Citizen Audit.org

990

Department of the Treasury Internal Revenue Service

Check if applicable:

Final return/terminated

Application pending

Tax-exempt status

K Form of organization

Part I

13

14

15

16a

Governance

Amended return

Address change

Name change

Initial return

OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Public Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning 7/1/2014 6/30/2015 C Name of organization American Action Network, Inc. D Employer Identification number American Action Network, Inc. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 27-0730508 1747 Pennsylvania Avenue NW 5th fl E Telephone number City or town 7IP code (202) 559-6420 Washington DC DC 20006 Foreign country name Foreign province/state/county Foreign postal code 26,445,293 G Gross receipts \$ F Name and address of principal officer H(a) is this a group return for subordinates Michael Shields 1747 Pennsylvania Ave NW 5th fl., Washington DC, 200 H(b) Are all subordinates included? 501(c)(3) X 501(c) (4) ◀ (Insert no) If "No." attach a list. (see instructions) J Website: www.americanactionnetwork.org H(c) Group exemption number ▶ X Corporation Trust L Year of formation 2009 M State of legal domicile DE Summary Bnefly describe the organization's mission or most significant activities: The American Action Network creates, encourages and promotes center-right policies based on the principles of freedom, limited government, American exceptionalism, and strong national security. Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b). 4 11 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . 5 19 6 11 Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) 9,445,000 26,445,060 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 233 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 0

ш	17 (Other (expenses (Part IX, column (A),	, lines 11a=11d, 11f=24e)		7,252,816	19,854,699
				ist equal Part IX, column (A), line 25)		9,376,647	26,188,836
	19	Reven	ue less expenses. Subtract lin	e 48 from line 12		68,353	256,457
ō \$				ő	Beginning	g of Current Year	End of Year
誓	20	Total a	issets (Part X, line 16)			5,488,942	5,788,327
\$ B	20 21 22	Total li	abilities (Part X, line 26) 🌡	OGDEN, UI		474,567	517,495
#5	22	Net as	sets or fund balances Subtract			5,014,375	5,270,832
Рa	rt II	SI	ignature Block				
				return, including accompanying schedules and statem aren (other than officer) is based on all information of v			
Sig			700000			5/·	16/2016
Her		7	Signature of officer			Date	
nei	a		Michael Shields	P	resident		
		<u> </u> 7	Type or print name and title				
		Pr	rint/Type preparer's name	Preparer's signature	Date	- 5	PTIN
Pal	d parer	Jo	onathan T Proch, CPA	In Proch, CPA	5/16/	Check X /2016 self-employed	P00298677
	Only	FI	mis name ► Jonathan T Proci	LLC CPA	Fi	im's EIN ▶ 20-07622	207

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . .

Grants and similar amounts paid (Part IX, column (A), lines 1-3). . .

Professional fundraising fees (Part IX, column (A), line 11e)

Benefits paid to or for members (Part IX, column (A), line 4).

Total fundraising expenses (Part IX) column (D) line 25)

May the IRS discuss this return with the preparer shown above? (see instructions) .

For Paperwork Reduction Act Notice, see the separate instructions.



9,445,000

996,001

882,340

245,490

0

0

0

0

0

26,445,293

4,950,907

1,191,281

191,949

X No

Form **990** (2014)

Form 9	90 (2014)	American Action Network, Inc	27-0730508	Page 2
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1		escribe the organization's mission		
		erican Action Network creates, encourages and promotes center-right policies based on		
		iples of freedom, limited government, American exceptionalism, and strong national		
	security.			
	Did the c	organization undertake any significant program services during the year which were not listed on		
		Form 990 or 990-EZ?	. Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		
		?	Yes	X No
4		describe these changes on Schedule O	as massured by	
4		the organization's program service accomplishments for each of its three largest program services, s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo		
	•	expenses, and revenue, if any, for each program service reported	, , , , , , , , , , , , , , , , , , ,	
4a) (Expenses \$ 14,839,759 including grants of \$ 4,805,000) (Revenue	\$)
		surveys, grassroots advocacy and print advertising to constituencies across the country ng for, among other things, the repeal of the Affordable Care Act, preservation of the		
		e program, reforming the federal tax code, supporting constitutional rights and support for		
		ates with malayee and legislation eyeb as fiscal budgeton, regulatory and entitlement		
	reforms			
4b) (Expenses \$ including grants of \$) (Revenue		
	_			
	(Cada) (Expenses \$ including grants of \$) (Revenue	•	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	Ф	'
	- C41	(December of Cabadists C.)		
4d	Other pr (Expens	ogram services(Describe in Schedule O) es \$ 0 including grants of \$ 0) (Revenue \$	0)	
		ogram service expenses 14,839,759	 / _	

-arı	Checklist of Required Schedules			
	504/3/03 40/7/3/43/41 11 11 11 11 11 11 11 11 11 11 11 11 1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		~
•	complete Schedule A	2	Х	Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u>^</u>	
J	candidates for public office? If "Yes," complete Schedule C, Part I	3	$ \mathbf{x} $	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ť		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ر شر و (۵۰	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	198 gr.	(- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		->	
а	Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>-</u>	<u> </u>	
	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	Χ	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			-
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	х	
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		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
L	If "Vee" to line 20e, did the organization attach a copy of its audited financial statements to this return?	206	1	l

Ган	Checkist of Required Schedules (Continued)	-	V	A1-
04	Did the second s	$\overline{}$	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-		
22	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	12		<u>^</u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	х	
24-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	^	_
24 a	\$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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
C	to defease any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
LJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
U	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1-4-		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ومنقيات	ر ب
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		()	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	2	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		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 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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		ľ	
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		<u> </u>
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	Х	l

Form 9	90 (2014) American Action Network, Inc. 2	7-0730508	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	28		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	х	_
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	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	'
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a	İ	Ιx
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 Accounts			
	(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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	. <u> 7e</u>		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	C?. 7h		↓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Ļ_
9	Sponsoring organizations maintaining donor advised funds.]		-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		├ ─
10	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on Part VIII, line 12		i	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
42-	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		┼
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv		
	Is the organization licensed to issue qualified health plans in more than one state?	42-	 	
а		13a	-	
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand	—		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	. 14a		 ^

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	A 1 8 1		OAC		ıa		ᅜ	

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 in Schedule O. See instructions.

Sect	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 11			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 11	[
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	1		
	any other officer, director, trustee, or key employee?		2		χ̈́
3	Did the organization delegate control over management duties customarily performed by or under t	he direct			
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 wa		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		х
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	Ť		
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		<u> </u>		<u> </u>
D	stockholders, or persons other than the governing body?	1	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaker		H-5	-	 ^
0	the year by the following	r during		ĺ	,
_	The governing body?		8a	x	ľ
a b	Each committee with authority to act on behalf of the governing body?		8b	├^	x
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	achod	100	\vdash	 ^-
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	eached	9		x
Cook	on B. Policies (This Section B requests information about policies not required by the	Internal Payanua		<u> </u>	
Seci	on b. Policies (This Section & requests information about policies not required by the	internal Nevenue (<u> </u>	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of	 Chanters	100	<u> </u>	 ^- -
	affiliates, and branches to ensure their operations are consistent with the organization's exempt put	·	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo		11a		×
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	re ming the form.	11a		┝
b 120	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	x	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	uve rice to conflicte?	12b	x	\vdash
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		120	 ^ 	\vdash
·	describe in Schedule O how this was done	103,	12c	х	
13	Did the organization have a written whistleblower policy?		13	 ^	х
	Did the organization have a written document retention and destruction policy?		14	Х	 ^
14 15	Did the process for determining compensation of the following persons include a review and appro-	 val by	- '-	 ^-	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation				ļ '
	The organization's CEO, Executive Director, or top management official	and decision.	15a	l	X
a			15b	_	x
b	Other officers or key employees of the organization		130	\vdash	├^
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	omont	ł		
16a		ement	460	ł	X
	with a taxable entity during the year?		16a		 ^
b				İ	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safety	guaru	466		
C = =4	the organization's exempt status with respect to such arrangements?	· · · · · · · · · · · · · · · · · · ·	16b		<u> </u>
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► CO, CT, FL, PA,	LIT \/A			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		le on!		
18	available for public inspection. Indicate how you made these available. Check all that apply.	2-1 (Oecilon 501(C)(3	ااان در	y)	
		nlain in Schodula Ol			
10	Own website Another's website X Upon request Other (ex Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	plain in Schedule O)	CV 2"	\d	
19	financial statements available to the public during the tax year	ominor or interest por	cy, ar	,u	
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records	_		
20					
	The organization	\202) 553-6420			

	-
Page	7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

	_	-
- 1		ı
- 1	х	1

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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any	related organiz	ation	con	npe	nsat	ted ar	ту с	urrent officer, dır	ector, or trustee	_
				((C)					
(A) Name and Title	(B) Average hours per	box,	unle: er an	neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Norm Coleman	1 00									
Director, Chairman	0 25	x		Х						
(2) Fred Malek	1.00									
Director, Treasurer	0.25	x		x			İ		l i	
(3) Isaac Applbaum	1.00									_
Director		X								
(4) Rick Berg	1 00									
Director		Х								
(5) Dylan Glenn	1 00									
Director		X								
(6) Luis Fortuno	1 00									
Director		X								
(7) Jeff Larson	1 00									
Director		X	<u></u>					L <u>.</u>		
(8) Tom Reynolds	1.00			l			ŀ			
Director	0 25	X								
(9) Gregory Slayton	1.00									
Director		Х		<u> </u>	L.					
(10) Vin Weber	1.00									
Director, Secretary	0 25	X		X						
(11) Barry Jackson	1 00									
Director		X								
(12) Brian Walsh	31.50									
President	3 50			Х				371,855	24,505	11,538
(13) Michael Shields	32 00									
President	3 25			Х						
(14) Trent Edwards	18 75									
Director of Development	12 75					Х		93,212	48,304	4,649

more than \$100,000 of compensation from the organization

Part VII Section A. Officers, Directors, Tru	ustees, Key Em	ploye	ees,	and	d Hi	ghes	t C	ompensated Em	ployees (cont	inued)		
(A) Name and trile	(B) Average hours per week (list any	box,	unle: er an	Pos neck ss pe	rson Irect	e than o	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount o	
	hours for related organizations below dotted 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	or ai	npensa from the ganizati nd relate ganizatio	e ion ed
(15) Hope Hudson	23 50											
Director of Development	14.25	_	┡	_		X		79,476	47,54	7	5	,495
(16) Daniel Conston	18 50 4 75	ı		ļ		x		81,584	23,38	ا ء	4	2,784
Director of Communications (17)			\vdash		\vdash	 ^	┢	61,304		-		2,704
N::1												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)						ļ				1		
(24)												
(25)					-				•			
1b Sub-total		٠.		٠.		<u> </u>	┢	626,127	143,73	9	24	1,466
c Total from continuation sheets to Part VII, S	ection A						>	0		0		0
d Total (add lines 1b and 1c)							>	626,127	143,73	9	24	1 <u>,466</u>
2 Total number of individuals (including but not li		sted a			who	rece	vec	i more than \$100	,000 of			
reportable compensation from the organization				4							Yes	No
3 Did the organization list any former officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched					e, c	or higi	hes	t compensated		3	100	X
4 For any individual listed on line 1a, is the sum of					nd i	 other	con	nnensation from	• •	<u> </u>		<u> </u>
the organization and related organizations greated individual									1	$\frac{1}{4}$	×	
5 Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									ıdual	5		x
Section B. Independent Contractors	es, complete st	JII GU	110 0	101	300	n per	301	<i>,</i> , , ,				
Complete this table for your five highest compecompensation from the organization. Report coyear										s tax		
(A) Name and business add	ress							(B) Description of serv	rices	(Compe	C) nsation	
	ne Alexandria, V	A 223	314				me	edia advocacy se			7,495	
	t Spring Dr King			77	339)		ployee leasing s				2,518
	W 650 Washing							ta modeling servi			1,000	0,000
	Washington, DC						_	al services				9,735
	a Circle Salt Lat							edia advocacy se	rvices	-	487	7,674
2 Total number of independent contractors (inclu	uing put not limi	iea ta	, mc	196 i	uste	u abc	νe)	wito received				

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Form 990 (2014)

27-0730508

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in	this Part VIII			
		Chook ii conceance a respense of note to any inte	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a 0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues				
ls, G Am	С	Fundraising events 1c 0				
Giff	d	Related organizations . 1d 0				
ons, SIm	e	Government grants (contributions) . 1e 0				
bution	T	All other contributions, gifts, grants, and similar amounts not included above 1f 26,445,060				
ntri d O	_	similar amounts not included above				
S E	g h	Total. Add lines 1a–1f	26,445,060			
	,,,	Business Code	20,110,000			
Program Service Revenue	2a		0			
Re	b		0			
vice	С		0		_	
Ser	d		0			
ram	е		0			
rogi	f	All other program service revenue .	0			
	9	Total. Add lines 2a–2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	233			233
	4	Income from investment of tax-exempt bond proceeds	0			255
	5	Royalties	0		·	
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss) . 0 0	_		~	
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
	_	assets other than inventory 0 0				
	b	Less cost or other basis				
	_	and sales expenses				
	c d	Gain or (loss)	0		İ	
	u	Net gain of (loss) .				
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18				
the	b	Less direct expenses b 0	<u> </u>			
0		Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities				
		See Part IV, line 19 a 0				
		Less direct expenses b 0				,
	C	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	. 0			
	10a	Gross sales of inventory, less returns and allowances				
	ь	returns and allowances				
		Net income or (loss) from sales of inventory	0			
	-	Miscellaneous Revenue Business Code				
	11a	Wilderland Statistics	- 0	-		
	b		0			
į	c		0			
İ	d	All other revenue	0			
	е	Total. Add lines 11a–11d ▶	0			
	12	Total revenue. See instructions	26,445,293	0	_ 0	233

Part IX Statement of Functional Expenses

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

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

	Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	domestic governments. See Part IV, line 21	4,950,907	4,950,907				
2	Grants and other assistance to domestic				_ .		
	ındıvıduals See Part IV, line 22	0					
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16.	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors,						
_	trustees, and key employees	462,443	343,656	59,493	59,294		
6	Compensation not included above, to disqualified		··-				
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	o					
7	Other salaries and wages	675,070	291,594	278,378	105,098		
8	Pension plan accruals and contributions (include	0.0,0.0		27.5(51.5)	799,122		
•	section 401(k) and 403(b) employer contributions)	1,922	830	793	299		
9	Other employee benefits	16,480	7,118	6,796	2,566		
10	Payroll taxes	35,366	20,726	9,615	5.025		
11	Fees for services (non-employees)	30,500	20,120	0,010	0,020		
a	Management	o					
b	Legal	464,350	278,751	123,303	62,296		
c	Accounting	105,032	270,701	105,032	02,200		
ď	Lobbying	9,089,603	9,089,603	100,002			
e	Professional fundraising services. See Part IV, line 17.	191,949			191,949		
f	Investment management fees	131,343					
g	Other (If line 11g amount exceeds 10% of line 25, column	- J					
9	(A) amount, list line 11g expenses on Schedule O)	9,820,366	9,767,498	52,695	173		
12	Advertising and promotion	3,020,000	3,707,430	32,033	170		
13	Office expenses	60,628	32,172	20,684	7,772		
14	Information technology	39,531	24,086	10,196	5,249		
15	Royalties	39,331	24,000	10,130	J,243		
16	Occupancy	182,459	109,531	48,450	24,478		
17	Travel	17,697	3,921	12,603	1,173		
18	Payments of travel or entertainment expenses	160,11	<u>J,321</u>	12,000	1,175		
10	for any federal, state, or local public officials	o					
19	Conferences, conventions, and meetings	25,488	2,298	15,264	7,926		
20		25,460	2,230	13,204	7,320		
21	Interest	0					
22	Depreciation, depletion, and amortization	19,176	11,511	5,092	2,573		
23	Insurance	4,423	11,511	4,423			
24	Other expenses Itemize expenses not covered	7,725		4,423			
24	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
_	Date and subsecutions	25,946	16,763		9,183		
a b		25,946			9,103		
_		0			 		
C		0					
d	All other expenses	0					
е 25	All other expenses		24 050 065	750 047	405.054		
25	Total functional expenses. Add lines 1 through 24e .	26,188,836	24,950,965	752,817	485,054		
26	Joint costs. Complete this line only if the	+	ł				
	organization reported in column (B) joint costs			1			
	from a combined educational campaign and						
	fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)						

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing . 5,275,991 1 5,059,583 2 2 Savings and temporary cash investments 3 0 3 0 4 Accounts receivable, net 0 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary Assets organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 114,899 7 646,539 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 3,556 2,470 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 137,008 Less accumulated depreciation 72.089 10c 57.328 11 Investments—publicly traded securities . 11 0 0 12 Investments—other securities. See Part IV, line 11 0 12 0 13 Investments—program-related See Part IV, line 11. . . 0 13 0 14 Intangible assets 0 14 0 15 Other assets See Part IV, line 11 22,407 15 22,407 16 Total assets. Add lines 1 through 15 (must equal line 34) 5,488,942 16 5,788,327 17 254,272 17 Accounts payable and accrued expenses . . . 240,958 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. 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 220,295 276,537 26 Total liabilities. Add lines 17 through 25 474,567 26 517,495 Organizations that follow SFAS 117 (ASC 958), check here ► X and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 5,014,375 27 5,270,832 28 Temporarily restricted net assets. 28 Net Assets or Fund 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 33 Total net assets or fund balances 5,014,375 33 5,270,832 Total liabilities and net assets/fund balances 5.488.942 5.788.327

Form 9	90 (2014) American Action Network, Inc.	<u> 27-073050</u>	8 P	age 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		26,44	15,293
2	Total expenses (must equal Part IX, column (A), line 25)		26,18	38,836
3	Revenue less expenses. Subtract line 2 from line 1		2	6,457
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		5,0	4,375
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1		
	column (B))		5,2	70,832
art	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 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a) (X
	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?	. 2t	, 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			
	X 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		١.,	1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	20	: X	┿
	If the organization changed either its oversight process or selection process during the tax year, explain in			
•	Schedule O	1		-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1_		
	the Single Audit Act and OMB Circular A-133?	3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3t		لــــــ
		For	m 991	(2014)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	xy rax/ (see separate mst	••					
		rganizations Complete Part III.	···	Te		-4ifi4i	
	ne of organization			cm	-	ntification nu	imber
	erican Action Network, Inc	he organization is exempt und	lar saction 501	(c) or is a section 5		7-0730508	
Га 1		ne organization's direct and indirect p			ZI Olya	mzation.	
2				activities in Fait IV.	S		10 111 206
3	Volunteer hours .				Ψ	····	0
•	Volunteer noute		• •				
Pa	rt I-B Complete if t	he organization is exempt und	ler section 501	(c)(3).			
1	Enter the amount of any	excise tax incurred by the organization	n under section 49	955	\$		
2	Enter the amount of any	excise tax incurred by organization m	anagers under se		_		
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this year?	·		Yes	☐ No
4a	Was a correction made?					Yes	☐ No
b	If "Yes," describe in Part						
Pa	rt I-C Complete if t	he organization is exempt und	ler section 501	c), except section	501(c)(3	<u>3).</u>	
1	Enter the amount directly	expended by the filing organization f	or section 527 exe				
	activities				\$	1	0,049,078
2		ling organization's funds contributed	to other organizati				
	for section 527 exempt fu				> \$		
3		penditures Add lines 1 and 2. Enter h					
					> \$		0,049,078
4		file Form 1120-POL for this year?.				Yes	X No
5		ses and employer identification numb					
		ents For each organization listed, en ntributions received that were promp					
		I fund or a political action committee					
		·	<u> </u>	l ·			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	.	e) Amount of (e) contributions rece	
				funds If none, enter -0-		promptly and delivered to a s	
						political organiz	ation If
						none, enter	-0-
(1)							
(2)							
						<u>-</u>	
(3)							
(4)			1				
				_			
(5)							
(6)							
IDI				1			

American Action	Network,	Inc
nedule C. (Form 990 or	990-FZ) 2014	4

Sui	edule C (Form 990 or 990-EZ) 2014					Page 2
Р	art II-A Complete if the organiz	ation is exempt	under section 5	01(c)(3) and file	d Form 5768 (ele	
_	under section 501(h)).		- (0)			 -
А	Check ► if the filing organization					oup member's
_	name, address, EIN,					
<u>B</u>	Check ▶ if the filing organization			troi provisions ap	opiy.	 ·
	Limits on l (The term "expenditures	Lobbying Expendi s" means amounts			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	e public opinion (gra	ass roots lobbying)			0
b	Total lobbying expenditures to influence	e a legislative body	(direct lobbying).			0
C	Total lobbying expenditures (add lines	1a and 1b)			0	0
d	Other exempt purpose expenditures.					0
е	Total exempt purpose expenditures (ad	ld lines 1c and 1d) .			0	0
f	Lobbying nontaxable amount Enter the	amount from the fo	ollowing table in bot	h		
	columns				0	0
	If the amount on line 1e, column (a) or (t		ng nontaxable amou	unt is:		
	Not over \$500,000		amount on line 1e.			
ŀ	Over \$500,000 but not over \$1,000,000		us 15% of the excess			
ŀ	Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000		us 10% of the excess ous 5% of the excess of		İ	
ł	Over \$17,000,000 Over \$17,000,000	\$1,000,000	us 5% of the excess t	3Ver \$1,500,000		,
_	Grassroots nontaxable amount (enter 2		•		0	0
g h	Subtract line 1g from line 1a If zero or	·			0	
i	Subtract line 1f from line 1c. If zero or le			• •	-	
i	If there is an amount other than zero or			 zation file Form 472		
,			=			Yes No
			g Period Under se		<u> </u>	
	(Some organizations that made				of the five columns	halaw
	_		tructions for lines	•	or the live columns	below.
			ductions for lines	za unougn zi.,		
	Lot	bying Expenditur	es During 4-Year A	veraging Period		
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount	0	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	0	0	0	0	0
<u>e</u>	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2014

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l For	m 5768
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
	e lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
a	Volunteers?		<u> </u>	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d e	Publications, or published or broadcast statements?		_	
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	•		
i	Other activities?			
j	Total Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u></u>	
b	If "Yes," enter the amount of any tax incurred under section 4912			· · · · · · · · · · · · · · · · · · ·
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.		-	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-)(E)		
Par	till-A Complete if the organization is exempt under section 501(c)(4), section 501(C)(5),	, or s	ection
	501(c)(6).			Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		٠.	2
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	-	-	3
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."			
1	Dues, assessments and similar amounts from members	•	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	
b	Carryover from last year		2b	
C	Total		2c	0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	••
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible			
	lobbying and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	0
Part				
Provi 2 (se	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group e instructions), and Part II-B, line 1. Also, complete this part for any additional information	•		A, lines 1 and
cand	idates who agreed or disagreed with our center-right principles by engaging in independent			
cand	idate advocacy advertising expenditures and making in-kind contributions to a related 527			
orgar	nization, the Congressional Leadership Fund, disclosed on Schedules I and R. During the tax			
year,	the Network also ran grassroots lobbying communications and similar messages on issues of			
ımpo	rtance to the organization such as fiscal responsibility, protecting Medicare, rejecting key			
aspe	cts of the new health care law, reforming the federal tax code, supporting constitutional rights			

Part IV Supplemental Information (continued)
and support for other center-right policies and legislation such as fiscal, budgetary, regulatory
and entitlement reforms. These communications sometimes expressed views on the records of the
officials the Network asked the public to contact, but the Network avoided any reference to voting
or elections and did not disseminate the communications in close proximity to an election. The
communications were not classified as political campaign intervention if they were in reference to
an upcoming legislative action of interest to the organization, or if they were part of a series of
communications on the same topic

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer Identification number

Ame	rican Action Network, Inc		27-0730508
Par	Organizations Maintaining Donor Advised Funds or Oth	ner Similar Fun	ds or Accounts.
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 6.	
	(a) Donor advised fund		(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 (duning year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the	e assets held in do	onor advised
	funds are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors in wri		
	used only for charitable purposes and not for the benefit of the donor or do		
	purpose conferring impermissible private benefit?		Yes No
Dar	t II Conservation Easements.		
ı aı		Port IV June 7	
_	Complete if the organization answered "Yes" to Form 990, I		
1	Purpose(s) of conservation easements held by the organization (check all	1	a historically important land area
	Preservation of land for public use (e g , recreation or education)	5	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	tion 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		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06,	and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exting	juished, or termina	ited by the organization
	during the tax year		
4	Number of states where property subject to conservation easement is local	ited •	
5	Does the organization have a written policy regarding the periodic monitor	ing, inspection, ha	ndling of
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation ease	ements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	servation easemei	nts during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of se	ection
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation easements	s in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the org	anızatıon's financı	al statements that describes
	the organization's accounting for conservation easements		
Par	t III Organizations Maintaining Collections of Art, Historical		Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	o report in its reve	nue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exh	-	
	of public service, provide, in Part XIII, the text of the footnote to its financia		
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		
-	works of art, historical treasures, or other similar assets held for public exh	•	
	of public service, provide the following amounts relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X	• •	► \$. ► \$
2	If the organization received or held works of art, historical treasures, or other		
_	following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following amounts required to be reported under SFAS 116 (ASC 958) relative following the following amounts required to be reported under SFAS 116 (ASC 958) relative following the		
2	Revenue included in Form 990, Part VIII, line 1	_	▶ \$
a b	Assets included in Form 990, Part X		• • • · · · · · · · · · · · · · · · · ·
	A 100 CLO IN LOUGH COUNTY OF THE ACT AND ACT		<u>, , γ ψ</u>

ol

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

0

D (1)(II)		041 0
Part VII	investments-	-Other Securities.

Part VII	Investments—Other Securities		O Dort IV line 11h See For	m 000 Port V line 12
(a) (Complete if the organization ar Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial d	erivatives	0		
	ld equity interests	0		
(A)				
(B)				
<u>(C)</u>			<u>-</u>	
<u>(D)</u>				
(E)				
(F)				
<u>(G)</u>				
<u>(H)</u>				
	nust equal Form 990, Part X, col (B) line 12)	. 0		
Part VIII	Investments—Program Relat			
	Complete if the organization ar	iswered "Yes" to Form 99	0, Part IV, line 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year r	
			Cost of end-of-year i	Harret value
(1)				
(2)				
(3)				
(4)			- · · · · · · · · · · · · · · · · · · ·	
(5)				
(6)				
(7)				
(8) (9)				
	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets.	<u> </u>		
T alt IX	Complete if the organization ar	swered "Yes" to Form 99	0 Part IV line 11d See Form	n 990 Part X line 15
-		a) Description	5, 1 d. (1, m. 5 1 1 d. 5 5 7 5 m	(b) Book value
(1)		• • • • • • • • • • • • • • • • • • • •		
(2)				
(3)				
(4)				
(5)				
(6)			•	_
(7)			·	
(8)				-
(9)				
Total. (Columi	n (b) must equal Form 990, Part X, co	l (B) line 15)	•	O
Part X	Other Liabilities. Complete if the organization an	nswered "Yes" to Form 99	0, Part IV, line 11e or 11f. Se	ee Form 990, Part X,
	line 25.	(h) Deale and		
1.	(a) Description of liability	(b) Book value		
(1) Federal in	· ·	070 527		
(2) Deferred	rent	276,537		
(3)		 		
(4)				
(5)				
(6)				
<u>(7)</u>				
	ist equal Form 990, Part X, col (B) line 25)	276,537		
, , , , , , , , , , , , , , , , , , , ,	,	2,0,007		

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Concat	Affectal Action Network, Inc.				
Par	· · · · · · · · · · · · · · · · · · ·		•	r Return	•
	Complete if the organization answered "Yes" to Form 990, Pa	<u>irt IV, I</u>	ıne 12a.		
1	Total revenue, gains, and other support per audited financial statements		•	1	26,445,293
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	۱ ـ	ı		
а	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII)	_2d	l	ا ۾ ا	_
e	Add lines 2a through 2d			2e 3	26,445,293
3	Subtract line 2e from line 1	1 .	ı		_26,445,293
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII)	4b		1	
c	Add lines 4a and 4b	45	<u> </u>	4c	n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	26,445,293
Pari					
ı aı	Complete if the organization answered "Yes" to Form 990, Pa			Jei Netu	111.
1	Total expenses and losses per audited financial statements			1 1	26,188,836
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b	-	1	
С	Other losses	2c		7	
d	Other (Describe in Part XIII)	2d		1	
е	Add lines 2a through 2d			2e	O
3	Subtract line 2e from line 1			3	26,188,836
				-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ľ		1 1	
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a			
-		4a 4b			
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b	-		4c	0
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	-		4c 5	26,188,836
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information.	4b		5	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4b		5	
a b c 5 Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information.	4b .		5 art V, line	
b c 5 Pari Provided, Pari	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	art IV, I		5 art V, line	
b c 5 Pari Provided, Pari	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fit XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	art IV, I		5 art V, line	
b c 5 Part Provi 2, Pa Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fit XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro-	art IV, I		5 art V, line	
b c 5 Part Provi 2, Pa Part	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Frt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to proximate 2. The Network has adopted FASB ASC 740-10, accounting for uncertainty	art IV, I		5 art V, line	
a b c 5 Pari Provi 2, Pa Part)	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Frt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to proximate 2. The Network has adopted FASB ASC 740-10, accounting for uncertainty	4b . art IV, I ovide an		5 art V, line	
a b c 5 Pari Provi 2, Pa Part)	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Frt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to proximate 2. The Network has adopted FASB ASC 740-10, accounting for uncertainty the taxes. That standard prescribes a comprehensive model for how an organization.	4b . art IV, I ovide an		5 art V, line	
proving 2, Part 2 incomeshould	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Frt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to proximate 2. The Network has adopted FASB ASC 740-10, accounting for uncertainty the taxes. That standard prescribes a comprehensive model for how an organization.	4b art IV, I ovide an		5 art V, line	
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Part 2, Part 2, Part 2, Part 2	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Frt XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to proximate 2. The Network has adopted FASB ASC 740-10, accounting for uncertainty the taxes. That standard prescribes a comprehensive model for how an organization of measure, recognize, present, and disclose in its financial statements uncertainty.	4b art IV, I ovide an		5 art V, line	

Schedule D (Form	990) 2014	American Action Network, Inc.	<u>27-0730508</u> Pa	age 5
Part XIII	Supple	emental Information (continued)		
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		•••••		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

20**14**

Open to Public

X Yes

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.
Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Name of the organization **Employer Identification number** 27-0730508 American Action Network, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants l x l Phone solicitations Special fundraising events X In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (I)	(vi) Amount paid to (or retained by) organization
		Yes	No		• "	.
1 PRH Consulting Group	various					
4597 Neiswander Sq New Albany OH 4305			X	110,000	11,000	99,000
2 Marriott Group	various					
PO Box 980847 Park City UT 84098			Х	250,000	35,000	215,000
3 Michael Byrd	various					
400 Treat Ave Ste E San Francisco CA 941			X	1,250,000	73,200	1,176,800
4 PKL Consulting	various					
621 Thornwood Lane Northfield IL 60093			X	0	10,000	0
5 Westwood Strategies	various					_
439 New Jersey Ave SE Washington DC D			X	0	12,000	0
6 SCR & Associates, LLC	various					
100 Trade Center Ste G700 Woburn MA 01			X	125,000	12,500	112,500
7 Clark Hill PLC	various					
601 Pennsylvania Ave NW Ste 1000 Wash			х	0	20,749	0
8		•				
				0	0	0
9						
				0	0	0
10				_	_	
				0	0	0
Total		•	. ▶	1,735,000	174,449	1,603,300

3	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing	
CO	CT, FL, PA, UT, VA	

P	art II	Francisia a Franta	Camariata if the armon	nization answered "Yes	114- E 000 D-4 N/	
		Fundraising Events.	Complete if the organ		s" to Form 990, Part IV,	line 18, or reported
		more than \$15,000 of	fundraising event con	tributions and gross in	come on Form 990-EZ	, lines 1 and 6b. List
		events with gross rece	eipts greater than \$5,0	000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col (c))
Шē						-
Revenue	1	Gross receipts			0	0
8						
	2	Less Contributions			0	0
	3	Gross income (line 1			اه	0
	<u> </u>	minus line 2) .			0	
	4	Cash prizes			ol	0
	~	Out prizes				
	5	Noncash prizes			o	0
S		·				
nse	6	Rent/facility costs	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0	0
ĝ					_	_
Ω̈́	7	Food and beverages .			. 0	0
Direct Expenses	١	Futantaranast			o	0
۵	8	Entertainment			 	
	9	Other direct expenses			l ol	0
	10	Direct expense summary. Add	d lines 4 through 9 in col	umn (d)	▶	(0)
	1 <u>1</u>	Net income summary. Subtract	ct line 10 from line 3, col	<u>umn (d)</u>	<u>. </u>	0
Pa	art III			ered "Yes" to Form 99	0, Part IV, line 19, or re	eported more
		than \$15,000 on Form	990-EZ. line 6a.			
e	l			T	1 1	
	ŀ		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ver			i i	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rever	1	Gross revenue	i i		(c) Other gaming	col (a) through col (c))
Revenue	1	Gross revenue	i i		(c) Other gaming	
	1 2	Gross revenue	i i		(c) Other gaming	col (a) through col (c))
			i i		(c) Other gaming	col (a) through col (c))
			i i		(c) Other gaming	col (a) through col (c))
	2	Cash prizes	i i		(c) Other gaming	col (a) through col (c)) 0 0
irect Expenses	2	Cash prizes	i i		(c) Other gaming	col (a) through col (c)) 0
	2 3 4	Cash prizes	i i		(c) Other gaming	col (a) through col (c)) 0 0 0
irect Expenses	2	Cash prizes	(a) Bingo	bingo/progressive bingo		col (a) through col (c)) 0 0
irect Expenses	2 3 4 5	Cash prizes	(a) Bingo	bingo/progressive bingo Yes %	Yes%	col (a) through col (c)) 0 0 0
irect Expenses	2 3 4	Cash prizes	(a) Bingo	bingo/progressive bingo		col (a) through col (c)) 0 0 0
irect Expenses	2 3 4 5	Cash prizes	(a) Bingo Yes % No	bingo/progressive bingo Yes % No	Yes%No	col (a) through col (c)) 0 0 0
irect Expenses	2 3 4 5	Cash prizes	(a) Bingo Yes % No	bingo/progressive bingo Yes % No	Yes%	col (a) through col (c)) 0 0 0
irect Expenses	2 3 4 5 6 7	Cash prizes	(a) Bingo Yes % No I lines 2 through 5 in coli	bingo/progressive bingo Yes% No umn (d)	☐ Yes%. ☐ No	col (a) through col (c)) 0 0 0
irect Expenses	2 3 4 5	Cash prizes	(a) Bingo Yes% No I lines 2 through 5 in coli	bingo/progressive bingo Yes% No umn (d)	Yes%No	col (a) through col (c)) 0 0 0 0 0 0
irect Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes % No I lines 2 through 5 in coli	Yes % No umn (d)	☐ Yes%. ☐ No	col (a) through col (c)) 0 0 0 0 0 0
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes % No I lines 2 through 5 in colo Subtract line 7 from line ganization conducts gamenduct gaming activities i	yes % No umn (d)	Yes % No	col (a) through col (c)) 0 0 0 0 0 0 0 1 1 Yes No
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes % No I lines 2 through 5 in colo Subtract line 7 from line ganization conducts gamenduct gaming activities i	yes % No umn (d)	Yes % No	col (a) through col (c)) 0 0 0 0 0 0 0 1 1 Yes No
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	(a) Bingo Yes % No I lines 2 through 5 in coling. Subtract line 7 from lines ganization conducts gamenduct gaming activities in	yes % No umn (d)	☐ Yes % No ►	col (a) through col (c)) 0 0 0 0 0 0 0 1 Yes No
Direct Expenses	2 3 4 5 6 7 8 a Is	Cash prizes . Noncash prizes . Rent/facility costs Other direct expenses Volunteer labor . Direct expense summary Add Net gaming income summary nter the state(s) in which the ore the organization licensed to co	(a) Bingo Yes % No I lines 2 through 5 in coli Subtract line 7 from line ganization conducts gam induct gaming activities i	Yes % No umn (d)	☐ Yes%_ ☐ No ▶	col (a) through col (c)) 0 0 0 0 0 0 1 Yes No
Direct Expenses	2 3 4 5 6 7 8 a Is b If	Cash prizes	(a) Bingo Yes % No I lines 2 through 5 in coling. Subtract line 7 from lines ganization conducts gaminduct gaming activities in the subtract gaming licenses revoked,	yes % No umn (d)	Yes % No No during the tax year?	Col (a) through col (c) 0

Sched	ule G (Form 990 or 990-E2) 2014 American Action Network, Inc	27-0730508 Page 3
11	Does the organization conduct gaming activities with nonmembers?	. Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ►	
15a	revenue?	Yes No
b		
	amount of gaming revenue retained by the third party > \$0	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ►	
16	Gaming manager information	
	Name ►	
	Gaming manager compensation \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b		
Part	or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).	
Part I	Line 2h - Fundraisers listed in Part Linelude some consultants that did not	
	tly receive contributions in this fiscal year but whose efforts supported the general	
	alsing efforts of the organization.	
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- -		
	•••••••••••••••••••••••••••••••••••••••	

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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2014	Onen to Publi

OMB No 1545-0047

Employer Identification number 27-0730508

American Action Network, Inc.

Department of the Treasury Internal Revenue Service Name of the organization

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	e the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
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Ξ	Does the organization maintain records to substantiate	the selection criteria used to award the grants or assista
era	ganı	S
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Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 2 Par

					Controller to bothod (1)		
1 (a) Name and address of organization	(a)	(c) IRC section	(d) Amount of cash	(e) Amount of nan-	(book FMV appraisal	(g) Description of	(h) Purpose of grant
or government		ıf applicable	grant	cash assistance	other)	non-cash assistance	or assistance
(1) American Action Forum							general support
1747 Pa Ave NW 5th ft Wash, DC 200	27-0567765	501 c 3	1,000,000				
(2) Main Street Advocacy							issue support
325 7th St NW Ste 610 Wash, DC 200	27-0273223	501 c 4	650,000				
(3) Consortium of Catholic Academies							general support
5001 Eastern Ave Hyattsville, MD 207	52-2050972	501 c 3	50,000				
(4) National Rifle Association							issue support
11250 Waples Mill Rd Fairfax, VA 220	53-0116130	501 c 4	2,500,000				
(5) ACU							issue support
1331 H St NW Ste 500 Wash, DC 200	52-0810813	501 c 4	000'009				
(6) Congressional Leadership Fund						see Part IV	general support
1747 Pa Ave NW 5th fl Wash, DC 200	45-3578123	527		145,907	Book		
(2)							
	,						
(8)							
(6)							
(10)							
(11)							
				•			
(12)				_			
2 Enter total number of section 501(c)(3) and government org	า 501(c)(3) and g	overnment organiza	janizations listed in the line 1 table.	table			2
3 Enter total number of other organizations listed in the line 1	organizations list	ed in the line 1 table					4

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

Schedule I (Form 990) (2014)

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Network,	
In Action	990) (2014)
merican	m 990)
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	eduk

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed	l space is needec				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the infor	the information r	equired in Part I, line	2, Part III, column	mation required in Part I, line 2, Part III, column (b), and any other additional information	ional information.
Part I Line 2 - The Network maintains records that substantiate the	stantiate the amoun	e amounts and recipients of all grants. For grants made in	rants. For grants mad	u. e	
furtherance of its social welfare purposes (other than general support grants to section 501(c)(3) organizations), the Network	eneral support gran	ts to section 501(c)(3) o	organizations), the Net	work	
generally reviews grant proposals to make sure the activity funde	livity funded is in fur	d is in furtherance of the Network's social welfare purposes, enters a	k's social welfare purp	oses, enters a	
grant agreement requiring the grant funds to be used for social welfare purposes and not to be used for political campaign activity.	or social welfare pur	poses and not to be us	ed for political campair	gn activity,	
and obtains grantee reports to confirm appropriate use of all grant funds	of all grant funds				
Part II Line 1 a 6 - The Network paid the portion of a third-party service provider's fee allocable to that service provider's services	ird-party service pro	vider's fee allocable to	that service provider's	services	
to a related organization, the Congressional Leadership Fund, ar	p Fund, and that is r	nd that is reported as a grant here. The Network also allowed that	The Network also all	owed that	
organization to share its facilities. See Schedule R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Ame	rican Action Network, Inc	27-0730	508		
Pai	Questions Regarding Compensation				
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a period of the section A, line 1a. Complete Part III to provide any relevant information regard. First-class or charter travel. Housing allowance or residence for the section of the se	ding these items or personal use sonal residence ation fees		Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regard or reimbursement or provision of all of the expenses described above? If "No," complete Paexplain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred directors, trustees, and officers, including the CEO/Executive Director, regarding the items of the control of the contro		2		-
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director. Check all that apply. Do not check any boxes for me related organization to establish compensation of the CEO/Executive Director, but explain in X. Compensation committee. Written employment contract X. Compensation survey or study X. Approval by the board or compensation compensation in the certain provided in the compensation of the CEO/Executive Director, but explain in the certain provided in the compensation of the CEO/Executive Director, but explain in X. Compensation contract X. Compensation survey or study X. Approval by the board or compensation compensation is contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation survey or study X. Approval by the board or compensation contract X. Compensation contract	ethods used by a n Part III.			
4 a b c	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect organization or a related organization Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each ite		4a 4b 4c		X X X
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5—999. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrecompensation contingent on the revenues of The organization? Any related organization? If "Yes" to line 5a or 5b, describe in Part III.		5a 5b		X
6 a b	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accreacy compensation contingent on the net earnings of The organization?	ue any	6a 6b		X
7 8	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract th subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If		7		X
•	In Part III		8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure descriptions section 53 4958-6(c)?	cribed in			

Schedule J (Form 990) 2014

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(t)—(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.

NOISE. THE SUIT OF COUNTRY LOUIS (EVENT) OF EACH THE PROPERTY OF COUNTRY OF C	IISIEC	(D) Prophdous of	Journal Must equal the total amount of Polm 990, Part VIII,	SC sompanotion	on A, line Ta, applica	able column (D) and (t	=) amounts for that in	Jiviguai.
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive	(III) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(I)–(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
Brian Walsh	E	296.855	75.000			10.384		
1 President	€	24,505			; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1,154	25,659	
	€							
2	(E)	1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(I)							
3	(ii)							
	(1)							
4	⊞							
	(I)							
5	(ii)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • • • • • • • • • • • • •
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Schedule J (Form 990) 2014

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. Part I Line 3. General compensation levels for the President are set using all of the resources checked. Annual bonus decisions are made by the compensation committee but do not always involve reviewing updated data on compensation for comparable institutions each year.
Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

American Action Network, Inc. 27-0730508 Form 990, Part I, Line 6 Although the Network successfully encouraged thousands of individuals to take action in support of its causes by contacting their representatives, speaking with others about our issues, or taking other action in favor of the Network's policy positions, such individuals were generally expressing their own views and not acting on behalf of the Network Accordingly, we have not counted the citizens we mobilized as Network volunteers. The volunteers reported here are our board members, who serve without Form 990, Part III, Line 4 Program services reported in this section do not include expenses for political campaign intervention or other activities of the Network that do not directly further its purposes according to current IRS guidance. In contrast, some such expenses are reported as "program service" expenditures rather than management or fundraising expenditures ın Part IX, given the slightly broader definition of program service there Form 990, Part IV, Line 5 The Network did not receive any member dues or voluntary payments from members this year. However, the Network's general practice is to inform all donors, whether or not they are members, that their contributions are not tax deductible as charitable contributions or as business expenses Form 990, Part IV, Line 27, 28a-28c. The organization had no transactions above the applicable thresholds of Schedule L Form 990, Part V, Line 2a For calendar year 2014, the organization contracted with a third-party corporation to provide staffing services, and that third-party corporation was the employer who handled payroll taxes and provided W-2s to staff members. The number of employees reported here is the number of staff members provided by the third-party corporation Form 990, Part VI, Section A, Line 1a The Network has a four-person executive committee consisting of Norm Coleman, Fred Malek, Vin Weber, and Tom Reynolds. It is empowered to review and advise on decisions of management in between full board meetings, consistent with the

direction set by the full board. It has no power to amend the Network's governing documents

determine compensation levels. The President reviews and approves all staff compensation

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization American Action Network, Inc.	Employer identification number 27-0730508
Form 990, Part VI, Section C, Line 17 The organization is an action organization and is not a	
charity under the generally accepted legal definition of that term. The organization therefore	
does not register under state laws pertaining to charitable solicitation or similar laws	
	••
except where it determines that state law is meant to apply to other organizations besides	
common law charities	
Form 990, Part VI, Section C, Line 19 The certificate of incorporation and conflict of	
interest policy are provided upon request.	
Form 990, Part VII, Section A. As noted previously, the organization's staff were employed by	
a third party employee leasing company rather than being employed directly by the	
organization. However, per the instructions, as the common law employer of these employees,	
the organization has reported their compensation in Part VII as if it employed them directly	
Amounts reported in columns (D) and (F) represent the organization's third party staffing	
company's estimates of the amount of its charge to the American Action Network allocable to	
employee compensation and employee benefits, respectively. That charge may not correspond to)
amounts actually paid to the individuals by the employment company	
Form 990, Part IX The organization occasionally incurred costs shared with other	
organizations (primarily the American Action Forum), with the other organizations reimbursing	
it for their allocable share of the costs. In such circumstances the organization has reported	
only its net amount paid as expenses on Part IX Such reimbursements totaled less than	
\$775,000	
Form 990, Part IX, Line 11g Media \$8,846,061, Surveys \$515,687, Other Consultants \$53,643,	
Research \$404,975	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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Information about Schedule R (Form 990) and its Instructions is at
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Inspection

Employer identification number 27-0730508 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. American Action Network, Inc. Name of the organization Partl

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(9)					
(9)					

(g) Section 512(b)(13) controlled entity? Yes No Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had × Amer Action Netwi (f)
Direct controlling
entity Public charity status (if section 501(c)(3)) • (d) Exempt Code section 527 Legal domicile (state or foreign country) (b) Primary activity one or more related tax-exempt organizations during the tax year political 1747 Pennsylvania Avenue NW 5th fl Washington DC 20006 Name, address, and EIN of related organization (1) Congressional Leadership Fund 45-3578123 Part II (2) ල 9 4 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $_{\rm HTA}$

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(7)

Part III

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(k) Percentage ownership									.	(I) Section 512(b)(13) controlled entity?	Yes No							_	Schedule R (Form 990) 2014
(l) General or managing partner?	Yes No								990, Par	(h) Percentage Sec ownership	×								le R (Forn
(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Share of Percend-vear assets own									Sched
(h) Disproportonate allocations?	Yes No	_							answered year.	<u></u>	_								
(g) Share of end-of- year assets									ganization ng the tax	lity Shar or trust) in									
Share of total Sh							ļ		able as a Corporation or Trust Complete if the organization answorganizations treated as a corporation or trust during the tax year.	(e) Type of entity (C corp. S corp, or trust)									
									Complet	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)									or Trust	Direct (
									poration treated	(c) Legal domicite (state or foreign country)									
(d) Direct controlling entity									as a Cor	l (state									·
(c) Legal domicile (state or foreign country)									s Taxable elated orga	(b) Primary activity									
vity									nization: r more re	.									
(b) Primary activity									Identification of Related Organizations Tax IV, line 34 because it had one or more related	d organization									
ზ <u>გ</u>									ation of F	(a) Name, address, and EIN of related organization									
(a) Name, address, and EIN of related organization									Identific IV, line 3	i, address, and					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Name, e relat		(1)	(2)	(3)	(4)	(5)	(9)	(J)	Part IV	Name	:	(1)	(2)	(3)	(4)	(5)	(9)	(2)	

Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	S _N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ited organizations listed ir	n Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1 a		×
b Gift, grant, or capital contribution to related organization(s).			1b	×	
c Gift, grant, or capital contribution from related organization(s).			ပ္		×
d Toans or loan quarantees to or for related organization(s)			7		×
					;
e Loans or loan guarantees by related organization(s)			Je		×
			,		:
T Dividends from related organization(s)			=		×
g Sale of assets to related organization(s)			1g		×
h Purchase of assets from related organization(s).	•		1		×
i Exchange of assets with related organization(s)			=		×
j Lease of facilities, equipment, or other assets to related organization(s)	•		Ę		×
k Lease of facilities, equipment, or other assets from related organization(s).			+		×
I Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			Ę		×
	• •	• • • • •	1	×	
	•	·		,	
o origining of para emproyees with refared organization(s)			9	1	
n Reimhirsement hard to related organization(s) for exhances			,		>
Deministration bail to letter organization (s) for expense			4		< ;
q Keimbursement paid by related organization(s) for expenses.			5		×
			1	·	>
			= .	1	< :
S			1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including covered re	lationships and transact	on thresh	spo	
(e)	(q)	(0)		(Q)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	thod of determin amount involved	gun p
			see Part VII	 ₹	
(1) Congressional Leadership Fund	bno	253,544			
(2)					
(6)					
(4)					
(5)					!
(2)			:		
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Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or answering and a related organization. See instructions regarding exclusion for certain investment partnerships

or gross revenue) that was not a related organization see instructions regarding exclusion for certain investment partnerships	d organization S	ee instructions r	egarding exclusi	101 TO	certain	Investment pan	nersnips		ŀ			ŀ	
(e)	<u>a</u>	(O)		•	_		(B)	Ξ	_	8	S		æ.
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	tion c)(3)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership
			(+1 c-21 c suomas	Yes	ş			Yes	Ŷ		Yes	ê	
(1)													
(2)													
(3)													
(4)			Į.										
(5)													
(9)													
(j)													
(8)													
(6)								i .					
(10)													
(11)							:						
(12)	i												
(13)													
(14)													
(15)					-								
(16)	-											-	
						:				Sched	lule R (F	orm 99	Schedule R (Form 990) 2014

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	emental Information e additional information for responses to questions on Schedule R (se	oo instructions)	
FIOVICE	additional information for responses to questions on schedule K (se	se ilistructions).	
Part V Line 2 - The org	ganization shared some staff with the Congressional Leadership Fund, a		
related organization F	For a portion of the tax year such staff were employed by a third party		
employee leasing com	npany and for another portion of the tax year such staff were employed		
directly by the Network	k, and time spent working for each organization was tracked. The Network		
paid the portion of the	third party's services fee attributable to the Congressional		
Leadership Fund, \$145	5,907 The Network directly paid wages attributable to the Congressional		
Leadership Fund of \$6	61,348 In addition, the shared employees used space and equipment of the		
Network. The Network	cestimated that overhead attributable to shared staff working for the		
Congressional Leaders	rship Fund was \$46,288		
		•	