# Department of the Treasury

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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.

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

Open to Public Inspection

	That Florering	2007 and	andina Dass	h 24	20 17
		2017 calendar year, or tax year beginning January 1 , 2017, and	enaing Decei	nber 31	, 20 17 Cer identification number
В	Check if ap			D Ellibios	462984440
$\sqcup$	Address ch			= Talanhai	
	Name chai	inge	oom/suite	E Telephor	(N
<b>9</b>	Initial retur				501-912-2354
	Final return/		ł	i	N
	Amended	retum Farmington, AR 72730		<b>G</b> Gross re	
	Application	n pending F Name and address of principal officer:	1		subordinates? Yes No
		Roman Buhler 4056 41st Street North, McLean, VA 22101	<del></del>		s included? 🗌 Yes 🔲 No😂
_ 	Tax-exem	Di Gilliago	5691 H "N	lo," attach a	list. (see instructions)
J	Website:		H(c) Group	exemption	number >
K	Form of or	ganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	formation: 2013	M State	of legal domicile: AR
Ρ	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities: T	he American Opp	ortunity P	roject coordinates
9		among individuals, organizations, and government representatives to provide i			
Governance	1 7	constitutional government.		, <b></b>	
era	2	Check this box ▶ ☐ if the organization discontinued its operations or dispo	sed of more that	า 25% of	its net assets.
Š	3 1	Number of voting members of the governing body (Part VI, line 1a)		.   3	3
20		Number of independent voting members of the governing body (Part VI, line		<u> </u>	3
es	5 T	Total number of individuals employed in calendar year 2017 (Part V, line 2a		5	4
Activities	5 .	Total number of individuals employed in calendar year 2017 (Fait V, line 2a, Total number of volunteers (estimate if necessary)		6	200
Ş	70 1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
٩	' '			7a 7b	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	Prior Y		Current Year
	١.,	RECEIVED			
re	<b>⊕</b> 8 ,		X	174,079	245,872.22
Revenue	<u>0.852019</u>	Program service revenue (Part VIII, line 2g)	08-08-	0	0
Rev	10 I		<b>☆                                     </b>	0	0
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8¢, 9 <del>c, 10c, and 11e)"</del>	<del>-</del>	U	V 215 072 22
		Total revenue—add lines 8 through 11 (must equal Part Will Zelliam) (Al line 1	12)	174,079	245,872.22
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<u> </u>
(		Benefits paid to or for members (Part IX, column (A), line 4)	•		
S	<u> </u>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	37,264	69,520.52
Š.	<b>≨</b> 16a F	Professional fundraising fees (Part IX, column (A), line 11e)			1000.00
ĝ.	<b>∌</b> b 7	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,000.	.00		
ω̈́C	<b>3</b> 17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	• [	122,515	162,192.86
Q		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		159,779	\$232,443.38
		Revenue less expenses. Subtract line 18 from line 12		14,300	13,428.84
7 %			Beginning of C	urrent Year	End of Year
Net Assets or Fund Balances	20 T	Total assets (Part X, line 16)		21,837.71	35,266.55
Ass	21	Total liabilities (Part X, line 26)		0	0
E Set	22	Net assets or fund balances. Subtract line 21 from line 20		21,837.71	35,266.55
	art II	Signature Block	<u> </u>		
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and	d statements, and to	the best of r	my knowledge and belief, it is
tru	ue, correct,	and complete. Declaration of preparer tother than officer is based on all information of which p	preparer has any know	ledge.	ny knomougo ana aana,
—		1 / AM/		11-	17_18
Sig	an	Signature of officer	D	ate	18-10
-	ere	Discordar			
110	1	Type or print name and title			
		7	Date	<u> </u>	PTIN
Pa	aid	Preparer's signature	Date	Check	<b>□</b>
Pr	reparer			self-emp	oloyed
	se Only	I — .	Fin	m's EIN 🕨	
		Firm's address ▶	Ph	one no.	
Ma	y the IRS	S discuss this return with the preparer shown above? (see instructions) .		<u></u>	Yes No-
Eas	· Dononu	ork Reduction Act Notice, see the separate instructions.	Cat No. 11282Y		O Form <b>990</b> (2017

7111 JJ	o teo	··/
art	111	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1		efly describe the organization's mission:
		American Opportunity Project works to help restore a balance of state and federal power and to strengthen checks and
	bala	ances that improve the operation of government.
2	Did	the organization undertake any significant program services during the year which were not listed on the
		or Form 990 or 990-EZ?
	If "Y	Yes," describe these new services on Schedule O.
3		the organization cease conducting, or make significant changes in how it conducts, any program
	sen	vices?
	If "\	Yes," describe these changes on Schedule O.
4	exp	scribe the organization's program service accomplishments for each of its three largest program services, as measured by benses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.
4a	(Co	ide: ) (Expenses \$ 217,650.47 including grants of \$ 0 ) (Revenue \$ 0 )
	Edu	ucating decision makers and citizens about and advocating for strategies for restoring a balance of state and federal power to
	res	tore constitional checks and balances on the abuse of federal power and to impose fiscal discipline.
	050	% of program expenditures
	707	
	Acc	complishments:
		built a bipartisan network of more than 1000 state legislators and 7 governors or former governors who have endorsed the
	"Re	egulation Freedom Amendment" to require that major new federal regulations be approved by Congress.
	0	
4b		ode: ) (Expenses \$ 11,455.29 including grants of \$ 0 ) (Revenue \$ 0 )
	•	ucating decision makers and citizens about and advocating strategies for restoring a balance of state and federal power to impose
	cor	nstitutional fiscal discipline on the federal government.
	5%	of program expenditures
	A n	network of more than 250 young leaders was created with a regular nationwide youth leaders conference call to discuss how
		tes can help persuade Congress to propose a balanced budget amendment to the United States Constitution.
4c	(Co	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$)
	(00	, (a., periodo V, , (a., periodo V, )
4d		ner program services (Describe in Schedule O.)
	(EX	penses \$ including grants of \$ ) (Revenue \$ )

Part	Checklist of Required Schedules			
_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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		~
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		v
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			~
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	5		~
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		7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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? If "Yes," complete Schedule D, Part IV	9		/
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		~
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.		5. 11. 5. 11.	* .
а	Did to the state of the state o	11a	Shoub tion.	·
b		11b		~
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		>
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		7
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		/
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		~
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		~
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		~
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		7
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		,
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		•
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		_

Part	Checklist of Required Schedules (continued)			
00	Did the second and th	[	Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		_
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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 Schedule J	23		v
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		
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		v
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		· ·
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		·
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		v
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		v
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		v
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		,
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		~
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		v
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
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	35b		
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,	36		
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	,	
		Form	ո <b>990</b>	(2017)

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Part	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	130		
	reportable gaming (gambling) winnings to prize winners?	1c	V	C-WC-18
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	200		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Section 15	2.2865.484
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		NEW MENT	
3a .	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
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		<u> </u>
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	热热概	(0)5081748
D.	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).		1	
<b>5</b> ~		5a	N.X	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del>-</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		<del> </del>
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>"</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>	· .	
	gifts were not tax deductible?	6ь		}
7	Organizations that may receive deductible contributions under section 170(c).	No.		PER SE
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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,,
	required to file Form 8282?	7c		~
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		V.
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 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	<b>W</b>	<b>1000</b>	
	sponsoring organization have excess business holdings at any time during the year?	8	Jef Ja Pilat	2000
9	Sponsoring organizations maintaining donor advised funds.	bish	磁器	N. W.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<i>V</i>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	12.E.4"	3241.4
10	Section 501(c)(7) organizations. Enter:		12.2	1
a	Initiation fees and capital contributions included on Part VIII, line 12			
b		200		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	1383		
a 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	الكافئة المالية	ALC: N
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	AND A	Histre.	7094B
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	DA-23-97	a compa
-	Note. See the instructions for additional information the organization must report on Schedule O.	ffm)	经的	THE STATE OF
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand		類類	

Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

14a

Form 99	0 (2017)		i	Page 6
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	truct	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		
Section	on A. Governing Body and Management		W	T
	En 11 a sub-surfución de sur afabra a comina ha de ataba and afabra tours and	,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			ľ
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	,		i
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		V
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		~
6 7a	Did the organization have members or stockholders?	0		_
14	one or more members of the governing body?	7a		_
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		<u> </u>
_	stockholders, or persons other than the governing body?	7b		•
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	ŀ		!
	the year by the following:			·'
a	The governing body?	8a		~
b	Each committee with authority to act on behalf of the governing body?	8b		_
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	~	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	าue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del> </del>
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		~
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by	· ·	•	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a 15b		V
Ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	135		-
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		~
h	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		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Arkansas  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/	C)(3)e	only
10	available for public inspection. Indicate how you made these available. Check all that apply.	551(	دردرد	~:y/
	☐ 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 in	terest	policy	, and
	financial 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 re-	cords	:▶	

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rom	230	(2017)	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated 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, 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.

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. (C) Position (B) (A) (do not check more than one **Estimated** Reportable Reportable Name and Title Average box, unless person is both an compensation compensation from amount of hours per officer and a director/trustee) other from related veek (list any Highest compensated employee Institutional organizations compensation hours for dividual : organization (W-2/1099-MISC) from the related employee (W-2/1099-MISC) organizations organization below dotted and related l trustee organizations line) trustee (1) Roman Buhler, Director 30+ 0 0 Charles Black, Director 0 0 (3) Bob Livingston, Director 0 Λ (10) (11) (12) ΔΔΔ ...

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (cont	inued) '		
	•	}			•	C) átion							
	(A)	(B)			neck	more	e than o		(D)	(E)	_	(F)	
	Name and title	Average hours per			•		is bott or/trust		Reportable compensation	Reportable compensation from		timated to the state of the sta	
		week (list any			<del></del>			<del>, '</del>	from	related		other	_
		hours for related	divi	<b>S</b>	Officer	Key employee	평명	Former	the organization	organizations (W-2/1099-MISC)		pensatio om the	11
		organizations below dotted	ctor	ğ	-	ng mg	¥ 8 8	=	(W-2/1099-MISC)			anization I related	)
		line)	Individual trustee or director	Institutional truste		yee	<b>8</b>	}				nization	s
		]	6	st ee			Highest compensated employee		ļ				
			ļ	<u> </u>	_	_	_ <u>&amp;</u>	├			<del> </del>		<del></del>
(15)			-				<u> </u>		l				
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1101		<del> </del>									ĺ		
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(18)		<b></b>								:			
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3=27						l	l				1		
(21)													
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(02)			-		├	├		┢					
(23)		<del> </del>	1				]						
(24)				1		$I^-$					1		
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(25)		<b></b>			ļ		ļ						
			<u> </u>		<u> </u>	<u>L</u> .	<u> </u>	Ļ	-		<del> </del>		
1b	Sub-total	 VII Contin		•	•	•	•		0		0  0		0
c d		vii, secuo		•	•	•	•		0		0		0
2	Total number of individuals (including bu	<del></del>				ted	abov	e) w	ho received m	ore than \$100.0	000 of		
	reportable compensation from the organ								0				
												Yes	No
3	Did the organization list any former of						-	emp	oloyee, or high	est compensat	4446	)	تتستند
. 4	employee on line 1a? If "Yes," complete							•			3	<del>  </del>	•
4	For any individual listed on line 1a, is the organization and related organizations												
	individual							• .			. 4		~
5	Did any person listed on line 1a receive of									ation or individ	ual 💯	·	
	for services rendered to the organization	? If "Yes," c	compl	ete	Scl	nedu	ule J t	for s	such person		- 5		~
	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more than \$1	100,000 c	f ion's t	<b>.</b> .
	compensation from the organization. Repyear.	port compe	nsauc	on r	or ti	ne c	aienc	ar y	year ending wit	n or within the t	organizac	.OH S to	28
	(A)							Γ	(B)	<del></del>	(C		
	Name and business add	Iress							Description of s	ervices	Compen		
									<del>.</del>				
								_					
-								$\vdash$					
	Total number of independent contractor	ors (includir	na bi	ıt n	ot	limit	ted to	 o th	nose listed abo	ove) who			<u></u>

Part	VIII	Statement of Reve								
FORE L VE	KV n. Gladeston w	Check if Schedule O	contains	a res	ponse or note to	o a	_ <del>-</del>			<u> </u>
				N.A.			(A) Total revenue	<b>(B)</b> Related or	(C) Unrelated	(D) Revenue
								exempt function	business revenue	excluded from tax under sections
							n strat color a seale inte	revenue	William Constanting distances course	512-514
nts nts	1a	Federated campaigns		1a						
Gra	b	Membership dues .		1b						
ts, Grants Amounts	С	Fundraising events .		1c						
Giff	d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (con		1e						
rtio er S	f	All other contributions, gi		ند						
현		and similar amounts not incl		1f	245,872.22					
ont	g	Noncash contributions includ		·11: \$			245 072 22			
	.h	Total. Add lines 1a-1	· , .		Business Code	2038	245,872 22			
ž	0-				, busiless code ,	273				
jeve	2a b					$\vdash$	1			
8	C	***************************************				$\vdash$				
ezi	d							-		· ·
Š	٩					-				
Program Service Revenue	F	All other program sen	vice revenu	 le .		$\vdash$			.,	
P	g	Total. Add lines 2a-2			•					
	3	Investment income					·			
		and other similar amo	ounts) .		•					
	4	Income from investmen	t of tax-exer	npt b	ond proceeds ▶	$\prod$				,
	5	Royalties	<u> </u>		▶					
			(i) Real		(ii) Personal	3				
	6a	Gross rents	ļ							
	b	Less: rental expenses				100				A CONTRACTOR OF THE STATE OF
	С	Rental income or (loss)				2				
	_d	Net rental income or	<u> </u>	<u> </u>	<b>&gt;</b>	8.49	erranos residir in discussionis r	THE STATE OF THE S	Mers Charles Prince in March	HEADTHER A SECULOUS AND SECULOUS
	7a	Gross amount from sales of	(i) Securit	es	(ii) Other					
		assets other than inventory	<u> </u>							
	Ь	Less: cost or other basis and sales expenses .								
		·	<u> </u>							
	d	Gain or (loss) Net gain or (loss) .	L		<u> </u>					
	u	iver gain or (ioss) .		• •	r	369				
ē	8a	Gross income from fu	ındraisina		1					
ē		events (not including \$	<b>.</b>		] [					
æ		of contributions reporte	ed on line 1	c).						
ē		See Part IV, line 18								
Other Revenue	b	Less: direct expenses	s	. b						
U	С	Net income or (loss) f	rom fundra	ising	events . >					
	9a	Gross income from ga								
				_	<del></del>	屬				
	b	Less: direct expenses								
	С	Net income or (loss) f	-		ivities 🕨	No Rome	TOUBLOOS AND AN AND AND AND AND AND AND AND AND	national figuration and the second areas	ON - LANSING, IS NOT STONE STATE WHEN	AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART
	10a	Gross sales of in								
		returns and allowance		_						
	b	Less: cost of goods s				쫿				
	<u>c</u>	Net income or (loss) f		ונ ווע	Business Code	<b>3836</b>	AND THE PERSON		Service March Commence March Commence C	
	44-	wiscellaneous H			business Code	数			THE REAL PROPERTY.	
	11a						•			
	b					$\vdash$				<u> </u>
	d	All other revenue .				1	<del></del>			
	ما	Total. Add lines 11a-		•		#				

# Part IX Statement of Functional Expenses

ection 501(c)(3) and	1501(c)(4) organizations must	complete all columns.	All other organization	s must complete col	umn (A).

	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , 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	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	-		
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	. 0			
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7 8	Other salaries and wages	64,389.80	63,426.38	963.42	.~.
9	Other employee benefits	0	5.049.28	81.44	, , , , , , , , , , , , , , , , , , , ,
10 11	Payroll taxes	5,130.72			
a b	Management	1216.28		•	
C	Accounting	1275		1275	
d	Lobbying	0			1,000,00
e	Professional fundraising services. See Part IV, line 17	1000.00			1,000.00
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	700			
12	Advertising and promotion	. 0	·		
13	Office expenses	29,590.46	29572.70	17.76	
14	Information technology	1166.40	1166.40		
15	Royalties	0			
16	Occupancy	0			
17	Travel	80,008.99	80,008.99		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	150.00	<del> </del>	<del>-</del> -	
19	Conferences, conventions, and meetings .	28,891.64 2989.36		<del></del>	
20 21	Interest	2767.36	<del>                                     </del>		
22	Depreciation, depletion, and amortization .	. 0			
23	Insurance	, 0			
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.)				
a·	Credit card fees	1920.88 12868.04	<del>                                     </del>		
b C	Bank error	12008.04	12,000.04	-	
d					
. е	All other expenses	1145.81	1145.81		
25	Total functional expenses. Add lines 1 through 24e	232,443.38	229,105.76	2,337.62	1,000.00
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				

ırt X	Bala	nce Sh	eet

	Check if Schedule O contains a response or note to any line in this Part X								
	· ·	(A) Beginning of year		(B) End of year					
1	Cash—non-interest-bearing	21,837.71		35,26					
2	Savings and temporary cash investments		2						
3	Pledges and grants receivable, net	<del></del>	3						
4	Accounts receivable, net	ONNERSCHWINGER IN STRUMER FOR HEADEN	4	THE STATE OF THE S					
5	Loans and other receivables from current and former officers, directors,								
	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5						
<b>.</b>	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		6						
7	Notes and loans receivable, net		7						
8	Inventories for sale or use		8						
9	Prepaid expenses and deferred charges	THE RESERVE AND ASSESSED FOR THE PERSON OF T	9	CARACTERS OF A TRANSPORTED AND A SECOND CO.					
10a	Land, buildings, and equipment: cost or								
	other basis. Complete Part VI of Schedule D 10a								
þ	Less: accumulated depreciation 10b		10c						
11	Investments—publicly traded securities		11	1					
12	Investments—other securities. See Part IV, line 11		12						
13	Investments—program-related. See Part IV, line 11		13 14	·					
14	Intangible assets	* - * - * -	15						
15	Other assets. See Part IV, line 11	21,837.71	$\overline{}$	35,26					
16 17	Total assets. Add lines 1 through 15 (must equal line 34)	21,037.71	17	35,200					
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	,					
22	Loans and other payables to current and former officers. directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		W.						
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 of Schedule D		25						
26	Total liabilities. Add lines 17 through 25	0	26						
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.								
27	Unrestricted net assets		27						
28	Temporarily restricted net assets		28						
29	Permanently restricted net assets		29						
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.								
30	Capital stock or trust principal, or current funds		30						
31	Paid-in or capital surplus, or land, building, or equipment fund		31						
32	Retained earnings, endowment, accumulated income, or other funds .		32						
33	Total net assets or fund balances		33	35,26					
34	Total liabilities and net assets/fund balances		34						
				Form <b>990</b> (2					

35,266.55 245,872.22 232,443.38 13,428.84 21,837.71 °Z Yes **2**C **3a** 36 Ø If the organization changed its method of accounting from a prior year or checked "Other," explain in If "Yes," check a box below to indicate whether the financial statements for the year were compiled or If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight If the organization changed either its oversight process or selection process during the tax year, explain in As a result of a federal award, was the organization required to undergo an audit or audits as set forth in If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the of the audit, review, or compilation of its financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 10 ဖ  $\infty$ 0 က 4 S Were the organization's financial statements compiled or reviewed by an independent accountant? Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Consolidated basis 

Both consolidated and separate basis ☐ Both consolidated and separate basis Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Other Were the organization's financial statements audited by an independent accountant? Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XI ☐ Accrual Other changes in net assets or fund balances (explain in Schedule O) Accounting method used to prepare the Form 990: <a>S</a> reviewed on a separate basis, consolidated basis, or both: Fotal expenses (must equal Part IX, column (A), line 25) Total revenue (must equal Part VIII, column (A), line 12) Revenue less expenses. Subtract line 2 from line 1 Financial Statements and Reporting the Single Audit Act and OMB Circular A-133?. Net unrealized gains (losses) on investments separate basis, consolidated basis, or both: Reconciliation of Net Assets Donated services and use of facilities Prior period adjustments. Investment expenses . Separate basis 33, column (B)) Schedule O. X Part XII . 3a 2a Ω O Ω

### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

**American Opportunity Project** 

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

2017 Open to Public

OMB No. 1545-0047

Inspection

**Employer identification number** 

462984440

Our program services consist of outreach to elected officials, grassroots activists, political groups and the media about how to restore a balance of state and federal power to strengthen checks and balances that improve the operation of government. Our board members' mailing addresses are as follows: Roman Buhler, 4056 41 St. N., McLean, VA 22101 Charles Black, 1110 Vermont Ave NW, Suite 1000, Washington, DC 20005 Bob Livingston, 499 South Capitol Street SW, Suite 600, Washington, DC 20003 Copies of the 990 were sent to Directors for their review before submission Governing documents of the organization are available to the public upon request