## 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.

Open to Public

Inter	nal Revenue	Service	► Go to www.irs.gov/Form990 for instructions and	the latest	informati	ion.	514	Inspection
A	For the 2	018 cale	ndar year, or tax year beginning January 1, , 2018,	and endi	ng D	ecembe	r 31	, 20 18
В	Check if a	oplicable.	C Name of organization American Opportunity Project			DE	mploye	er identification number
	Address cl	hange	Doing business as Madison Coalition OR Regulation Freedom					462984440
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/si	uite	ET	elephor	ne number
	Initial retur	n	315 Ridgedale Drive	1		501-912-2354		
	Final return	terminated/	City or town, state or province, country, and ZIP or foreign postal code					
	Amended	return	Farmington, AR 72730	GG	Gross re	ceipts \$ 193,926.00		
	Application	n pending	F Name and address of principal officer:		H(a) is t	his a group r	eturn for s	subordinates? Yes Vo
			Roman Buhler 4056 41st Street North, McLean, VA 22101	$\lambda^{l}$				s included? Yes No
ı	Tax-exem	ot status.	☐ 501(c)(3)	□ <sub>52</sub> √	<del>-    `</del>			list. (see instructions)
J	Website:		ericanOpportunityProject.org		H(c) G	aroup exe	mption	number >
ĸ	Form of or			ear of forma				of legal domicile: AR
	art I	Summ						
			escribe the organization's mission or most significant activities	: The A	merican	Opportu	inity P	roject coordinates
ě	1	-	dividuals, organizations and government representatives to prov					
auc	-		ional government.					
E			is box ▶☐ if the organization discontinued its operations or c	lisposed	of more	than 25	% of	rts net assets
Governance	I .		of voting members of the governing body (Part VI, line 1a).	порососа	01 111010	1	3	3
	4		of independent voting members of the governing body (Part V	l line 1h		• •	4	3
Activities &	1		nber of individuals employed in calendar year 2018 (Part V, Iin		,	• •	5	5
ΖŒ	1				. <b>ω</b>		6	200
\cti	1		elated business revenue from Part VIII, column (C), line 12	vyv	11.	• •	7a	0
•			ated business taxable income from Form 990-T, line 38	WAY.		• •	7b	
	, D (	vet unite	ated business taxable income nontrolling 990-1, line 36	( <del>/                                    </del>		or Year	70	Current Year
	8 (	Contribud	tions and grants (Part VIII, ling 11)	245,8	72 22	193,926.00		
Revenue	4		service revenue (Part VIII, line 2g) RECEIVED service revenue (Part VIII, line 2g)	243,6	12.22	173,720.00		
	1	_	3					
Æ			nt income (Part VIII, column (A) Lines 3, 4, and 70					
			renue (Part VIII, column (A), lines 1, 60 99, 10c and 1 tel.	245.0	70.00	102.027.00		
			enue—add lines 8 through 11 (h) equal Part VIII, column (A),	ine (2)		245,8		193,926.00
	13 (	arants ar	nd similar amounts paid (Part IX, coling ) (a) III es 1-3/1.				0	0
	b		paid to or for members (Part IX column A), line 4)	- 40			0	0
es	1		other compensation, employee benefits (Part IX, column (A), lines	55–1U) j		_	20.52	30,361.52
Expenses	4		onal fundraising fees (Part IX, column (A), line 11e)				00.00	0
X	1		draising expenses (Part IX, column (D), linc 25)		**	19 4 10		101,000
	į.	•	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	_ · ·		162,1		174,170.13
		•	penses. Add lines 13-17 (must equal Part IX, column (A), line 2	(5) .		232,4		204,531.65
		Revenue	less expenses. Subtract line 18 from line 12				28.84	-10,605.65
Net Assets or Fund Balances				-	Beginning			End of Year
sset	20 1		ets (Part X, line 16)			35.2	66.55	24,660.90
ag A	21 7		ilities (Part X, line 26)				0	0
			ts or fund balances. Subtract line 21 from line 20	<u> </u>		35,2	66.55	24,660.90
	art II		ure Block					
Un	der penalti	es of pent	y, I declare that I have examined this following accompanying schedule	es and state	ements, and	d to the b	est of n	ny knowledge and belief, it is
tru	e, correct,	and come	ete. Declaration of prepared other transfer officers is based on all information of wh	nch prepare	er nas any r	diowiedge	1, /	<del>- /10</del>
	1	<b>1</b>			<del></del>		$\Pi/I$	5/17
Sig		<b>≠</b> Sign	ature of officer	Date	/	/		
He	re		Koman M. Dollon Director					
		<del></del>	or print name and title					
Pa	id	Print/Ty	pe preparer's name Preparer's signature	0	ate	l c	Check [	☐ if PTIN
	eparer	ಲ				s	elf-emp	oloyed
	e Only	1	àme ▶			Firm's E	IN ►	
		Firm'\$2	ddress ►			Phone r	10.	
Ma	y the IRS	discus	s this return with the preparer shown above? (see instructions	)		<u> </u>		🗌 Yes 🗌 No
For	Paperwo	ork Redu	ction Act Notice, see the separate instructions.	Cat.	No. 11282\	·		Form <b>990</b> (2018)

		3
Part		
4	Check if Schedule O contains a response or note to any line in this Part III	⊔
1	Briefly describe the organization's mission:  The American Opportunity Project works to help restore a balance of state and federal power and to strengthen checks and	
	balances that improve the operation of government.	
	balances that improve the operation of government.	·
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	☑ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measi expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 194,305.06 including grants of \$ ) (Revenue \$	)
	Educating decision makers and citizens about and advocating for strategies for restoring a balance of state and federal power	to
	restore constitutional checks and balances on the abuse of federal power and to impose fiscal discipline.	
	95% of program expenditures	
	Accomplishments: We built and maintained a bipartisan network of more than 1000 state legislators and seven governors or formation of the seven governors of the seven governors of the seven governors or formation of the seven governors of the seven governors or formation of the seven governors of the seven govern	
	governors who have endorsed the "Regulation Freedom Amendment" to require that major new federal regulations be approve	еа бу
	Congress.	
4b	(Code: ) (Expenses \$ 10,226.59 including grants of \$ ) (Revenue \$	)
	Educating decision makers and citizens about and advocating strategies for restoring a balance of state and federal power to i	mpose
	constitutional fiscal discipline on the federal government.	
	F0/ of an array of the second state of the sec	
	5% of program expenditures	
	A network of more than 250 young leaders was created and maintained with a regular nationwide youth leaders conference cal	l to
	discuss how states can help persuade Congress to propse a balanced budget amendment to the United States Constitution.	
	/Out // // // // // // // // // // // // //	
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
<del></del>	(Expenses \$ including grants of \$ ) (Revenue \$ )	



Part IV	Ch	ecklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		~
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		
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		٧
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		V
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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		V
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, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
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	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
12a	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		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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	!	٧,
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		1
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		•
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Port IV column (A) line 12 if "Voc." complete Schodule I. Ports I and II.	24		.,

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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		,
	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		v
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		,
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		v
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		,
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		,
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	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		v
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		
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		
Part				_
	Check If Schedule O contains a response or note to any line in this Part V	<u> </u>	• •	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	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	1c	~	
	reportable gaming (gambling) winnings to prize winners?			(001 M

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Form 99	0 (2018)		ı	Page <b>5</b>
Part	The second secon			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			j
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		
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		V
b	If "Yes," enter the name of the foreign country: ▶	1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	l	l	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		V -
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		•	
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		}	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			<u> </u>
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
9	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		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
1	sponsoring organization have excess business holdings at any time during the year?	8		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			]
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			1
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		į	
	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		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		ļ!
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	44-	-	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.		
	excess parachute payment(s) during the year?	15		-
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		لسردا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.	I		ı 1

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	See ins	struct	ions.
Soot:	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<u>····</u>		<u>. Ц</u>
Secu	on A. Governing Body and Management	- <del></del>		T V = =	T
10	Cotor the grapher of voting march are of the gaverning hadrest the and of the toy year	4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 3	4		1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				ļ
,	•	46.			
	Enter the number of voting members included in line 1a, above, who are independent .	1b 3	┤ ''	1	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	elationship with	2		V
3	Did the organization delegate control over management duties customanly performed by or	under the direct		ļ	i
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3	<u> </u>	~
4	Did the organization make any significant changes to its governing documents since the prior Form 95		4	<u> </u>	~
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		~
6	Did the organization have members or stockholders?		6		~
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint		İ	
	one or more members of the governing body?		7a		~
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			
	stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during			
	the year by the following:	-		ľ	
а	The governing body?		8a		~
b	Each committee with authority to act on behalf of the governing body?		8b		~
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	)	9	<b>'</b>	ĺ
Section	on B. Policies (This Section B requests information about policies not required by the	e Internal Rever	ue 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 exem		10b		İ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a	V	
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		V
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the				
	describe in Schedule O how this was done		12c		1
13	Did the organization have a written whistleblower policy?		13		V
14	Did the organization have a written document retention and destruction policy?		14		V
15	Did the process for determining compensation of the following persons include a review a				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			_	, 1
а	The organization's CEO, Executive Director, or top management official		15a		~
b	Other officers or key employees of the organization		15b		~
	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 simi	lar arrangement	1		
	with a taxable entity during the year?		16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
-	participation in joint venture arrangements under applicable federal tax law, and take steps t				1
	organization's exempt status with respect to such arrangements?		16b		
Section	on C. Disclosure	· <del></del> · · · · · · · · · · · · · · · · · ·			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Arkansas				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable			tion F	501/6\
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that		1060	doll c	,o 1(0)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume	•	orost :	nalia	, ,,,,,,
13	financial statements available to the public during the tax year.	nto, conflict of lift	21 G21	Julicy	, ariu
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	cords	<b>&gt;</b>	

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Page	4

\_\_ QQA (0010)

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

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 noither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	ot ch unles	Pos eck s pe	rson	e than our than or the second of the second or the second	an	(D)  Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Form	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Roman Buhler, Director	30+	V						0	0	0
(2) Charles Black, Director	1	~						0	0	0
(3) Bob Livingston, Director	1	~						0	0	0
(4)								J		
(5)										
(6)										
(7)										
(8)										
(9)										
(10)									1	<del></del>
(11)			1		-					<del> </del>
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, of findividual or directo	ot ch unies	s pe	ition more	than of the state	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	coi or a	(F) Estimate mount other other of the ganizate of relating anizate of the ganizate of the gani	of ation ne tion ted
(15)							ď						<u> </u>
(16)		••••										<del></del>	
(17)													
(18)													<del></del>
								_					
(21)													
								<u> </u>					
(22)													
(24)													
		<b>†</b>						_					
(25)		<del> </del>											
1b c d	Sub-total		n A				•	<b>&gt; &gt; &gt;</b>	0	(			0 0
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,0	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	est compensat	ed	Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual												V
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or individ	ual		
Section	on B. Independent Contractors										<u>-</u>		
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	iress							(B) Description of s	ervices	Compe	C) ensation	n
2	Total number of independent contractor							th	nose listed abo	ove) who			

Part	VIII	Statement of Rever	nue					
	•	Check if Schedule O	contains a res	ponse or note to				🗆
			_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts nts	1a	Federated campaigns	1a					
ts, Grants Amounts	b	Membership dues .	1b		1			
8, A	С	Fundraising events .	1c					
Gifts, ilar An	d	Related organizations	<del></del>					
Contributions, Giff and Other Similar	е	Government grants (cont						
ntion er S	f	All other contributions, gif	1					,
ă¥,		and similar amounts not inclu		193,926.00				
Contributions, and Other Sim	g	Noncash contributions include			100 00/ 00			· · · · · · · · · · · · · · · · · · ·
	h	Total. Add lines 1a-1f	· · · · ·	•	193,926.00		<u></u>	
Program Service Revenue				Business Code				
leve	2a							
SE E	b			<u></u>				
ž	ر م							<del></del>
n Se	d							<del> </del>
gran	e f	All other program serv						
Proć.	g	Total. Add lines 2a-2f						
_	3	Investment income (i						· · · · · · · · · · · · · · · · · · ·
		and other similar amou			ł			
	4	Income from investment	of tax-exempt b	ond proceeds ▶				
	5							
		Ţ	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses			i			
	С	Rental income or (loss)						
	d	Net rental income or (	oss)	▶				
	7a	Gross amount from sales of	(i) Secuntres	(ii) Other			}	
		assets other than inventory						
	ь	Less: cost or other basis					<u> </u>	
		and sales expenses .						
	С	Gain or (loss) [						
	d	Net gain or (loss) .		•		<del> </del>	<u> </u>	
Other Revenue	8a	Gross income from fur events (not including \$						
her Re		of contributions reported See Part IV, line 18 .	a					
5		Less: direct expenses						
		Net income or (loss) from Gross income from gard See Part IV, line 19 .	ming activities.					
	ь	Less: direct expenses		· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from						
		Gross sales of inv					·	
		returns and allowance		.]	İ		1	
	ь	Less: cost of goods so	old <b>b</b>		ĺ			
		Net income or (loss) from		entory				
	<b></b>	Miscellaneous Re		Business Code				
	11a							
	b							
	С							
	d	All other revenue .						
	e	Total. Add lines 11a-1	l1d	▶				
	42	Total rayanua Sanin	etnictions	<b>▶</b>	102 024 00		^	i

193,926.00 lot

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line	e in this Part IX .	<u> </u>	<u> </u>
	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	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	o		
3	Grants and other assistance to foreign				1
	organizations, foreign governments, and foreign	}			
	ındividuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		1
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	27,661.95	20,461.95	7200	
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	2699.57	1997.68	701.89	0
11	Fees for services (non-employees):				
а	Management	100.00	0)	100	0
b	Legal	0	0	0	0
C	Accounting	1300.00	0	1300.00	0
đ	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17 Investment management fees	0			<del></del>
f g	Other. (If line 11g amount exceeds 10% of line 25, column				• • • • • • • • • • • • • • • • • • • •
9	(A) amount, list line 11g expenses on Schedule O.)	o			
12	Advertising and promotion	0			
13	Office expenses	16014.22	13,531.22	2483.00	0
14	Information technology	18078.14	18078.14	0	0
15	Royalties	0			
16	Occupancy	0			
17	Travel	84,932.75	84,887.25	45.50	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	' o			<del></del>
19	Conferences, conventions, and meetings .	51,500.01	51,500.01	0	0
20	Interest	2245.01	2245.01	0	0
21	Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization . Insurance	0			
	Other expenses. Itemize expenses not covered				<del></del>
24	above (List miscellaneous expenses in line 24e. If		i		
	line 24e amount exceeds 10% of line 25, column	}			
	(A) amount, list line 24e expenses on Schedule O.)	1		Į.	
а					
b					
C					
d					
е	All other expenses	22.22.62	400 000 000		
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	204,531.65	192,701.26	11,830.39	
26	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	•••		

Form 990 (2018) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 35.266.55 1 24.660.90 2 2 0 Savings and temporary cash investments . . . . . . . . . . . . . . . 0 3 0 3 ol ō 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. ol 5 0 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 sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . ol 6 0 7 7 0 8 8 0 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 0 10c **b** Less: accumulated depreciation . . . . 0 11 11 0 12 12 Investments—other securities, See Part IV, line 11 . . . 0 13 Investments—program-related, See Part IV, line 11... 13 14 0 14 15 0 15 35,266.55 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 16 17 17 18 18 Deferred revenue . . . . . . . . . . . . . . . . . 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 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 . . . . . . . 22 Secured mortgages and notes payable to unrelated third parties . . . 23 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25

0 0 0 0 0 o 0 0 0 0 24,660.90 0 26 26 Total liabilities. Add lines 17 through 25 . 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 31 32 32 35266.55 33 **33** 24,660.90 Total liabilities and net assets/fund balances . . . . . . . 34 Form 990 (2018)

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Page	1	4

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>.</u> .	. 🗆	
1	Total revenue (must equal Part VIII, column (A), line 12)			193,926.00		
2	Total expenses (must equal Part IX, column (A), line 25)			204,5	531.65	
3	Revenue less expenses. Subtract line 2 from line 1	3			605.65	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		35,266.55		
5	Net unrealized gains (losses) on investments	5		0		
6	Donated services and use of facilities	6			0	
7	Investment expenses	7		0		
8	Prior period adjustments	8	<del> </del>	·	0	
9	Other changes in net assets or fund balances (explain in Schédule O)			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		24,6	660.90	
Part	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	<del></del>	<del></del>	<u> </u>	
4	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		Γ	Yes	No	
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.	piaiii				
2a				7		
La	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			Ť		
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b				1		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:	Ju ()	_			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			İ		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
•	of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, ex	olain i	ın	1		
	Schedule O.			_l		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n		}	
	the Single Audit Act and OMB Circular A-133?		. 3a		1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			<u>.l</u>	<u>L</u>	
			Fo	m <b>990</b>	(2018)	

## SCHEDULE O (Form 990 or 990-EZ)

## 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.

2018

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

American Opportunity Project	462984440
Our board members' mailing addresses are as follows:	
Roman Buhler, 4056 41st St. N., McLean, VA 22101	
Charles Black, 1110 Vermont Ave NW, Suite 1000, Washington, DC 20003	
Bob Livingston, 499 South Capitol Street SW, Sulte 600, Washington, DC 20003	
Our program services consist of outreach to elected officials, grassroots activists, political groups an	d the media about how to restore a
balance of state and federal power to strengthen checks and balances that improve the operation of g	overnment.
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.	
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