles Project | | | Linployer identification | OII IIUI | IIDEI | |
|------|---|------------|---|--------------------------|----------|-------|----|
| AIII | encan i incipies i loject | 26-4613397 | | | | | |
| Pa | rt I Questions Regarding Compensation | | | | | | |
| | | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provi | ded a | inv of the following to or for a person | listed on Form | | | |
| | 990, Part VII, Section A, line 1a Complete Part III t | | | | | | |
| | First-class or charter travel | Γ | Housing allowance or residence for | personal use | | | |
| | Travel for companions | Γ | Payments for business use of pers | onal residence | | | |
| | Tax idemnification and gross-up payments | | Health or social club dues or initia | | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chau | iffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organism reimbursement or provision of all of the expenses des | | | | 1b | | |
| 2 | Did the organization require substantiation prior to rei directors, trustees, officers, including the CEO/Execu | | | | 2 | | |
| 3 | Indicate which, if any, of the following the filing organizorganization's CEO/Executive Director Check all that used by a related organization to establish compensation. | t appl | ly Do not check any boxes for metho | ds | | | |
| | Compensation committee | Γ | Written employment contract | | | | |
| | ☐ Independent compensation consultant | 굣 | Compensation survey or study | | | | |
| | Form 990 of other organizations | 굣 | Approval by the board or compens | ation committee | | | |
| 4 | During the year, did any person listed on Form 990, P or a related organization | art V I | II, Section A, line 1a with respect to | the filing organization | | | |
| а | Receive a severance payment or change-of-control pa | ymei | nt? | | 4a | | No |
| b | Participate in, or receive payment from, a supplement | al nor | nqualified retirement plan? | | 4b | | No |
| c | Participate in, or receive payment from, an equity-bas | ed co | ompensation arrangement? | | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and prov | ıde tl | he applicable amounts for each item | ın Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organization | ons m | ust complete lines 5-9. | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of | ine 1 | a, did the organization pay or accrue | any | | | |
| а | The organization? | | | | 5a | | Νo |
| b | Any related organization? | | | | 5b | | Νo |
| | If "Yes," on line 5a or 5b, describe in Part III | | | | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of | ıne 1 | a, did the organization pay or accrue | any | | | |
| а | The organization? | | | | 6a | | No |
| b | Any related organization? | | | | 6b | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de | | | on-fixed | 7 | | No |
| 8 | Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in F in Part III | ııd or | accured pursuant to a contract that | | 8 | | No |

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | ` ' | (E) Total of columns | (F) Compensation in | | | |
|--|------|--------------------------|---|---|--------------------------------|----------|----------------------|--|--|--|--|
| | | Base (i) compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 | | | |
| 1 Francis CannonPresident (i) | | 170,108 | 0 | 0 | 0 | 17,447 | 187,555 | 0 | | | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2 Emmett McGroarty Director of Education | | 139,394 | 0 | 0 | 0 | 15,443 | 154,837 | 0 | | | |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |

Schedule J (Form 990) 2015

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference

Part I, Line 3

The executive director's compensation is approved by the Board of Directors and based on comparable salaries of executive directors at similar organizations

Schedule J (Form 990) 2015

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DLN: 93493228003256

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Noncash Contributions

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

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

| If applicable or items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods | (d) ethod of determining sh contribution amounts |
|--|--|
| (a) Check If applicable or items contributions or items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art | ethod of determining |
| Check if applicable or items contributions or items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods | ethod of determining |
| 2 Art—Historical treasures . 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes | |
| 4 Books and publications | |
| 4 Books and publications 5 Clothing and household goods | |
| 5 Clothing and household goods | |
| goods | |
| 6 Cars and other vehicles | |
| 7 Boats and planes | |
| | |
| 8 Intellectual property | |
| 9 Securities—Publicly traded . X 2 557,596 FMV | |
| .0 Securities—Closely held stock | |
| 1 Securities—Partnership, LLC, or trust interests | |
| 2 Securities—Miscellaneous | |
| .3 Qualified conservation | |
| contribution—Historic structures | |
| 4 Qualified conservation contribution—Other | |
| 5 Real estate—Residential . | |
| .6 Real estate—Commercial | |
| 7 Real estate—O ther | |
| 8 Collectibles | |
| 9 Food inventory | |
| O Drugs and medical supplies . | |
| 1 Taxidermy | |
| 2 Historical artifacts | |
| 3 Scientific specimens | |
| 4 Archeological artifacts | |
| 25 Other►() | |
| 6 Other►() | |
| 7 Other►() | |
| 8 Other►() | |
| Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | |
| | Yes No |
| 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 is not required to be | sed |
| for exempt purposes for the entire holding period? | 30a No |
| b If "Yes," describe the arrangement in Part II | |
| Does the organization have a gift acceptance policy that requires the review of any non-standard contributi | ons? 31 No |
| Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | |
| b If "Yes," describe in Part II | |
| If the organization did not report an amount in column (c) for a type of property for which column (a) is chec describe in Part II | sed, |

| Schedule | (. | 01111 | ,,, | " (| 2013 |
|----------|----|-------|-----|-----|------|
| Part | П | S | Sup | ы | eme |

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|--------------------|---|
| Part I, Column (b) | APP received contributions of stock on two separate dates |

Schedule M (Form 990) (2015)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493228003256

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

| Name of the organization American Principles Project | Employer identification number |
|--|--------------------------------|
| Timerican Timepies Trojecc | 26-4613397 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section A, line 8b | There are no committees to the Board |
| Form 990, Part VI, Section B, line 11 | The Form 990 is reviewed by the Board of Directors prior to filing |
| Form 990, Part VI, Section B, line 12c | Board members are required to sign the conflict of interest policy annually |
| Form 990, Part VI, Section B, line 15a | The executive director's compensation is approved by the Board of Directors and based on comparable salaries of executive directors at similar organizations |
| Form 990, Part VI, Section C, line 19 | Governing documents, internal policy statements, and financial statements are available to the public upon request and as required by law |
| Form 990, Part IX, line 11g | Contract services Program service expenses 297,926 Management and general expenses 36,98 7 Fundraising expenses 98,087 Total expenses 433,000 |

DLN: 93493228003256

OMB No 1545-0047

2015

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

| ame of the organization nerican Principles Project | | | | Employer | ident if ica | ition number | | |
|---|-------------------------|---|----------------------------|-----------------------------------|--------------|--|--------------------|----------|
| | | | | 26-46133 | 397 | | | |
| Part I Identification of Disregarded Entities Complete | e if the organization | answered "Yes" or | n Form 990, Par | t IV, line 33. | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | Dii | (f) rect controlling entity | | |
| | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the | | l he organization an | swered "Yes" oı | n Form 990, Pa | ırt IV, lıı | ne 34 because it | had on | е |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | Public charity (if section 501 | | (f) Direct controlling entity | Section (13) co | |
| (1)American Principles Project Foundation | Education | DC | 501(c)(3) | Line 7 | | | Yes | No No |
| 1130 Connecticut Ave NW Suite 425 | Education | | 301(c)(3) | Line / | | | | INO |
| Washington, DC 20036 26-4442148 | | | | | | | \perp | |
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| For Panerwork Reduction Act Notice see the Instructions for Form 990 | | Cat No 501 | 25V | | | Schedule R (For | m 000\ 3 | 015 |

| Schedule R (Form 990) 2015 | | | | | | | | | | | | | Page ∠ |
|--|---------------------------------|--|--|----------------------------------|---|---------------------------------|--|------------------------------------|----------------------------|---|--|---|---------------------------------------|
| Part III Identification of Related O because it had one or more re | | | | | | ation answ | ered "Ye | s" on | Form | 990, Part I | V, lın | e 34 | |
| (a) Name, address, and EIN related organization | of | (b) Primary activity | (c) Legal domicile (state or foreign country) | entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | | n) prtionate ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti | | (k) Percentage ownership |
| | | | | | 314) | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| Part IV Identification of Related O 34 because it had one or more | | | | | | | ation ans | wered | "Yes' | on Form 9 | ₹90, F | Part I | [V, line |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | | (d) Direct controll entity | (e) Type of enti (C corp, S corp, or trust) | | total Share | (g) e of end- -year ssets | | (h) ercentage ownership | Sectio (b)(contr | i) on 512 (13) rolled tity? | |
| | | | | | | | | | _ | | Yes | , | No |
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| Part | Transactions With Related Organizations Complete if the organization answ | vered "Yes" on Form | 990, Part IV, line | e 34, 35b, or 36. | | | |
|------------------|--|-----------------------------------|------------------------|----------------------------------|------------|---------|----|
| N | ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
| 1 Dur | ng the tax year, did the orgranization engage in any of the following transactions with one or more | related organizations li | sted in Parts II-IV | | | | |
| a F | eceipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity | | | | 1a | | No |
| b (| ift, grant, or capital contribution to related organization(s) | | | | 1b | | No |
| c G | ıft, grant, or capıtal contribution from related organization(s) | | | | 1 c | | No |
| d L | oans or loan guarantees to or for related organization(s) | | | | 1d | Yes | |
| e L | oans or loan guarantees by related organization(s) | | | | 1e | | No |
| f D | ıvıdends from related organization(s) | | | | 1 f | | No |
| g S | ale of assets to related organization(s) | | | | 1g | | No |
| h P | urchase of assets from related organization(s) | | | | 1h | | No |
| i E | xchange of assets with related organization(s) | | | | 1i | | No |
| j L | ease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| k L | ease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| I P | erformance of services or membership or fundraising solicitations for related organization(s) $oldsymbol{.}$ | | | | 11 | | No |
| m P | erformance of services or membership or fundraising solicitations by related organization(s) $oldsymbol{.}$ | | | | 1m | | No |
| n S | naring of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Yes | |
| o 9 | haring of paid employees with related organization(s) | | | | 10 | Yes | |
| рΕ | eımbursement paıd to related organization(s) for expenses | | | | 1 p | | No |
| q F | eimbursement paid by related organization(s) for expenses | | | | 1q | Yes | |
| r O | ther transfer of cash or property to related organization(s) | | | | 1r | | No |
| s C | ther transfer of cash or property from related organization(s) | | | | 1s | | No |
| 2 I | the answer to any of the above is "Yes," see the instructions for information on who must complet | | vered relationships | and transaction thresholds | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | ount ir | nvolved | |
| (1)Amer | can Principles Project Foundation | 0 | 278,201 | Cost sharing agreement | | | |
| | can Principles Project Foundation | D | 447,183 | Cash value | | | |
| | can Principles Project Foundation | N | 16,722 | Cost sharing agreement | | | |
| (4) Amer | can Principles Project Foundation | Q | 306,224 | Cash value | | | |
| | | | | | | | |

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

| revenue) that was not a related organization. See instructions | | | | | | | | | | • | | | |
|--|-------------------------|-----------------------|--|-----|---|------------------------------------|--|-----|----|---|----------------------|----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | domicile (state or | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) janizations? | (f) Share of total income | (g) Share of end-of-year assets | | _ | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | managing partner? | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

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