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DLN: 93493321195470

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. Internal Revenue Service

\ Fo	r the	2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-	31-2019				
		olicable: C Name of organization America Engaged	- Charles Constitution		D Employer	identifi	cation number
D Add		81-20721	162				
□ Nam		Doing business as					
☐ Initi		rn terminated		;			
			suite		E Telephone	number	
☐ Amended return Number and street (or P.O. box if mail is not delivered to street address)   Room/suite   1101 Wilson Boulevard 6th Floor (540) 341-8							
		City or town, state or province, country, and ZIP or foreign postal code					
		Arlington, VA 22209			<b>G</b> Gross rece	eipts \$ 1,	790,500
		F Name and address of principal officer:	H(a)	Is this	a group retu	ırn for	
		Leonardo Leo 1101 Wilson Boulevard 6th Floor	``	subor	dinates?		□ <sub>Yes</sub> ☑ <sub>No</sub>
		Arlington, VA 22209	H(b)		subordinate	S	□ Yes □No
<b>I</b> Tax	-exem	pt status: ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		includ If "No		t. (see	instructions)
J We	bsite	e:▶ none	H(c)	Group	exemption n	umber	<b>▶</b>
			I Voor	of forms	tion: 2016	M State	of legal domicile: VA
<b>K</b> Form	of org	ganization: 🗹 Corporation 🗌 Trust 🔲 Association 🔲 Other 🕨	Litear	OI IOIIIIa	1011. 2010	- State	or regar dofffiche. VA
Pa		Summary					`
		riefly describe the organization's mission or most significant activities:			t - d Ct-t	J 16	
φ		merica Engaged is a public policy organization, dedicated to promoting the Constitentures.	tution of	the Uni	ted States an	ia its co	re structural
DC DC	_						
Ě	_						
Activities & Governance	_	Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed of		250/	of its not no		
Ğ		Number of voting members of the governing body (Part VI, line 1a)	more the	an 25%	or its net ass	sets. <b>3</b>	4
න් ග		Number of independent voting members of the governing body (Part VI, line 1b)	4	4			
9		Total number of individuals employed in calendar year 2019 (Part V, line 2a) .	5	0			
ž		Total number of volunteers (estimate if necessary)		6			
ď	l	Total unrelated business revenue from Part VIII, column (C), line 12				7a	0
		Net unrelated business taxable income from Form 990-T, line 39				7b	
				Pri	or Year	1	Current Year
_	8	Contributions and grants (Part VIII, line 1h)			5,000,00	00	1,790,500
Revenue		Program service revenue (Part VIII, line 2g)			-,,-	+	0
ēΛč	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d )					0
ď	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	l	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			5,000,0	00	1,790,500
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			3,025,0		509,400
	l	Benefits paid to or for members (Part IX, column (A), line 4)			3,023,0	-	0
46	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)					0
Exp enses	l	Professional fundraising fees (Part IX, column (A), line 11e)	· -			_	0
8	1		-			-	0
X	l	Total fundraising expenses (Part IX, column (D), line 25) ▶0	-		1,496,1	45	1 000 010
	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,960,349			
		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-		4,521,1		2,469,749
. 67	19	Revenue less expenses. Subtract line 18 from line 12			478,8		-679,249
S Of			Be	ginning	of Current Ye	ear	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			877,8	392	198,643
Z Z	21	Total liabilities (Part X, line 26)					0
žĪ	22	Net assets or fund balances. Subtract line 21 from line 20		877,8	392	198,643	
Pa	rt II	Signature Block					

kinder penalties of brownedge and be \$10 knowledge	perjury, I declars that I have examined the return, including accompany left, if to true, sorriest, and complete. Declaration of program (other than	ving schoolsche officers) to law	and distinguished and to the head of the act or all information of which programs has	
More Lass	Sture of offices  STA As Franciscal  The print Carter and Italy		Tarts	
Paid	Francis Casas describeraries Capasias Programme Lalignositante  Francis Casassa P Sciences and Associations LLE	Date 2020-ca-34	THE DISTRICT	
Preparer Use Only	Formit's minimum # P5 fear 6(1))  Strong Supring, P5, 2001366213	Proces no. (2011) 598 4850		
EDERHAL PROFILE PROFILE BOOK STORES AND ADDRESS AND AD	se the return with the preparer prown above? (see instructions)		Die Sie	

	990 (2019)				Page 2
Pa	rt III <b>Ştaten</b>	nent of Program Service	Accomplishments		
		Schedule O contains a respons	e or note to any line in this Pa	art III	🗆
1	Briefly describe	the organization's mission:			
				cution of the United States and its core	structural features - checks
and b	palances, decentr	ralized authority, enumerated p	owers, federalism.		
				et a	
2	, . <del>-</del>	ration undertake any significant		ear which were not listed on	
	•	990 or 990-EZ?			🗆 Yes 🗹 No
		be these new services on Sched			
3	Did the organiz	ration cease conducting, or mak	e significant changes in how it	conducts, any program	
					🗆 Yes 🗹 No
	If "Yes," descri	be these changes on Schedule (	).		
4	Section 501(c)		are required to report the am	three largest program services, as meadount of grants and allocations to others	
4a	(Code:	) (Expenses \$	2,234,905 including grants of	of \$ 509,400 ) (Revenue \$	)
		d worked and supported organizations thority, enumerated powers, federalis		the United States and its core structural feature	ures - checks and balances,
4b	(Code:	) (Expenses \$	including grants o	f \$ ) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants o	f \$ ) (Revenue \$	) ;
					, , , , , , , , , , , , , , , , , , ,
4d	Other program	services (Describe in Schedule	0.)		
	(Expenses \$	includi	ng grants of \$	) (Revenue \$	)
4e	Total progran	n service expenses ▶	2,234,905		
1.					Form <b>990</b> (2019)

Part IV	Checklist (	of Rec	uired	Schedules

- 1	,			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	a see a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	0 (2010)
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Form **990** (2019)

Par	t IV Checklist of Required Schedules (continued)		-		
	Y .		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		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>				
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			
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			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	- 4		
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No	
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	26		No	
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? <i>If "Yes," complete Schedule L,</i> 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):				
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				
		28b		No	
С	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		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? If "Yes," complete Schedule M	30		No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	~		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes		
Pa	statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	V	<u> </u>	
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   16		Yes	No	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Yes		

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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			,		
7	The the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered by his return					
<b>b</b> 1	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	4a		No		
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		No No		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No		
	in the first of th	5b 5c				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	Yes			
	solicit any contributions that were not tax deductible as charitable contributions?		103			
Б	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes			
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12					
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	7			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	~ .				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				
15	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?	15		No		
16		16		No		

Part VI

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $\checkmark$ 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 1a 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. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? No 6 6 No 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Nο Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . 8b No 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . 10a No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing 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 Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official . . . . . 15a Nο 15b No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶ 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 ▶Neil Corkery 1101 Wilson Boulevard 6th Floor Arlington, VA 22209 (540) 341-8808

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines

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1000	Company of the Compan			
<b>33</b> (1), (818),	Compensation of Officers Directors Trustees	- Wass Emmissionae	Windowski Commonweatherd	E-alaman
	Compensation of Officers, Directors, Trustees	a many conservations	, nagazet campeasses	
the state of the s	and Independent Contractors			

Oreck if Schedule O contains a response or note to any line in this Part WI.

Comment of the commen							
Section A. Officers	N. Branches	W		St more	B D -	- # - E	
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- La 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. Error -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."
- Use the arganization'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-WISC) 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 brustees that received, in the capacity as a former director or bustees 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.

CER INS BUR IT REDIE THE ORGANIZATION NO	rany reaesion	ganzai	BOTH C	UI III	ers	ಪಟ್ ಕ	atw c	west officer, dre	der, or trustee.	
(A) Name and ude	(8) Awarage hours per week (liss any hours for related organizations below domed line)	Postio than o	on (di	(C) D (TO) DN, (C) DN (DI)	) t ch unie lice must	eck mo ss pen rand a	one Son	(P) Reportable compensation from the organization (W-2/1/199- MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(I) Soyder Gray	000.30	X						0		
Director .										
(2) Todd Galles Director		至						<b>©</b>	G	
(3) Ionatian Bunch	5.00	X		X				0	0	
Dream, Secent										
(4) Lenrard Les Director, President	5.00	X		X				0	0	6
		and the second								
THE STATE OF THE S		George Control								
		-								

Pa	rt VII Section A. Officers, Direct	tors, Trustees	, Key	Emp	loye	es,	and	High	nest Co	mpensate	ed Employees	(con	tinued)	
9	(A) Name and title	(B) Average hours per week (list any hours for related		ne b	ox, ι in of tor/t	t che unles ficer	ss pers	son	comp fro orga	(D) portable pensation om the anization 2/1099-	(E) Reportable compensatio from related organization: (W-2/1099-	on amount of o d compensat ns from the		ated of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensatemployee	Former		4ISC)	MISC)		rela organiz	ted
			earsn	Trustee		96	pensated							
			-		-	_						_		
		N.,										_		
	· · · · · · · · · · · · · · · · · · ·					_				,				
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												$\perp$		. ,
c ·	Sub-Total	•	Α				<b>*</b>							4 pro
2	Total number of individuals (including of reportable compensation from the		to thos	e liste	ed al	bove	e) who	rece	eived mo	ore than \$10	00,000			
		-							į.				Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> 2					mplo •	yee, c	or hig •	hest co	mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization	the sum of repo	ortable o	comp	ensa "Yes	ition ," cc	and o	ther e <i>Scl</i>	compen compen	sation from for such	the	3		No
_	individual	• • • •	• •	•	•	-	• •		1			4		No
5	Did any person listed on line 1a receiver services rendered to the organization	?If "Yes," compl									vidual for	5		No
Se	cction B. Independent Contract  Complete this table for your five high		d inden	ender	nt co	ntra	ctors t	hat r	received	more than	\$100,000 of con	nnen	sation	
	from the organization. Report comper	sation for the c	alendar	year	end	ing \	with or	with	nin the o	organization	's tax year.	pe		
		(A) and business addre	SS						-		(B) iption of services		Comper	nsation
	ive Response Concepts  Eisenhower Ave 4th Floor									Consulting				600,251
	ndria, VA 22314			Y								_		
	Total number of independent contractor compensation from the organization b		not limi	ted t	o the	ose I	isted a	abov	e) who i	received mo	re than \$100,00	0 of	<u>-</u>	

Part	VIII , Statement	of Revenue	1		:			
	. Check if Sche	edule O contain	s a resp	onse or note to an	y line in this Part VII		T	🗆
y''					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0	1a Federated campa	igns	1a					
s, Grants Amounts	<b>b</b> Membership dues	· .	1b					
Gra mor	c Fundraising even	ts	1c					
		tions	1d					
	e Government grants	(contributions)	1e					
ns, Sim	f All other contribution and similar amounts	ns, gifts, grants,						
11.0 er	and similar amounts above		1f	1,790,500				
<u> </u>	g Noncash contributio lines 1a - 1f:\$	ns included in	1g					
Contributions, Gift and Other Similar	h Total. Add lines 1	la-1f	19					
<u> </u>				Business Code	1,790,500			T
	2a			business code				
<u> </u>								
rent	b							
S.								
ice	С							
Sel	d				~			
am								
Program Service Revenue	e							
ŭ	f All other program	n service reven	10					
	9 Total. Add lines							
Ф	3 Investment incom			interest, and other	T	T	T	T
Other Revenue	similar amounts)			)	•			
eve.	<b>4</b> Income from inves <b>5</b> Royalties		•		• <u> </u> • [			
<u>.</u>	<b>5</b> Royalties	(i) F		(ii) Personal				
Ť.					1			
. 0	6a Gross rents	6a			4			
	<b>b</b> Less: rental expenses	6b						
	c Rental income	6c			1			
	or (loss)  d Net rental incom				-			
		(i) Sec		(ii) Other	1			-
	7a Gross amount	7-			1			
	from sales of assets other	7a						
	than inventory <b>b</b> Less: cost or				-			
	b Less: cost or other basis and sales expenses	7b						
	sales expenses				1			
	c Gain or (loss)	7c						
	d Net gain or (loss)  8a Gross income from fi			· · · ▶		1		
	(not including \$	0	f					
	contributions reporte See Part IV, line 18		8a					
	<b>b</b> Less: direct exper	nses	8b		1			
	c Net income or (los			ents 📂	_			
	_			-				
	9a Gross income from See Part IV, line 19		s.   9a					
	<b>b</b> Less: direct exper		9a 9b		1			
	c Net income or (los			es	<b>T</b>			

٠	10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net Income or (loss) from sales of invent			 	
٠,	Miscellaneous Revenue	Business Code			
	11a			-	
	b				
		,			
	С			. ,	
	d All other revenue				
	e Total. Add lines 11a-11d		1		
	12 Total revenue. See instructions	• • • •	1,790,500		

Form **990** (2019)

Part IX Statement of Functional Expenses

1 0	Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a response or note to a	•	_	·	🔽
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	509,400	509,400	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0		x - 1	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	i .	1 .	
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):	,			
i	a Management	0			
ı	b Legal	73,608		73,608	
	c Accounting	30,625		30,625	
(	d Lobbying	0			
	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees	0			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,247,333	1,247,333		
12	Advertising and promotion	0			
13	Office expenses	51,296		51,296	
14	Information technology	55,435	55,435		
15	Royalties	0			
16	Occupancy	227,251	159,076	68,175	
17	Travel	28,098	26,905	1,193	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	239,801	236,756	3,045	
20	Interest	0			
21	Payments to affiliates	0		,	
22	Depreciation, depletion, and amortization	0			
23	Insurance	6,902		6,902	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	а				
	b				
	С				
	d				
	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	2,469,749	2,234,905	234,844	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 here I in following SUP 96-2 (ASC 958-720).				

Part X Balance Sheet

	,	Check if Schedule O contains a response or note to any line in this Part IX	<u> </u>		. <u>.</u>
			(A) Beginning of year		(B) End of year
3	1	Cash-non-interest-bearing	877,892	1	198,643
	2	Savings and temporary cash investments	,	2	
	3	Pledges and grants receivable, net		3	· · · · · · · · · · · · · · · · · · ·
	4	Accounts receivable, net		4	
	5	Loans and other 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	
30	7	Notes and loans receivable, net		7	roa d a significant
Assets	8	Inventories for sale or use		8	
33	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		-	1
	b	Less: accumulated depreciation 10b	en e	<b>10</b> c	1 V
	11	Investments—publicly traded securities .		11	
	12	Investments—other securities. See Part IV, line 11	7 9	12	
	13	Investments—program-related. See Part IV, line 11	272 - 387	13	
	14	Intangible assets		14	×
	15	Other assets. See Part IV, line 11		15	*
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	877,892	16	198,643
	17	Accounts payable and accrued expenses	5 A P P P P A A A	17	;
	18	Grants payable		18	
	19	Deferred revenue	San	19	
	20	Tax-exempt bond liabilities	S	20	- 1
(A)	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Mary of the state	21	- 6
Liabilities	22	Loans and other 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	Anna de la companya di santa d	22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).  Complete Part X of Schedule D	· · · · · · · · · · · · · · · · · · ·	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Balances	27	Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	877,892	27	198,643
8		Net assets with donor restrictions	011,002	28	
p	28	_ [		20	
r Fund		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
- 1	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	877,892	32	198,643
Z	33	Total liabilities and net assets/fund balances	877,892	33	198,643

Form **990** (2019)

Page **12** 

Par	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)	1		1	,790,500
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,469,74		
3	Revenue less expenses. Subtract line 2 from line 1	3	-679,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			877,892
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 32, column (B))	10			198,643
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
			,	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
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:	basis,			
	☐ 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 Sch	edule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S 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.	iired	3b		
			Fo	orm <b>99</b> 0	0 (2019)

efile GRAPHIC print - DO NOT PROCESS ORIGINAL DATA - Production DLN: 9349332119547 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** America Engaged 81-2072162 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 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 (c) IRC section (f) Method of valuation (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization (if applicable) grant cash (book, FMV, appraisal, noncash assistance or assistance or government other) assistance

500,000

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

45-3732750

(1) Seminar Network Chamber

of Commerce Inc 2300 Wilson BLVD Arlington, VA 222015424

Cat. No. 50055P

n/a

Schedule I (Form 990) 2019

General support

Part III Grants and Other Ass Part III can be duplicate				ete ii the org	anizacion	answered res	OII FOII	11 990, Part IV, line 22.		
(a) Type of grant or assistance	ce ,	<b>(b)</b> Number of recipients	of	(c) Amour cash gra		(d) Amoun noncash assis		(e) Method of valuation FMV, appraisal, oth		(f) Description of noncash assistance₄
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplemental I	nformatio	on. Provide the i	nformation	required in	Part I, I	ine 2; Part III,	colum	n (b); and any other	additiona	l information.
Return Reference	Explanation	on								
Part I Line 2	The organiz	zation requires gran	tees to provi	de regular up	dates on	performance of	their pr	ograms.		
		•								Schedule I (Form 990) 2019

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OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization America Engaged

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

▶ Go to <u>www.irs.qov/Form990</u> for the latest information.

**Employer identification number** 

81-2072162

Return Reference	Explanation									
Form 990, Part VI, Section B, Line 11	The Form 990 is prepared by a Certified Public Accountant. A copy of the return is provided to the Organizations directors prior to filing.									
Form 990, Part VI, Section B, Line 15	No compensation.									
Form 990, Part IX, Line 12b	Officers are required to disclose actual or potential conflicts of interest.									
Form 990, Part VI, Section C, Line 19	The Articles of Incorporation are available from the Virginia State Corporation Commission. Other governing documents are not available to the public.									
Form 990, Part IX, Line 11-g	The amount 1,247,333 consist of Consulting 1,238,419 and Recruiting 8,914.									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019