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Form		TU	Under section 501(c), 527, or 4		=				141	4	201	<u> </u>
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3	Check If	applicable:	C Name of organization Author (qui)						D Emph	_	entification no	
=	Address	-	Doing business as The Salar .							- 14	~2984	<u> 140 Y</u>
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	_		Gerporation Trust Assection	ion LiOther >	LYew	r of forms	Hion.	5,0	M State	of lags	i domicile:	<u> </u>
<u> </u>	1 1	Summe Briefly des	cribe the organization's missi	on or most sign	ulfront orthities	ح يو د وژان		1.0.000		~ Luc	771. 1 o 1 W	
2	•		ieo, J., g ° net to nasa									
Governance			The Table 1									
E	2		box > I if the organization	discontinued it	s operations or dis	sposed	of n	nore than	25% of	ita ne	et essets.	م کی وست است
å	3	Number o	f voting members of the gove	ming body (Par	t VI, lime 1a).				3	١.		,
-6	4	Number o	findependent voting member	s of the govern	ing body (Part Vi,	line 1b)) -		4			
臺	5	Total num	ber of individuals employed it	e calendar yeer	2019 (Part V. line	2a) .			5			•
Activities	6		ber of volunteers (estimate if :						6	ļ		٠ر
₹	! _		lated business revenue from i	-					7a	<u> </u>		
	b	Net unrela	ted business taxable income	from Form 990			<u> </u>		7b			<u>ç</u>
		Contribution	ons and grants (Pert VIII, line :	164	RECEI\	/ED		Prior Yes	r > -12e0		Current Yea	ur i e e e
`≨	8		ons and grants (Fæt VIII, line : service revenue (Part VIII, line :	-	χ. · · · · · · · · · · · · · · · · · · ·		78	17,	10 TO A CO			, 2
涯	10	_	it income (Part Vili, column (A		EL NOV 23	2 <u>0</u> 20	İŸ		<u>-</u>	-		
Æ	111		enue (Part VIII, column (A), line				12				} <i>-</i>	31.27
1	12		nue—add fines 6 through 11 (n			13 1)e		16.	1,975.04		147	7350 11
5	13	Grants an	d similar amounts pald (Part I	X, column (A), Î	nes 1-3)	H	7		(-			
Z,	14	-	aid to or for members (Part D		-				÷			:
Epper OCA	15		ther compensation, employee I	=		5–10)		3:	741.52	<u> </u>	4.	λ!'
1	16e		nal fundraising fees (Part IX, c		•							
å	17		iralaing expenses (Part IX, coli enses (Part IX, column (A), iin	· •-						 	37/	. 10 7
	18	•	enses. Add lines 13–17 (must		-				. 30 1. 6	+		
	19	-	ess expenses. Subtract line 1	•		'. :			1,675.15			2/4
6 E							Degb	uning of Cor			End of Yes	
Net Assets or Fund Balancies	20	Total asse	rts (Part X, line 16)					.2-	4. 457 50			1 :
34	21		litles (Part X, line 26)						0			
			e or fund belences. Subtract i	ne 21 tem line	<u> 20 </u>	• •						13: 13
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		alities of perjury et, and comple	y, I decipte that I have examinacijings en Declaration of presigns joings than	njern, including act officer) is based or	companying achodules a all information of who	and state	at þen Stærri	is, and to th any knowle	e best of vige	my lino	wiedge end t	xellef, it is
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11262Y

Yes No

Part	
	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.
	Dut the assessment and at the any significant program continue during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
_	· · · · · · · · · · · · · · · · · · ·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$162,998.92 including grants of \$0) (Revenue \$)
70	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 maintained and strengthened a bipartisan network of more than 1000 state legislators and seven governors or
	former governors who have endorsed the "Regulation Freedom Amendment" to require that major new federal regulations be
	approved by Congress.
4b	(Code:) (Expenses \$ 8,578.90 including grants of \$ 0) (Revenue \$)
	Educating decision makers and citizens and advocating strategies for restoring a balance of state and federal power to impose
	constitutional fiscal discipline on the federal government.
	5% of program expenditures
	Accomplishments. A network of more than 250 young leaders was created and maintained with a regular nationwide youth leaders
	conference call to discuss how states can help persuade Congress to propose a balanced budget amendment to the United States
	Constitution.
-	
	(C.) \((Taylor) \)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•

	•
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	And the second s



Fart IV **Checklist of Required Schedules** No is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 2 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 ~ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 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 emounts in such funds or accounts? If 6 • Did the organization receive or hold a conservation essement, including essements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Did the organization report an amount in Part X. line 21, for encrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or ✓ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a ~ Did the organization report an amount for investments—other accurities 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 c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 11e 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 12s Did the organization obtain separate, independent audited financial statements for the tax year? If "Yee," complete 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 12s, then completing Schedule D, Parts XI and XII is optional 12b 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the grasnization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraleing, 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. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other sesistance to or 15 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the grounization report more than \$15,000 total of fundralsing event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? 19 20e 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? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domostle summunest on Dost IV. solvime (A). Hen 17 H TVes 7 complete Cabackile (Dosts I and II

: P' n t i	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		٧
	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		>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		١
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonde?	24c		>
	Did the organization act as an "on behalf of" leaver for bonds outstanding at any time during the year?	24d		~
	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	250		~
ь	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 "Yea," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		,
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
	A family member of any individual described in line 28e? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	~
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		,
31	Did the organization liquidate, terminate, or dissolve and cesse operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		,
34	Was the organization related to any tex-exempt or texable entity? If "Yes," complete Schedule R, Pert II, III, or IV, and Pert V, line 1	34		,
35e	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	~
ь	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	<u> </u>	
36	Section 601(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	<u> </u>	,
36	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, fines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	36	,	
F.nt	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>	<u>.</u>	
4.	Enter the number proceded in Pay 9 of Form 1000 Enter 0 March conflictule	.—	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1e 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1	l	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C	the organization comply with toakup with comp rues for reportable payments to vendors and	ـ م ا	. /	

F HT	Superiorius regulating Outer ins ruings and tax Computatice (Continued)			
	•		Yes	2
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
ь	If at least one is reported on line 2s, did the organization file all required federal employment tax returns? .	2 b	•	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
30	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
Ь	If "Yee," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
_	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)?	40		
h	If "Yes," enter the name of the foreign country			١Ť
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
		_		,
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5e.</u>		7
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	56		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
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?	Ca	~	L
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			
_	milities of all the second to account days and another a contribution and another for another]
_	and services provided to the payor?	70	1	1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7g		
	If "Yes," indicate the number of Forms 8282 filed during the year		-	╁╌
đ			1	
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		├—
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	-
8	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, bosts, sirplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			l
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
0	Sponsoring organizations maintaining donor advised funds.		1	1
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	96		
10	Section 501(c)(7) organizations. Enter:			
•	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		
	Gross income from members or shereholders		1	
_	Gross income from other sources (Do not not amounts due or paid to other sources	1	1	1
b	against amounts due or received from them.)			1
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120	ŀ	
	If "Yes," enter the amount of tex-exempt interest received or accrued during the year 12b	L-44	\vdash	₩
		ł	l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	Is the organization licensed to issue qualified health plans in more than one state?	13e		-
	Note: See the Instructions for additional information the organization must report on Schedule O.		}	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
	the organization is licensed to issue qualified health plans	1	Į	
C	Enter the amount of reserves on hand		<u> </u>	
14a	Did the organization receive any payments for indoor tenning services during the tax year?	14a		7
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	is the organization subject to the section 4980 tax on payment(s) of more than \$1,000,000 in remuneration or		Γ	
	excess perachute peryment(s) during the year?	15		-
	If "Yes," see Instructions and file Form 4720, Schedule N.		Ī	1
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.		T	Ť
	.,			•

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	Sec in	struc	tions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent . 1b 2			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		,
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		,
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		V
5	Did the organization become aware during the year of a significant diversion of the organization'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 one or more members of the governing body?	7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		V
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	~	1
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 be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	•	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	uc C	odc.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		~
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	~	
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		-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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	_	
13	Did the organization have a written whistleblower policy?	13		0
14	Did the organization have a written document retention and destruction policy?	14		~
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		~
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		Щ_
	on C. Disclosure			
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), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	tion 5	i01(c)
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation of the person who possesses the organization's books and recommendation.	cords	>	
	Pat Page, 315 Ridgedale DR., Farmington, An. 72730 501-9	12-	235	54

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor	any relate	d org	aniz			ompe	nsa	ted any current	officer, director,	or trustee.
(A) Name and trtle	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	Pos neck ss pe	rson	e than to the strain of the st	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Roman Buhler, Director	30+	,						\$1,776.21	0	C
(2) Charles Black, Director	1	,						0	0	O
(3) Bob Livingston, Director	1	,						0	0	O
(4)										
(5)										
(6)									· · · · · · · · · · · · · · · · · ·	
(7)										
(8)										
(9)			┢							
(10)										
(11)							-			
(12)										
(13)		-								
(14)										

(A) Name and title		(B) Average hours	box,	unles	Pos eck s pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation from related		(F) Estimated amount of other compensation		
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-Mi	ıs	fr	om the	and
(15)														
(16)														
(17)												-		
(18)														
(19)										<u> </u>	Ì			
(20)					-							·		
(21)				\vdash	\vdash			-						
(22)														
(23)														
(24)														
(25)														
1b c d	Subtotal						 	> > >	\$1,776 21 \$1,776 21		0		-	0 0
2	Total number of individuals (including but reportable compensation from the organi		d to th	nose	e list	ted	above	e) w	ho received mor	e than \$100,	,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete:							mpl	loyee, or highes	st compens	ated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		•
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indivi	dual	5		~
Secti	on B. Independent Contractors													
1	Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business address								(B) Description of serv	лсеѕ	<u> </u>	(C) Compens		_
2	Total number of independent contractor received more than \$100,000 of compens							> th	nose listed abov	e) who				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part	VIII	Statement of Revenue Check if Schedule O contains a response or note to	any line in this Pa	art VIII		
·		Check if Schedule O contains a response of flote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Federated campaigns 1a Membership dues 1b	0			
ع ق	С	Fundraising events 1c	0			
T ts	d	Related organizations 1d	0			
<u>a</u>	е	Government grants (contributions) 1e	0			
Sir	f	All other contributions, gifts, grants,				
를 무		and similar amounts not included above 1f 135,378	68	[
혈美	q	Noncash contributions included in		1		
	•	lines 1a–1f 1g \$	o			
ပို့ ခြ	h	Total. Add lines 1a-1f	135,378.68	j		}
		Business Cod				
8	2a					
ان کَ	b					
Se	C					
gram Ser Revenue	d					
Program Service Revenue	е					
ç	f	All other program service revenue				
_	g	•	▶ 0			
	3	Investment income (including dividends, interest, a	nd			
		other similar amounts)	> 0			
	4	Income from investment of tax-exempt bond proceeds	▶ 0			
	5	Royalties	▶ 0			
		(i) Real (ii) Personal				
	6a	Gross rents 6a 0	0			
	ь	Less: rental expenses 6b 0	0	1	i	
	С	Rental income or (loss) 6c 0	0	ļ		
	d	Net rental income or (loss)	▶ 0		-	
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets		{		
		other than inventory 7a	0			
<u>e</u>	b	Less: cost or other basis				
enne		and sales expenses . 7b 0	0			
eķ	С	Gain or (loss) 7c 0	0			
بر 10	đ	Net gain or (loss)	▶ 0			
Other Rev	8a	Gross income from fundraising		1		
0		events (not including \$		}		}
		of contributions reported on line		}		}
		1c). See Part IV, line 18 8a	0			Ì
	b	Less: direct expenses 8b	0			
	C	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming		1		
		activities. See Part IV, line 19 . 9a	0			
	b	Less: direct expenses 9b	0			
	С	rect modifie of (1000) from gaining activities	<u> </u>			
	10a	Gross sales of inventory, less	ļ			
		returns and allowances 10a	<u> </u>			
		Less: cost of goods sold 10b	0			
	С	Tet moone or noocy norm action or inventory :	0			
Sn.		Business Cod	•			ļ
ne ge	11a			 		
lar en	Ь			 		
scellaneo Revenue	C		*			
Miscellaneous Revenue	d	All other revenue	\$14,332.17			
_ '	^		- 14,352.17		•	•
	12	-	*14,332:17 \$410,710.8	5		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)			
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	0	o					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	0	0					
5	Compensation of current officers, directors, trustees, and key employees	1776 21	1776.21	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)	o	o	0	0			
7	Other salaries and wages	34,932.34	27,683 02,	7,249 32	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0			
9	Other employee benefits	0	0	0	0			
10	Payroll taxes	4,505 20	3,873.29	631.91	0			
11	Fees for services (nonemployees):							
а	Management	0	0	0	0			
b	Legal	0	0	0	0			
C	Accounting	1,200.00	0	1,200.00	0			
d	Lobbying	0	0	0	0			
е	Professional fundraising services. See Part IV, line 17	0			0			
f	Investment management fees	0	0	0	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	2,700 00	2,700.00	0	0			
12	Advertising and promotion	340 80	340 80	0	0			
13	Office expenses	15,333.18	12,952 05	2,381.13	0			
14	Information technology	10,404 16	10,404.16	0	0			
15	Royalties	0	0	0	0			
16	Occupancy	0	0	0	0			
17	Travel	56,224 32	56,086.82	137 50	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0			
19	Conferences, conventions, and meetings .	36,411.34	36,411 34	0	0			
20	Interest	7,750 27	0	7,750 27	0			
21	Payments to affiliates	0	0	0	0			
22	Depreciation, depletion, and amortization .	0	0	0	0			
23	Insurance	0	0	0	0			
24 a	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
b								
С								
d			-					
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	171,577.82	152,227.69	19,350.13				
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	,	- Som promited to	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		<u></u> 🗖
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	24,660 90	1	2,793 93
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		ľ	
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0	6	0
ts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation [10b]	0	10c	0
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	24,660 90	16	2,793 93
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities			0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilltles	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0		0
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
alances		Organizations that follow FASB ASC 958, check here ▶ □			
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions		27	
D E	28	Net assets with donor restrictions		28	
F		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
et	32	Total net assets or fund balances		32	2,793.93
Ž	33	Total liabilities and net assets/fund balances	24,660 90	33	2,793 93

_	4	•
Page		4

					•	
Part	XI Reconciliation 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)		\$149,710 85		10 85	
2	Total expenses (must equal Part IX, column (A), line 25)			\$171,577.82		
3	Revenue less expenses. Subtract line 2 from line 1			-\$21,866.97		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			\$24,660 90		
5	Net unrealized gains (losses) on investments			0		
6	Donated services and use of facilities				0	
7	Investment expenses			0		
8	Prior period adjustments		0			
9	Other changes in net assets or fund balances (explain on Schedule O)		0		0	
10	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))			\$2,7	93.93	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		٠.	• •		
		_	4	Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other	<u> </u>	- 1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın				
	Schedule O.				_	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		a		~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		1		
	reviewed on a separate basis, consolidated basis, or both:	ŀ		1		
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1	.		,	
b	Were the organization's financial statements audited by an independent accountant?	<u> </u>	b		~	
	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:	ļ	ı			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	.	İ			
С	Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant?					
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		<u>.c</u>			
	If the organization changed either its oversight process or selection process during the tax year, explain of	on				
٠.	Schedule O.	_				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		a		~	
	Single Audit Act and OMB Circular A-133?	<u> </u>	-			
ь	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		ь			
	required addit of addits, explain with on ochedule of and describe any steps taken to didergo such addits.			990	(2019)	
		r	CHIT	777	14019)	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

American Opportunity Project	462984440				
Our Director's mailing addresses are as follows					
Roman Buhler, 4056 St. N., McLean, VA 22101					
Charles Black, 1110 Vermont Ave NW, Suite 1000, Washington, DC 20003					
3ob Livingston, 499 South Capitol Street SW, Suite 600, Washington, DC 20003					
Part VI - B (11b) - Copies of the 990 were sent to Directors for review before submission					
					
Part VI - C (19) - Governing documents of the organization are available to the public upon request					
······					