DLN: 93493241005250 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization D Employer identification number B Check if applicable American Policy Coalition ☐ Address change 45-3213088 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 26445 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Washington, DC  $\,$  20001  $\,$ G Gross receipts \$ 516,800 Name and address of principal officer H(a) Is this a group return for Justin Myers □Yes ☑No subordinates? PO Box 26445 H(b) Are all subordinates 20001 Washington, DC ☐ Yes ☑No included? Tax-exempt status 501(c)(3) **✓** 501(c) ( 4 ) **◀** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 2011 M State of legal domicile KY ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ **K** Form of organization Summary 1 Briefly describe the organization's mission or most significant activities With a commitment to free market principles, APC focuses on educating the public about conservative fiscal policies that foster job growth, a stronger economy, and increased opportunity for all Americans Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 516,800 686,819 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 686,819 516,800 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 600,700 509,000 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 881,482 166,213 1,482,182 675,213 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -795,363 -158,413 Net Assets or Fund Balances **Beginning of Current Year End of Year** 8,270 20 Total assets (Part X, line 16) . 166,683 21 Total liabilities (Part X, line 26) . 8,270 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-28 Signature of officer Sign Here Justin Myers President Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01377405 Paid self-employed Firm's name Total Business Solutions LLC Firm's EIN ► 30-0595434 Preparer Use Only Firm's address ▶ 4515 Perrin Street Phone no (614) 537-0956 Grove City, OH 43123 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

– With a c	Check if Schedi riefly describe the or commitment to free n		•				
– With a c	riefly describe the or		se or note to a	inv line in this Part III			
– With a c	commitment to free n	ganızatıon's mıssıon		in, inc in alie i artiii i			
With a c	commitment to free n iy, and increased opp						
		narket principles, APC f ortunity for all America	ocuses on educ ns	cating the public about c	conservative fiscal policies that fost	er job growth, a :	stronger
		ndertake any significan 990-EZ?		rices during the year whi	ıch were not listed on	☐ Yes ☑	
	'	e new services on Sche					
				changes in how it conduc	cts, any program		
		e changes on Schedule				☐ Yes 💆	<sup>1</sup> No
<b>4</b> D S	escribe the organizat	cion's program service a	ccomplishmen s are required	to report the amount of	argest program services, as measu grants and allocations to others, t	red by expenses he total	
	Code Gee Additional Data	) (Expenses \$	655,246	including grants of \$	509,000 ) (Revenue \$	}	
4b (	Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
- - - -							
4c (	Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
- - - -							
4d C	Other program service	es (Describe in Scheduli	e O )				
	Expenses \$	•	ding grants of s	\$	) (Revenue \$	)	
4e T	otal program servi	ce expenses 🟲	655,24	46			

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes Nο Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 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? 4 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? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Nο 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . . 11b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e No Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

22

Yes

Nο

No

Nο

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Form 990 (2018)

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

**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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Was the organization included in consolidated, independent audited financial statements for the tax year?

Form	990 (2018)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	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		No
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		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule R, Part I</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		No
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		

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V  $\,$  .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

No

37

38

0

0

1a

Yes

Yes

Form 990 (2018)

37

38

Part V

13b

13c

13a

14a

14b

15

Nο

No

No

Form **990** (2018)

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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 . . . . . . . . . . . . . . . Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  $\checkmark$ Check if Schedule O contains a response or note to any line in this Part VI Section 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

		l l			
	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	<b>1b</b> 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss relationship with any other	2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other	y or under the direct supervision 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	nızatıon's assets?	5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?		7b		No
8	$\ensuremath{Did}$ the organization contemporaneously document the meetings held or written actions the following	undertaken during the year by			
а	The governing body?		8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?		<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ured by the Internal Revenue	e Code	≘.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		No
b	If "Yes," did the organization have written policies and procedures governing the activitie and branches to ensure their operations are consistent with the organization's exempt ${\sf p}$		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	overning body before filing the	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 inconflicts?	terests that could give rise to	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the Schedule O how this was done	policy? If "Yes," describe in	12c	Yes	
13	Did the organization have a written whistleblower policy?		13	Yes	

	the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 Revenu	e Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	
Ь	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? <i>If "Yes," describe in Schedule O how this was done</i>	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		No
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		No.

	,,			
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		
L1a	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			
L2a	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	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14		No
L5	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	'	No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	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			
L7	List the States with which a copy of this Form 990 is required to be filed▶			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
L9	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			

16 17 18 19 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶The Organization PO Box 26445 Washington, DC 20001 (703) 439-1374

(A)

Name and Title

(F)

Estimated

(E)

Reportable

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

Part VII

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

 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

(B)

Average

compensation hours per than one box, unless person compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Highest compensatemples ee Individual trustee or director organizations MISC) MISC) related Institutional Trustee below dotted emplo organizations line) Ξ 2 00 (1) Justin Myers ................. Χ O President 0 00 0 50 (2) Steve Fairbank ....... х Χ 0 Treasurer 0.00 0 50 (3) Ken Caubble ....... Х 0 Secretary 0 00

(C)

Position (do not check more

(D)

Reportable

Form 990 (2018)

1b Sub-Total				<b>&gt;</b>		
c Total from continuation sheets to Pa	art VII <b>, Section</b>	Α		▶ [		•
d Total (add lines 1b and 1s)						

4

5

Brooke Bodney

685 City Park Ave Columbus, OH 43206 Clark Fork LLC

3464 Park Street Grove City, OH 43123

compensation from the organization ▶ 2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . 3 Nο

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 No

Nο

139,027

120,920

Compensation

Form 990 (2018)

Description of services

Consulting

Consulting

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 ensation (C) (B)

			_
Se	ection B. Independent Contractors		
•	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		npe
	4-1	/-·	

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

Name and business address

	90 (2018)						Page <b>9</b>
Part '							
	Check if Schedule O contains	a response	or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaigns	1a			revenue		512 - 514
ants	<b>b</b> Membership dues	1b					
الله ورد	c Fundraising events	1c					
ifts, ar A	d Related organizations	1d					
m; 6	e Government grants (contributions)	1e					
ions	<b>f</b> All other contributions, gifts, grants, and similar amounts not included	1f	516,800				
Contributions, Gifts, Grants and Other Similar Amounts	above <b>g</b> Noncash contributions included						
a di	in lines 1a - 1f \$						
<u>ප ප</u>	h Total. Add lines 1a-1f		•	516,800			
KIE	<b>-</b>		Business	Code			
144	2a 	_					
Program Service Revenue	b ————————————————————————————————————						
ervi	d —						
S E	e ———						
ogra	<b>f</b> All other program service revenue	e		0			
\$	<b>9Total.</b> Add lines 2a-2f	. •					
	3 Investment income (including divided similar amounts)		rest, and other	.	0		
	4 Income from investment of tax-ex		proceeds <b>&gt;</b>	·	0		
	5 Royalties		() D	•	0		
	(1) Rea	31	(II) Personal	-			
	h Loss rental expenses			_			
	<b>b</b> Less rental expenses						
	c Rental income or (loss)						
	<b>d</b> Net rental income or (loss) .		· · •	1	0		
	7a Gross amount from sales of assets other than inventory	ities	(II) Other				
	b Less cost or other basis and sales expenses  C Gain or (loss)						
	d Net gain or (loss)		<b></b>	†	0		
Revenue	8a Gross income from fundraising even (not including \$_contributions reported on line 1c) See Part IV, line 18	of . a					
<del>ہ</del> ا	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from fundrai</li></ul>		5		0		
Other	9a Gross income from gaming activit						
	See Part IV, line 19	a					
	<b>b</b> Less direct expenses	ь					
	c Net income or (loss) from gaming	gactivities		_	0		
;	10aGross sales of inventory, less returns and allowances	a					
	<b>b</b> Less cost of goods sold	ь					
-	c Net income or (loss) from sales o  Miscellaneous Revenue		▶ Business Code				
	11a						
	b						
	c						
	d All other revenue				1		
	e Total. Add lines 11a-11d		. •	1	0		
	12 Total revenue. See Instructions			516,80			
				510,000	-1	1	Form 900 (2018)

Forr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	509,000	509,000		
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, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
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	0			
11	Fees for services (non-employees)				
a	a Management	17,500	10,000	7,500	
t	Legal	10,946		10,946	
c	Accounting	0			
	l Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,171		1,171	
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	350		350	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
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 Issue Communication & Research	136,246	136,246		
	b				
	С				
	d				
	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	675,213	655,246	19,967	0
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)				
	Check liefe F III if following 50F 30°Z (A3C 330°7Z0)				

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

Cash-non-interest-bearing .

basis Complete Part VI of Schedule D Less accumulated depreciation

Intangible assets . . . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Accounts payable and accrued expenses

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

Secured mortgages and notes payable to unrelated third parties . . .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Investments—program-related See Part IV, line 11

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Savings and temporary cash investments . .

Pledges and grants receivable, net . .

Check if Schedule O contains a response or note to any line in this Part IX .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete

10a

10b

1

2

3

4

5

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

27

28

29

30

31 32

33

34

0 26

166.683

166.683

166.683

166,683

166,683

Page **11** 

8,270

0 0

0

0

0

0

0

0

0 0

0

0

0

0

0

8.270

8,270

8,270

Form **990** (2018)

8.270

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	6	
Part II of Schedule L	7	
Inventories for sale or use	8	
Prepaid expenses and deferred charges	9	

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			516,800
2	Total expenses (must equal Part IX, column (A), line 25)	2			675,213
3	Revenue less expenses Subtract line 2 from line 1	3			-158,413
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			166,683
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			8,270
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
	Accounting method used to prepare the Form 990				
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 reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

### **Additional Data**

**Software ID:** 18007222 Software Version: 2018v3.1

APC supported a grassroots initiative to remove regulatory barriers to alternative health care options for consumers, and supported efforts to educate the public about

**EIN:** 45-3213088

Name: American Policy Coalition

Form 990 (2018)

Form 990, Part III, Line 4a:

conservative policies and issues, focusing on policies to enable a strong economy and strong national defense

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493241005250

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

•	Section 527 organizations Comple			,			
		n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election unde					3
•	Section 501(c)(3) organizations tha	t have NOT filed Form 5768 (election	under section 501(h)	Complete Part II-B	o noi	t complete Pa	art II-A
	e organization answered "Yes" o xy Tax) (see separate instruction	n Form 990, Part IV, Line 5 (Proxy <sup>*</sup>	Tax) (see separate ir	nstructions) or Form 9	90-E	Z, Part V, lin	e 35c
	Section 501(c)(4), (5), or (6) organi						
Na	me of the organization	·		Employer id	lentif	fication nun	nber
Am	erican Policy Coalition			45-3213088			
Par	t I-A Complete if the orga	nization is exempt under sec	tion 501(c) or is	a section 527 orga	niza	tion.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political	campaign activities in	Part IV (see instruction	s for	definition of	
2	Political campaign activity expend	ditures (see instructions)		•	\$ _		130,000
3	Volunteer hours for political camp	paign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under sec	tion 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under	r section 4955	<b>&gt;</b>	\$_		
2	Enter the amount of any excise to	ax incurred by organization managers	s under section 4955	<b>&gt;</b>	\$ _		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 fo	or this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
	If "Yes," describe in Part IV						
Par	rt I-C Complete if the orga	nization is exempt under sec	tion 501(c), exce	pt section 501(c)(	3).		
1		led by the filing organization for secti	·		\$ _		
2	Enter the amount of the filing org function activities	ganization's funds contributed to othe	er organizations for se	ction 527 exempt	\$ _		130,000
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	d on Form 1120-POL,	line 17b ►	\$		130,000
4	Did the filing organization file Fo	rm 1120-POL for this year?			-	☐ Yes	✓ No
5	organization made payments For of political contributions received	employer identification number (EIN) r each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is neede	amount paid from the vered to a separate po	filing organization's fun olitical organization, suc	ids A	the filing Iso enter the	amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from		(e) Amount	
				filing organization's funds If none, enter -0-		contributions and promp directly deliv separate p organization enter	otly and vered to a political If none,
(1) /	Americans United for Values	PO Box 90891 Washington, DC 20090	81-1124556	130,0	00		
2							
3							
1							
5							
5							
or F	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E	Z. Cat	No 50084S Schedule	C (Fo	rm 990 or 990	D-EZ) 2018

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

expenditure next year?

Return Reference

Part IV

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

activity

(b)

Amount

(a)

No

Yes

<u>4</u>

#### During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

DLN: 93493241005250 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number American Policy Coalition 45-3213088 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Explanation

Return Reference

### **Additional Data**

A Public Voice

PO Box 90891 Washington, DC 20090

8216 Glendale Rd 172 West Chester, OH 45069 Americans United for Values

**Software ID:** 18007222 **Software Version:** 2018v3.1 **EIN:** 45-3213088 Name: American Policy Coalition

45-5348055

81-1124556

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
			L		/  -	

(a) Name and address of	(b) FIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuatio
organization		ıf applıcable	grant	cash	(book, FMV, appraisal
or government				assistance	other)

ıf applıcable	grant	cash	(book, FMV, appraisal
		assistance	other)
			assistance

527

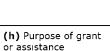
(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuati
organization		ıf applıcable	grant	cash	(book, FMV, apprais

501(c)(4)

(a) Name and address of	(D) LIN	(C) INC Section	(u) Amount of cash	(e) Amount of non-	(1) Method of Valuati
organization		ıf applıcable	grant	cash	(book, FMV, appraisa
or government				assistance	other)

100,000

130,000



(g) Description of

non-cash assistance

General Support

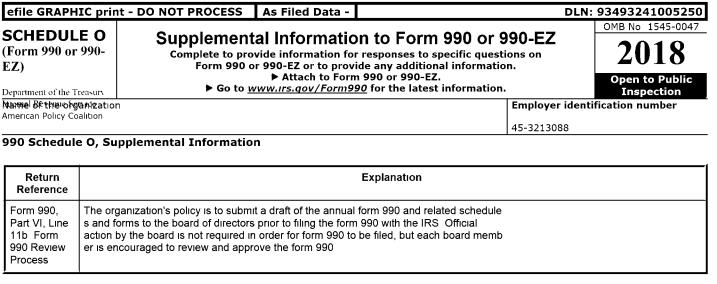
General Support

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Independent Freedom Network 82-1153081 501(c)(4) 275.000 General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO Box 25342 Alexandria, VA 22313



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Each interested person must disclose possible or actual conflict of Interest. After disclo sure, the board shall decide if a conflict exists. If a conflict does exist, the board wil. I determine if the transaction causing the conflict could be avoided by structuring the transaction with a party that is not an interested party. If a more advantageous transaction is not reasonably possible under circumstances not producing a conflict of interest, the board will vote on whether the transaction is in the organization's best interest.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	It is the organization's policy to fully comply with all federal and state disclosure requirements relating to the IRS forms. The organization will fulfill requests for applicable forms in accordance with the public disclosure requirements. Governing documents subject to public disclosure rules will be made publicly available as applicable law may require. Of therwise, the documents will be provided at the discretion of the president of the organization after consultation with professional advisers.