# TAX RETURN FILING INSTRUCTIONS

FORM 990

### FOR THE YEAR ENDING

**DECEMBER 31, 2020** 

#### PREPARED FOR:

AMERICANS FOR PUBLIC TRUST 107 S WEST ST, STE 442 ALEXANDRIA, VA 22314

### **PREPARED BY:**

ATCHLEY & ASSOCIATES, LLP 1005 LA POSADA DRIVE AUSTIN, TX 78752

#### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### **MAKE CHECK PAYABLE TO:**

**NOT APPLICABLE** 

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

**NOT APPLICABLE** 

#### **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

### **SPECIAL INSTRUCTIONS:**

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A F	or the	2020 calendar year, or tax year beginning $$ JAN $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	g DEC	31, 202	20					
<b>B</b> c	heck if oplicable:	C Name of organization	DI	Employer iden	ntific	ation number				
	Address change	AMERICANS FOR PUBLIC TRUST								
	Name change	Doing business as		84-4413	389	94				
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/	Telephone nun							
	Final return/	107 S WEST ST, STE 442	205-540	540-3826						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$		1,489,300.				
	Amende return	ALEXANDRIA, VA 22314	H(a	) Is this a grou						
	Applica- tion		? Yes X No							
	pending	tes ind	cluded? Yes No							
	I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions									
		E ► WWW.AMERICANSFORPUBLICTRUST.ORG		) Group exemp						
			. Year of for	mation: 2020	0  <b>M</b>	State of legal domicile: VA				
Pa		Summary								
Ф		Briefly describe the organization's mission or most significant activities: THE ORGA								
Governance	_	SIGNIFICANT ACTIVITIES ARE RESEARCH, WRITING								
ern		Check this box  if the organization discontinued its operations or disposed of		1	- 1					
ŏ		lumber of voting members of the governing body (Part VI, line 1a)			3	3				
æ		lumber of independent voting members of the governing body (Part VI, line 1b)			4	3				
ies		otal number of individuals employed in calendar year 2020 (Part V, line 2a)			5	<u>4</u> 3				
Activities &		otal number of volunteers (estimate if necessary)			6					
Act		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.				
	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11			7b					
	•			Prior Year	$\dashv$	Current Year 1,489,300.				
e		Contributions and grants (Part VIII, line 1h)			-					
len		Program service revenue (Part VIII, line 2g)			-	0.				
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			$\dashv$	0.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			_	1,489,300.				
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			$\dashv$	0.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			$\dashv$	0.				
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			$\dashv$	411,334.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			_	0.				
eu		otal fundraising expenses (Part IX, column (D), line 25)				•				
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			_	1,014,334.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			$\dashv$	1,425,668.				
		Revenue less expenses. Subtract line 18 from line 12			_	63,632.				
-Se		invertide 1633 experises. Oubtract line 10 from line 12	Reginnir	ng of Current Ye	ar	End of Year				
ets (	<b>20</b> T	otal assets (Part X, line 16)	Dogiiiiii	ng or ourront ro	<u></u>	65,075.				
Ass Bal	21 T	otal liabilities (Part X, line 26)			$\dashv$	1,443.				
Net Assets or Fund Balances	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20				63,632.				
	rt II	Signature Block	L			•				
Unde	r penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements, a	and to the best of	f my	knowledge and belief, it is				
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has a	ny knowledge.						
Sign	ı	Signature of officer		Date						
Here	•	CAITLIN SUTHERLAND, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date	Check		PTIN				
Paid		RENAE DUNCAN CHA Dunca, CA	11/1	10/21 self-er						
Prep		Firm's name ATCHLEY & ASSOCIATES, LLP		Firm's EIN	<u> </u>	74-2920819				
Use	Only	Firm's address 1005 LA POSADA DRIVE			, -	101045 0555				
		AUSTIN, TX 78752		Phone no.	(52	12)346-2086				
May	the IRS	S discuss this return with the preparer shown above? See instructions				X Yes No				

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WORKING TO RESTORE TRUST IN GOVERNMENT BY EXPOSING CORRUPTION AND UNETHICAL BEHAVIOR.
	ONBINIONS BEHAVIOR.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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.
4a	(Code:) (Expenses \$
	RESEARCH, WRITING AND LEGAL ACTION: RESEARCH ALLEGATIONS OF PUBLIC
	IMPROPRIETY, CORRUPT AND UNETHICAL BEHAVIOR, AND VIOLATIONS OF THE
	PUBLIC TRUST, WRITING COMPLAINTS AGAINST PUBLIC INDIVIDUALS WHO COMMIT THOSE ACTS, AND PURSUE RESOLUTION THROUGH ADMINISTRATIVE AND LEGAL
	PROCESSES.
4b	(Code:) (Expenses \$362,608. including grants of \$) (Revenue \$)
	PUBLIC AWARENESS CAMPAIGNS: CONDUCT PUBLIC CAMPAIGNS TO RAISE AWARENESS OF PUBLIC IMPROPRIETY, CORRUPT AND UNETHICAL BEHAVIOR, AND VIOLATIONS
	OF PUBLIC TRUST, AND TO HELP REBUILD PUBLIC FAITH IN ELECTED LEADERS.
4c	(Code:) (Expenses \$
40	(Code:) (expenses \$) (nevenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 1,109,142.
	Form <b>990</b> (2020)

# Form 990 (2020) AMERICANS FOR PUBLIC TRUST Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		<del></del>
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
_	Schedule D, Part III	8_		X
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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		X
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		X
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		Х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		
124	•	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
b	•	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ <b>.</b> ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х

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Part IV Checklist of Required Schedules (continued
Part IV   Checklist of Required Schedules (continued

	Continued)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х				
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	Х					
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		<u>X</u>				
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		<b>—</b>				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>				
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	051		Х				
00	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%	1						
		26		Х				
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20						
_,	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		Х				
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, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
	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		_X_				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l				
	contributions? If "Yes," complete Schedule M	30		_X_				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v				
	Schedule N, Part II	32		<u> </u>				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х				
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х				
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000						
	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		Х				
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		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	X					
Pai								
	Check if Schedule O contains a response or note to any line in this Part V			ـــــــــــــــــــــــــــــــــــــــ				
	1 1		Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	-						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х					
00000	(gambling) winnings to prize winners?	1c	990	(2020)				
032004	‡ 12-23-20	FOIII	220	(CUZU)				

# Form 990 (2020) AMERICANS FOR PUBLIC TRUST Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 4	Ŀ								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of	o	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions are considered as a second s	counts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).				37						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X						
b			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa		l_								
	to file Form 8282?	1	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	١.,		v						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X						
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g								
g h	If the organization received a contribution of qualified intellectual property, and the organization file roll of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7								
Ū			8								
9	Sponsoring organizations maintaining donor advised funds.		_								
а	Did the agree which are a significant and the significant the distribution and a significant 40000		9a								
b			9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
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:										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1									
	organization is licensed to issue qualified health plans	13b	-								
	Enter the amount of reserves on hand	13c			v						
			14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule to the against in subject to the costing 4000 toy on payment(s) of more than \$1,000,000 in representations.		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				x						
	excess parachute payment(s) during the year?		15		_						
16	If "Yes," see instructions and file Form 4720, Schedule N.	incomo?	16		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes " complete Form 4720. Schedule O	IIICOITIE!	16		<u> </u>						
	If "Yes," complete Form 4720, Schedule O.		Forn	990	(2020)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schoolule O contains a response or note to any line in this Bart VI			X							
Sec	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21							
000	tion A. Governing body and Management		V	NI-							
4	Enter the number of voting members of the governing body at the end of the tax year		Yes	No							
та	The transfer of verify members of the general great and the transfer of the tr	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.										
b	, , , ,										
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		X							
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?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5											
6	Did the organization have members or stockholders?	6		Х							
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		Х							
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	and the other than the annual section of the decision of the section of the secti	7b		х							
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15									
8		0-	Х								
a	The governing body?	8a									
b	Each committee with authority to act on behalf of the governing body?	8b	X								
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		X							
Sec	tion 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		X							
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									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	Х								
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	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14		14	X								
		1-4	21								
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?										
		4=	v								
	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	X								
	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										
	taxable entity during the year?	16a		X							
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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ► NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial								
-	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	KAYLEN MELTON - 205-540-3826										
	2024 3RD AVENUE NORTH, SUITE 211, BIRMINGHAM, AL 35203										
	2021 310 III III JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN										

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

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 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.

<b>(A)</b> Name and title	(B) Average hours per week	box	Position do not check more than one ox, unless person is both an officer and a director/trustee)					( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAITLIN SUTHERLAND	40.00									
EXECUTIVE DIRECTOR	40.00			Х				162,332.	0.	25,427
(2) NATHANIEL SERSLEV	40.00	-				,,		107 000	0	11 170
STAFF ATTORNEY	1 00					X		107,880.	0.	11,172
(3) ANNIE TALLEY DIRECTOR	1.00	Х						0.	0.	0
(4) LEELLE SLIFER	1.00	Λ						0.	0.	U
DIRECTOR	1.00	Х						0.	0.	0
(5) MIMI WALTERS	1.00							•	0.	
DIRECTOR	1100	х						0.	0.	0
(6) CALEB CROSBY	1.00									
TREASURER				х				0.	0.	0
		-								

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	compensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable			stimate	
		week	officer and a director/tr						compensation from	compensation from related		ar	nount o	Οī
		(list any	ctor						the	organization		com	pensa	tion
		hours for	or dire	يو			ted		organization	(W-2/1099-MI	SC)		rom the	
		related organizations	ustee	truste		9	Suedu		(W-2/1099-MISC)				ganizati d relate	
		below	Individual trustee or director	Institutional trustee	_	Key employee	st con	-ia					anizatio	
		line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Former				)		
							_							
			-											
							_							
1b	Subtotal							<b></b>	270,212.		0.	3	6,59	99.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	270,212.		0.	3	6,59	99.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportabl	Э			2
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trusto	ee. k	ev e	lame	love	e. or	hia	hest compensated emp	lovee on				
	line 1a? If "Yes," complete Schedule J for si	•	,	,	•	,	,	·		,		3		Х
4	For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual			4	Х	
5	Did any person listed on line 1a receive or a	•				•			· ·	dual for services		_		37
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedule	e J fo	or st	ıch i	oers	on				<u></u>	5		X
1	Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ontra	acto	rs th	nat received more than \$	100 000 of com	nensa'	tion fr		
_	the organization. Report compensation for													
	(A)								(B)				C)	
	Name and business								Description of s	ervices	С	ompe	nsatior	n
AM)	ERICA RISING CORPORATIO	N. 1500	W	IL	SO:	N					i			

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
AMERICA RISING CORPORATION, 1500 WILSON		
BLVD 5TH FLOOR, ARLINGTON, VA 22209	RESEARCH CONSULTING	324,000.
CREATIVE RESPONSE CONCEPTS INC, 2850		
EISENHOWER AVE, FIRST FLOOR, ALEXANDRIA,	PUBLIC RELATIONS	220,000.
HOLTZMAN VOGEL JOSEFIAK TORCHINSKY PLLC,		
45 NORTH HILL DRIVE SUITE 100, WARRENTON,	LEGAL SERVICES	180,262.
COOPER & KIRK, PLLC, 1523 NEW HAMPSHIRE		
AVENUE, N.W., WASHINGTON, DC 20036	LEGAL SERVICES	120,000.
2 Total number of independent contractors (including but not limited to those listed	above) who received more than	

Ⅱ │ Statement of Reven	u	е
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			Check if Schedule O co	ntains	a response	or note to any lir	ne in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
40.10		_	Fordered conservations							000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns				-			
Sra Iou			Membership dues							
S, (			Fundraising events				-			
a ii		d	Related organizations		. 1d					
s, ( mi		е	Government grants (contrib	utions)	1e					
ioi		f	All other contributions, gifts, gr	ants, ar	nd					
but			similar amounts not included al	ove	_   1f   1,	489,300.				
ÖĘ		g	Noncash contributions included in line							
Sign		_	Total. Add lines 1a-1f		•	<b>&gt;</b>	1,489,300.			
<u> </u>						Business Code	,,			
	2	a								
ice	_									
e er		b								
n S		С								
rar 3ev		d								
Program Service Revenue		е								
<u>a</u>		f	All other program service re	venue						
		g	Total. Add lines 2a-2f			<b>)</b>				
	3	;	Investment income (includin	g divid	dends, intere	est, and				
			other similar amounts)			•				
	4		Income from investment of							
	5		Royalties							
	Ū		Г	<u> </u>	(i) Real	(ii) Personal				
	6		Grana ranta	<u>,</u>	(1) 1.104.1	(.,, : :::::::::::::::::::::::::::::::::	-			
	O		Gross rents				-			
			· · · · · · · · · · · · · · · · · · ·	Sb			-			
			` ′ _	ic						
			Net rental income or (loss)		<u></u>					
	7	а	Gross amount from sales of	(1)	Securities	(ii) Other	-			
			assets other than inventory	7a			-			
		b	Less: cost or other basis							
ne			and sales expenses							
her Revenue		С	Gain or (loss)	7c						
Be		d	Net gain or (loss)							
ē	8		Gross income from fundraising							
됩			including \$		`					
			contributions reported on lir							
			Part IV, line 18	•	I .					
		h	Less: direct expenses							
	_		Net income or (loss) from fu		-					
	9	а	Gross income from gaming							
			Part IV, line 19				-			
			Less: direct expenses							
			Net income or (loss) from ga			·····				
	10	а	Gross sales of inventory, les		I					
			and allowances		10a	1				
		b	Less: cost of goods sold		10k					
	_		Net income or (loss) from sa			<del>•</del>				
						Business Code				
sno	11	а								
nec	•	b								
Miscellaneous Revenue		C								
Sce			All other revenue				1			
Ξ										
	<u>۔</u>		Total Add lines 11a-11d				1,489,300.	0.	0	0.
	12		Total revenue. See instructions	i			<b>ル,402,300</b> 。	ı ∪•	0.	U •

# Form 990 (2020) AMERICANS FOR PUBLIC TRUST Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	107 750	120 025	66 924	
_	trustees, and key employees	187,759.	120,925.	66,834.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	167,709.	108,012.	59,697.	
7	Other salaries and wages	101,103.	100,012.	33,031.	
8	Pension plan accruals and contributions (include	5,275.	3,397.	1,878.	
_	section 401(k) and 403(b) employer contributions)	22,773.	14,667.	8,106.	
9	Other employee benefits	27,818.	17,916.	9,902.	
10	Payroll taxes	27,010.	17,910.	9,904.	
11	Fees for services (nonemployees):				
_	Management	300,262.	198,131.	102,131.	
b	<u> </u>	300,202.	190,131.	102,131.	
	Accounting				
	Lobbying				
e	, F				
f	Investment management fees				
g	, ,	658,442.	645,619.	12,823.	
40	column (A) amount, list line 11g expenses on Sch 0.)	030,442.	045,019.	12,023.	
12	Advertising and promotion	1,109.		1,109.	
13	Office expenses	14,587.		14,587.	
14 15	Information technology	14,507.		14,507.	
15 16	Royalties	26,130.		26,130.	
16 17	Occupancy	20,130.		20,130.	
17	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
••	Conferences, conventions, and meetings				
19 20					
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
22		6,581.		6,581.	
23 24	Other expenses. Itemize expenses not covered	3,301.		3,301.	
	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 0.)  PARKING EXPENSE	3,167.		3,167.	
a b	DATA SUBSCRIPTION	2,322.		2,322.	
C	POSTAGE AND DELIVERY	826.		826.	
d	DESIGN SERVICES	475.	475.	320•	
-	All other expenses	433.	±/J•	433.	
	Total functional expenses. Add lines 1 through 24e	1,425,668.	1,109,142.	316,526.	0
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	1,423,000.	1,100,144	310,320•	0
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2020)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X  (A) Beginning of year  (B) Beginning of year  (A) End of year  (B) End of year  (A) End of year  (B) End of year  (A) Beginning of year  (B) End of year  (A) End of ye	I a	LA	Dalance Sheet				
1 Cash - non-interest-bearing			Check if Schedule O contains a response or note	to any line in this Part X			
Pledges and grants receivable, net   3   3					<b>(A)</b> Beginning of year		
Pledges and grants receivable, net  3 Pledges and grants receivable, net  4 Accounts receivable, net  5 Loans and other receivables from 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  6 Loans and other receivables from other disqualified persons (as defined under section 4958/()(1)), and persons described in section 4958/(c)(3)(B)  7 Notes and loans receivables, net  7 Notes and loans receivables, net  8 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  10 Land, buildings, and equipment: cost or other basis. Complete Part IV, of Schedule D  1 Investments - postboly traded securities  11 Investments - postboly traded securities  12 Investments - cother securities. See Part IV, line 11  13 Investments - postpan-releted. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Accounts payable and accord expenses  17 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accord expenses  17 Gratal assets. Add lines 1 through 15 (must equal line 33)  18 Grats payable  19 Deferred revenue  20 Tax exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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  22 Loans and other payables to unrelated third parties  23 Secret mortigages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Organizations that follow FASB ASC 958, check here   26 Organizations that follow FASB ASC 958, check here  27 And complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net asse		1	Cash - non-interest-bearing		0.	1	63,069.
3   Pledges and grants receivables, net   3   4		2			2		
4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 6 Constant of the section 4958(f)(1)), and persons described in section 4958(c)(3)(8) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, bulldings, and equipment: cost or other basis. Complete Part VI of Schedule D 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 0 . 16 6 55, 075.  17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part V of Schedule D 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 22 Unsecured mortages and notes payable to unrelated third parties 23 Corporations that follow FASB ASC 958, check here   Organizations that fo		3			3		
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6		4				4	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6  7 Notes and learns receivable, net 7  8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9		5					
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)(8)  7 Notes and loans receivable, net  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D  11 Investments - publicly traded securities  12 Investments - publicly traded securities  13 Investments - publicly traded securities  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Other assets. See Part IV, line 11  17 Total assets. Add lines 1 through 15 (must equal line 33)  18 Cartar payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Ecrow or custodial account liability. Complete Part V of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employ						5	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventrories for sais or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  11 Investments publicly traded securities  12 Investments publicly traded securities  13 Investments publicly traded securities  14 Investments publicly traded securities  15 Other assets. See Part IV, line 11  16 Total assets. See Part IV, line 11  17 Accounts payable and accrued expenses  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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  22 Secured mortgages and notes payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Total Itabilities. Add lines 17 through 25  26 Total Itabilities. Add lines 17 through 25  27 Total assets without donor restrictions  28 Net assets without donor restrictions  29 Capital stock or trust principal, or current funds  20 Capital stock or trust principal, or current funds  20 Paid-in or capital surplus, or land, building, or equipment fund  20 Paid-in or capital surplus, or land, building, or equipment fund  20 Paid-in or capital surplus, or land, building, or equipment fund  21 Paid-in or capital surplus, or land, building, or equipment fund  21 Paid-in or capital surplus, or land, building, or equipment fund  21 Paid-in or capital surplus, or land, building, or equipment fund  22 Paid-in or capital surplus, or land, building, or equipment fund  23 Paid-in or capital surplus, or land, building, or equipment fund  24 Paid-in or capital surplus, or land, buildin		6					
7   Notes and loans receivable, net   8   8   Inventories for sale or use   8   8   Inventories for sale or use   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred charges   9   Prepaid expenses and deferred charges   9   10a   Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D   10b   10c   11c   Investments - publicity traded securities   11   Investments - publicity traded securities   11   12   Investments - publicity traded securities   11   13   Intangible assets   14   Intangible assets   14   Intangible assets   14   Intangible assets   14   Intangible assets   15   Cither assets. See Part IV, line 11   0. 15   2,006.   16   Total assets. Add lines 1 through 15 (must equal line 33)   0. 16   65,075.   17   Accounts payable and accrued expenses   17   Accounts payable and accrued expenses   18   Intangible assets   19   Deferred revenue   19   Intended to 19   Inten			·	· · · · · · · · · · · · · · · · · · ·		6	
8 8   Newtories for sale or use   9   Prepaid expenses and deferred charges   9   10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   11   Investments - publicly traded securities   111   112   Investments - publicly traded securities   111   12   Investments - publicly traded securities   111   12   Investments - program-related. See Part IV, line 11   12   13   Investments - program-related. See Part IV, line 11   13   13   14   Intrangible assets   14   15   Other assets   See Part IV, line 11   15   Other assets. See Part IV, line 11   16   Other assets. See Part IV, line 11   17   Other assets. See Part IV, line 11   18   Other assets. See Part IV, line 11   Other assets. See Part IV, line	"	7					
10a   Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   10a   10c	šets						
10a   Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D   10a   10b   10c	Ass						
b asis. Complete Part VI of Schedule D						-	
10		loa		102			
11   Investments - publicly traded securities   11   12		<sub> </sub>				100	
12   Investments - other securities. See Part IV, line 11   13   Investments - program-related. See Part IV, line 11   13   14   Intrangible assets   14   15   Other assets. See Part IV, line 11   0 ⋅ 15   2 ⋅ 006 ⋅ 16   65 ⋅ 075 ⋅ 16   Total assets. Add lines 1 through 15 (must equal line 33)   0 ⋅ 16   65 ⋅ 075 ⋅ 17   Accounts payable and accrued expenses   17   Accounts payable and accrued expenses   18   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   Tax-exempt bond liabilities   20   Escrow or custodial account liability. Complete Part IV of Schedule D   21   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   22   23   24   Unsecured notes and loans 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 or Schedule D   0 ⋅ 25   1 ⋅ 443 ⋅ 0							
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   14   Intangible assets   14   15   Other assets. See Part IV, line 11   0 ⋅ 15   2 ⋅ 006 ⋅ 16   65 ⋅ 075 ⋅ 16   Total assets. Add lines 1 through 15 (must equal line 33)   0 ⋅ 16   65 ⋅ 075 ⋅ 17   Accounts payable and accrued expenses   17   18   Grants payable   18   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to 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   22   23   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   Unsecured notes and loans payable to unrelated third parties   24   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   26   1,443 ⋅ Organizations that follow FASB ASC 958, check here							
14   Intangible assets   14							
15 Other assets. See Part IV, line 11   0							
16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   and complete lines 27, 28, 32, and 33.  27 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  O Paid-in or capital surplus, or land, building, or equipment fund  O 30 O O C S1 O C S1 O C S2 O C C C C C C C C C C C C C C C C C C				0		2 006	
17							<u> </u>
18   Grants payable   18   19   Deferred revenue   19   19   20   Tax-exempt bond liabilities   20   21   Escrow or custodial account liability. Complete Part IV of Schedule D   21   22   Loans and other payables to 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   22   23   24   Unsecured notes and loans 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   1,443.				1	0.		03,073.
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and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds  O Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  and complete lines 27, 28, 32, and 33.  27  28  Organizations that do not follow FASB ASC 958, check here X  and complete lines 29 through 33.  29  Capital stock or trust principal, or current funds  O 29  O 30  O 30  O 31  O 31  O 32  O 33  O 34  O 37  O 38  O 39  O 3		26	Total liabilities. Add lines 17 through 25		0.	26	1,443.
			Organizations that follow FASB ASC 958, check	ck here 🕨 🗌			
	Ses		and complete lines 27, 28, 32, and 33.				
	au	27	Net assets without donor restrictions			27	
	Bal	28	Net assets with donor restrictions			28	
	pu						
	Ŀ		and complete lines 29 through 33.				
	Ģ	29			0.	29	0.
	ets.				0.		
	Ass						63,632.
	et						63,632.
	~						

Pa	rt 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)	1	1,48	<u>9,3</u>	00.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,42	<u>5,6</u> 3,6	<u>68.</u>	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.	
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 on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	3,6	32.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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 on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2020)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Inspection

Employer identification number

AMERICANS FOR PUBLIC TRUST

84-4413894

Da:	I	December Dublic (	Therity Ctatus	ODDIC INODI				<u> </u>		
Pa	αI	Reason for Public C	onarity Status.	All organizations must o	omplete th	nis part.) S	ee instructions.			
he o	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or association	n of churches described	lin <b>sectio</b>	n 170(b)(1	)(A)(i).			
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state:								
5		An organization operated for	or the benefit of a coll	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (C			·	, ,				
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)			
	X	An organization that normal	_				· ·	aublic described in		
'		-	•	itiai part or its support ii	om a gove	minentar	ariit or irom the general p	Jublic described in		
0		section 170(b)(1)(A)(vi). (Co		4VAVvil (Complete Der	<b>.</b> II \					
8		A community trust describe			•	at the second	and the state of t	II		
9		An agricultural research org				-	_	-		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or		
		university:								
10		An organization that normal	•				•	-		
		activities related to its exem	npt functions, subject	to certain exceptions;	and (2) no	more than	33 1/3% of its support for	rom gross investment		
		income and unrelated busing	ness taxable income (	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11	Щ	An organization organized a	and operated exclusiv	vely to test for public sa	fety.See	section 50	9(a)(4).			
12		An organization organized a	and operated exclusiv	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations described	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in		
		lines 12a through 12d that of	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and 12g.			
а		<b>Type I.</b> A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to reg	jularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting		
		organization. You must c	omplete Part IV, Se	ctions A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring		
		control or management of						-		
		organization(s). You mus			•					
С		Type III functionally inte			in connect	ion with. a	and functionally integrate	ed with.		
•		its supported organization					• •	,		
d		Type III non-functionally		-				ration(s)		
_		that is not functionally into						• •		
		requirement (see instructi	-	* *	-			7011000		
_		Check this box if the orga	•							
е		_					Type i, Type ii, Type iii			
	Ento	functionally integrated, or ir the number of supported or	* *	ially integrated supporti	ng organiz	alion.				
f		ride the following information	•	d organization(a)						
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	. ,	(described on lines 1-10	in your governi Yes	No No	support (see instructions)	support (see instructions)		
				above (see instructions))	100	110				

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1489300.	1489300.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					1489300.	1489300.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1489300.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(,	(-,	(5, = 5 · 5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1489300.	1489300.
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	·						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						1489300.
11		oto (oco inetructio				12	14033001
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•		fourth or fifth toy			
13	organization, check this box and stor	-			•		<b>▶</b> X
Sec	ction C. Computation of Publi		_	•••••			
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019		•	* * * * * * * * * * * * * * * * * * * *		15	<del></del>
	33 1/3% support test - 2020. If the o						
100	stop here. The organization qualifies						. —
r	33 1/3% support test - 2019. If the		-				
	and <b>stop here.</b> The organization qual						
17-	10% -facts-and-circumstances test						
110	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	•	•	ŭ	<b>.</b> —
L		_	-		-		
r.	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circular <b>Private foundation.</b> If the organization						<b>\</b>
18	i i vate ioundation. Il the organization	and not oneck a	DUN UIT IIIIE 13, 10	a, 100, 17a, 01 171		edule A (Form 990	
					JUIN		J. JUJ LE LUEU

# Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	· ·		•	•		
80.	check this box and stop here						<b>P</b>
	ction C. Computation of Public			- a l (5\)		145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						<b>.</b> —
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
00		
4a		
4b		
1.5		
4.		
4c		
_		
5a		
5b		
5c		
6		
7		
•		
8		
9a		
3.5		
9b		
9c		
90		
10a		
10b		
n 990 or 99	0-EZ)	2020

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	)_		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see
	instructions)			•

Schedule A (Form 990 or 990-EZ) 2020

Par	T V   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations <sub>(continue</sub>	<u>ed)</u>	
<u>Secti</u>	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	,		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	•	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>       b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
<u>b</u>	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
(Gee matructions.)
FORM 990, SCHEDULE A, PART II, SECTION A. PUBLIC SUPPORT:
THE ORGANIZATION BEGAN OPERATIONS IN 2020 AND IS REPORTING GROSS
RECEIPTS FOR A SHORT YEAR FILING PERIOD FOR 2020.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

vario or the organization			

AMERICANS FOR PUBLIC TRUST

**Employer identification number** 

84-4413894

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

# AMERICANS FOR PUBLIC TRUST

84-4413894

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 589,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$900,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# AMERICANS FOR PUBLIC TRUST

84-4413894

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		   \$	

Name of organization **Employer identification number** AMERICANS FOR PUBLIC TRUST 84-4413894 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICANS FOR PUBLIC TRUST

**Employer identification number** 84-4413894

Pai			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Finada and attenues accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	_	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	, , , , ,	
Pai		anization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organization		Tarriv, mie 7.
•	Preservation of land for public use (for example, recreati	`	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation (	or a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
	Number of conservation easements on a certified historic structure.		
	Number of conservation easements included in (c) acquired af		
	listed in the National Register	·	I I
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located ➤	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it I	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial staten	nents that describes the
Dai	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Transuras or O	thar Similar Assats
Pai			ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publ	· · ·	•
L	service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958		
ь	art, historical treasures, or other similar assets held for public of	•	
	provide the following amounts relating to these items:	exhibition, education, or research in fur	rierance of public service,
			<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1		<b>L A</b>
2	If the organization received or held works of art, historical treas	sures or other similar assets for financi	
~	the following amounts required to be reported under FASB AS		ai gairi, provide
a	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

032051 12-01-20

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)
	Using the organization's acquisition, accession								(00,,,,,,	<u></u>
	collection items (check all that apply):	,	,	,	· ·		Ü			
а	Public exhibition	C	ı 🗆 ı	Loan or exc	change progra	am				
b	Scholarly research	•			9-  9					
c	Preservation for future generations	•								
4	Provide a description of the organization's co	ollections and explain	n how the	ev further th	ne organizatio	n's exer	nnt nurno	se in Part	XIII	
5	During the year, did the organization solicit o	·		•	ū			oo iiii aic	,	
·	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pai		oto ii tiio	organizatio	or anowered	100 011	11 01111 000	,, , a,, ,		
1a	Is the organization an agent, trustee, custodi		liary for c	ontribution	s or other ass	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
_									Amount	
С	Beginning balance						1c			
	Additions during the year									
_	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par										
1 011	Complete	(a) Current year		rior year	(c) Two yea			vaare hack	(a) Four	years back
10	Beginning of year balance	(a) Guirent year	(5)1	noi yeai	(C) TWO yea	13 Dack	(u) Tille	/cars back	(e) i oui	yours back
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	ı, column (a	)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	nd administer	red for th	ne organiza	ation	_	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Sc	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		ccumulate preciation	<b>I</b>	(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment	<b>I</b>								
<u>e</u>	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, colum	n (B), line 1	0c.)			<b>&gt;</b>		0.

Schedule D (Form 990) 2020

Schedule D (F	Form 990) 2020	<b>AMERICANS</b>	FOR	PUBLIC	TRUS	Т 8	4-4413894 Page 3
		Other Securities.					·g-
	Complete if the orga	anization answered "Ye	s" on F	orm 990, Part	IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description	on of security or categ	Ory (including name of security	y)	(b) Book valu	ue	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial	derivatives						
	eld equity interests						
(3) Other _							
(A)							
(B)							
(C)							
(D)							
(E)					+		
(F)							
(G)							
(H)	must squal Form 000	Dort V. ool. (D) line 10.)			_		
		, Part X, col. (B) line 12.) <b>]</b> Program Related.					
		-		Form QQA Part	IV line 1	1c. See Form 990, Part X, line 13.	
	(a) Description of		,3 0111	(b) Book valu		(c) Method of valuation: Cost or e	end-of-year market value
(1)						•	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
		, Part X, col. (B) line 13.)	<b>&gt;</b>				
	Other Assets.						
	Complete if the orga				IV, line 1	1d. See Form 990, Part X, line 15.	(1) D
			(a) Des	cription			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
<u>(6)</u> (7)							
(8)							
(9)							
	n (h) must equal Fo	rm 990 Part X col (R)	lina 15	)		)	•
Part X	Other Liabilitie	S.	<i>III</i> 10.	,			· •
	Complete if the orga	anization answered "Ye	s" on F	orm 990, Part	IV, line 1	1e or 11f. See Form 990, Part X, line 2	25.
1.	(a) De	scription of liability					(b) Book value
(1) Feder	ral income taxes						
(2) CHA	IN BRIDGE	CREDIT CARD	)				1,443.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							1 442
Total. (Colum	n (b) must equal Fo	rm 990. Part X. col. (B)	line 25	)			1,443.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Par	t XI	Reconciliation of Revenue per Audited Financial S	tatements With Revenue p	er Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes <b>2a</b> through <b>2d</b>		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
С		nes <b>4a</b> and <b>4b</b>			
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)	5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial		s per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV			
1		expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
а		ed services and use of facilities			
b		/ear adjustments			
С		losses			
d		(Describe in Part XIII.)	·		
_		nes 2a through 2d			
3		act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	40		
a		ment expenses not included on Form 990, Part VIII, line 7b			
b				4c	
5		nes <b>4a</b> and <b>4b</b> expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. lin			
	rt XIII	Supplemental Information.	e 18.)	3	
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4: Part IV lines 1b and 2b: Part	V line 4: Part X line 2: Part	XI
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide		v, 1110 1, r are x, 1110 2, r are	,,
		, a a,, a. a,	any additional information		

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public

84-4413894

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Inspection
Employer identification number

OMB No. 1545-0047

## AMERICANS FOR PUBLIC TRUST

**Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: X a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) CAITLIN SUTHERLAND	(i)	162,332.	0.	0.	5,100.	20,327.	187,759.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Name of the organization

AMERICANS FOR PUBLIC TRUST

**Employer identification number** 84-4413894

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WELL AS PUBLIC AWARENESS CAMPAIGNS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S ADVISORS (ACCOUNTING, LEGAL, MANAGEMENT) COMPILE THE 990
AND THE BOARD REVIEWS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION WORKS TO ENFORCE AND MONITOR ITS CONFLICTS OF INTEREST
POLICY BY APPLYING IT THROUGH THE YEAR TO INSTANCES THAT MAY INVOLVE
POTENTIAL CONFLICTS. ADDITIONALLY, THE ORGANIZATION ALSO REVIEWS THE
CONFLICT OF INTEREST POLICY DURING ITS ANNUAL BOARD MEETING, ALONG WITH ITS
OTHER GOVERNANCE POLICIES.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S INDEPENDENT DIRECTORS ANNUALLY REVIEW AND APPROVE THE
COMPENSATION PAID TO THE ORGANIZATION'S OFFICERS BASED ON THE EXPERIENCE,
THE SERVICES PROVIDED, AND THE SALARY PAID BY COMPARABLE ORGANIZATIONS. THE
DISCUSSIONS OF THE INDEPENDENT DIRECTORS ARE CONTEMPORANEOUSLY DOCUMENTED.
FORM 990, PART VI, SECTION C, LINE 18:
UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) 2020

FORM 990, PART IX, LINE 11G, OTHER FEES:	
Total 3307 Time III, Bine III, Office III	
COMPLIANCE CONSULTANT:	_
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	12,823.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,823.
RESEARCH CONSULTANT:	
PROGRAM SERVICE EXPENSES	425,619.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	425,619.
PUBLIC RELATIONS:	
PROGRAM SERVICE EXPENSES	220,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	220,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	658,442.