## Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For t	he 2018 calen	dar year, or tax	year begir	nning		, 20	118, an	d endin	ıg		,					
В	Check	if applicable:	С								D Emplo	yer identif	ication number				
	A	ddress change	American '	Transpa	rencv						26-	35936	501				
	$\vdash$	ame change	200 S From								E Teleph						
	$\vdash$	itial return	Burr Ridge								620	074-	-6101				
	Н			,						630 974-6181							
		nal return/terminated									0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
		mended return									G Gross receipts \$ 2,448,484.						
	A	pplication pending	F Name and addr	ess of principa	<sup>al officer:</sup> Ada	am Andrz	zejewsk	i						X No			
			Same As C	Above						H(b) Are all s If "No,"	subordinate attach a lis	s included t. (see inst	? Yes	No			
1	Tax-	exempt status:	X 501(c)(3)	501(c) (	) <b> </b>	nsert no.)	4947(a)(1	) or	527	ĺ		`	ŕ				
J	We	bsite: ► ww	w.opentheb	ooks.c	om					H(c) Group e	xemption n	umber ►					
K	Forn	n of organization:	X Corporation	Trust	Association	Other ►		L Year	of format	ion: 2008	M	State of le	gal domicile: IL				
Pa	art I	Summar									•						
- •	1	Briefly descri	be the organiza	tion's miss	sion or most	significant a	activities:T	o es	knand	govern	ment	trans	sparency	by			
-			and enter									<u>craiic</u>	paronoj	<u>~</u>			
Governance		<u> </u>		9 90	<u> </u>		10010110		<u> </u>		<u></u>		. – – – – –				
na													. – – – – –				
Ver	2	Check this bo	ox ► lif the	organizatio	on discontinu	ed its oner:	ations or d	lisnose	ed of mo	ore than 25	5% of its	net ass	ets				
පි	3		oting members of										.0.0.	5			
•প্	4		dependent votir									4		0			
<u>ie</u> s	5		of individuals e									5		32			
Activities &	6		of volunteers (									6		0			
PG	7a	Total unrelate	ed business reve	enue from	Part VIII, co	lumn (C), li	ne 12					7a		0.			
	b	Net unrelated	l business taxab	ole income	from Form 9	990-T, line 3	38				4	7b		0.			
										Pr	ior Year		Current Yo	ear			
4.	8	Contributions	and grants (Pa	rt VIII, line	e 1h)				2.6	2	,022,3	301.	2,448	,484.			
Revenue	9	Program serv	vice revenue (Pa	art VIII, line	e 2g)			4			, - ,		, -	,			
Vel	10	Investment in	ncome (Part VIII	, column (	A), lines 3, 4	1, and 7d).	101										
æ	11	Other revenu	e (Part VIII, colu	umn (A), li	nes 5, 6d, 8d	c, 9c, 10c, a	and 11e)										
	12	Total revenue	e – add lines 8	through 11	(must equa	Part VIII,	column (A)	), line	12)	. 2	,022,3	301.	2,448	,484.			
	13	Grants and s	imilar amounts	paid (Part	IX, column (	A), lines 1-	3)						•				
	14	Benefits paid	to or for memb	ers (Part I	X, column (A	A), line 4)											
	15		er compensation								,146,0	166	1,345,36				
es	162		ofessional fundraising fees (Part IX, column (A), line 11e)								1,040	, 505.					
Expenses	100		_			•											
- Š	b	Total fundrais	sing expenses (l	Part IX, co	olumn (D), lin	ne 25) 🟲		48,	914.								
ш	17	Other expens	ses (Part IX, col	umn (A), li	ines 11a-11d	l, 11f-24e).					703,	154.	1,050	,919.			
	18	Total expense	es. Add lines 13	8-17 (must	equal Part I	X, column (	(A), line 25	5)		. 1	,849,2	220.	2,396	,284.			
	19	Revenue less	expenses. Sub	tract line 1	18 from line	12					173,0	081.	52	,200.			
- S										Beginnin	g of Curre		End of Ye	ar			
Net Assets Fund Balanc	20	Total assets	(Part X, line 16)								285,		337	,730.			
Ass	21	Total liabilitie	s (Part X, line 2	26)								0.		0.			
ĕ.ĕ	22	Net assets or	fund balances.	Subtract I	ine 21 from	line 20					285,	530	337	,730.			
	art II	Signatur								•	200,	550.	337	, 130.			
				mained this ret	ura including on		hadulaa aad a		to and to	the best of my	Linaviladas	and halia	f it is true servest	i and			
com	plete. D	eclaration of preparation	eclare that I have exa erer (other than office	r) is based on	all information of	of which prepare	er has any kno	owledge.		the best of my	/ Kilowieuge	and bene	ii, it is true, correct	., anu			
C:	~ m	Signatu	re of officer							Dat	e						
Sig He	JII	7 4 2	m Andresia	ا دراد ا						CEO /C	arat	2 22 1					
110	10	Type or	m Andrzeje	WSKI						CEO/ 5	ecret	ary					
		71	preparer's name		Preparer's sig	nature			ate	1	o T	VI., I	PTIN				
					'				uic			21 "					
Pa			n Mugnolo		-	Mugnolo	)				self-employ	/ed [	201057794				
	epar				sociates	, Ltd.											
Us	e Or	ily Firm's addre	ess 🔭 <u>38 L</u> ar	ncaster	Court						Firm's EIN	<u>► 38</u> -	3892241				
			Burr F	Ridge,	IL 60527		-				Phone no.	630	220-9853				
Ma	y the	IRS discuss th	is return with th				structions)						X Yes	No			

4.1011		1 . 0		
4 d Other progra	am services (Des	scribe in Schedule O.)		
(Expenses	\$	including grants of \$	) (Revenue \$	)
<b>4e</b> Total progra	ım service exper	nses ► 1,940,020.		
AA		TEEA0102L 08/03/18		Form <b>990</b> (2018)

# Form 990 (2018) American Transparency Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
Ł	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
C	c 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	11 c		Х
C	I 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.	11 d		X
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
Ł	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
Ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		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
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

# Form 990 (2018) American Transparency Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		X
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				
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	c 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 V	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
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	
Pa	rt 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			. L
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	X	
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Form 990 (2018) American Transparency

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	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 32			
ı	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
•	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	of Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0.</i>	3 b		
	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)?	4 a		Х
ŀ	olf 'Yes,' enter the name of the foreign country: ▶	+ a		71
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
(	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	a 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?	6 a		Х
ŀ	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
ć	services provided to the payor?	7 a		Х
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
(	If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
Ģ	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
ł	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	- '''		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ä	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ŀ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
ä	Initiation fees and capital contributions included on Part VIII, line 12			
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ć	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			17
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
ŀ	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
10		16		Х
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If 'Yes,' complete Form 4720, Schedule O.	10		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 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 . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ...... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10 a** Did the organization have local chapters, branches, or affiliates?..... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a Χ b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15a Χ **b** Other officers or key employees of the organization..... 15 b Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ILSection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

Burr Ridge IL 60527 630 974-6181

Adam Andrzejewski 200 S Frontage Rd #106

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26-3593601

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

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

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

- 1 a 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

	byees; and former such persons. heck this box if neither the organization nor any relate	ed organiz	ation	con	nper	nsate	d an	v cu	rrent officer, direct	or. or trustee.	
					(C)			,		,	
	(A) Name and Title	(B) Average hours	thar	one both	box, an c	unles	eck moss pers and a ee)	on	(D)  Reportable compensation from	(E) Reportable compensation from	<b>(F)</b> Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)	Adam Andrzejewski CEO/Secretary	<u> 60</u> _	Х		Х				107,500	0.	0.
(2)	Bruno H Behrend Director	1	Х				4		7.0 Po.	0.	0.
	Hilary Till Treasurer	1	X		X	S			0.	0.	0.
	Thomas W Smith Chairman	10	X		X				0.	0.	0.
	Jameson G Campaigne Director	1	Х						0.	0.	0.
(6)	Craig Mijares COO	_ <u>60</u> _				Х			189,200.	0.	0.
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											

Form 990 (2018) American Transparency			_	_					26-359360	1		ge <b>8</b>
Part VII   Section A. Officers, Directors, Tr	(B)	Key	Ŀт	plo (C		es, a	nc	d Highest Con	pensated Emp	loyee	<b>S</b> (conti	nued)
(A) Name and title	Average hours per week	offic	, unies cer an	Posi heck i ss pei d a d	ition more rson i	than or s both r/truste	ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amo	(F) Estimated punt of otly	her
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the ganization nd related ganization	t
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)								2001				
(24)				- 4		7		201				
(25)		18			0							
1 b Sub-total							-	296,700.	0.			0.
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)								<u>0.</u> 296,700.	0.			0.
2 Total number of individuals (including but not limited from the organization ▶ 2							ed			pensatio	n	
3 Did the organization list any <b>former</b> officer, direct	otor or tru	ctoo	kov	om	nlov	00 0	r h	ighast compans	tod omplovoo		Yes	No
on line 1a? If 'Yes,' compléte Schedule J for suc	ch individu	ıal								. 3		X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great such individual	er than \$1	50,00	00'? /	If 'Y	es,'	comp	olei	te Schedule J for		. 4	X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ie comper s,' comple	nsatio ete So	n fro	om a ule .	any i <i>J for</i>	unrela such	ate 1 p	ed organization or erson	individual	. 5		Χ
1 Complete this table for your five highest comper compensation from the organization. Report compensation from the organization.	nsated indes	epen	dent alend	con	ntrac	tors t	ha g w	t received more to vith or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business add							<u> </u>	(B) Description (	·	(	( <b>C)</b> ensatio	n
Matthew Tyrmand LLC 649 East 14th St. #7H	New Yor	k, N	Y 10	2000	9			Strategy & Re	lations		150,0	00.
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited to	o thos	se li	sted	above	e) ۱	who received more	than		aan /	

**Total revenue.** See instructions.....

#### Form 990 (2018) American Transparency 26-3593601 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business function under sections 512-514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns . . . . . . . . **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) . . . . 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 2,448,484 g Noncash contributions included in lines 1a-1f: \$ 163,034 h Total. Add lines 1a-1f..... 2,448,484 Program Service Revenue **Business Code** h f All other program service revenue. . . g Total. Add lines 2a-2f ..... Investment income (including dividends, interest and other similar amounts) ..... Income from investment of tax-exempt bond proceeds... Royalties..... 5 ayer Cop (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses . . . . . c Gain or (loss)..... d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses..... **b** c Net income or (loss) from fundraising events . . . . . . . . 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses..... **b** c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances..... a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** C d All other revenue ..... e Total. Add lines 11a-11d . . . . . . . . . . . . .

2,448,484

0

0

0

Form 990 (2018) American Transparency 26Part 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 r				
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		,		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	296,700.	211,990.	64,500.	20,210.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	951,504.	931,883.	12,956.	6,665.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	331,304.	731,003.	12,330.	0,003.
9	Other employee benefits				
10	Payroll taxes	97,161.	87,599.	7,592.	1,970.
11	Fees for services (non-employees):	,	,	,	,
a	Management				
ŀ	Legal	34,000.	34,000.		
	: Accounting	10,500.	0 1 / 0 0 0 1	10,500.	
(	Lobbying	20,000		20,0001	
6	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		<b>C O</b>	7)	
g	Other. (If line 11g amount exceeds 10% of line 25, column	25/ 072	178,887.	72 206	2,790.
12	(A) amount, list line 11g expenses on Schedule 0.Sch . (Advertising and promotion	254,973. 414,729.	349,825.	73,296. 64,904.	2,790.
13	Office expenses	37,600.	12,559.	25,041.	
14	Information technology	3,890.	12,339.	3,890.	
15	Royalties	3,090.		3,090.	
16	Occupancy	26,946.		26,946.	
17	Travel	43,365.	15,593.	27,772.	
18	Payments of travel or entertainment	45,505.	13,393.	21,112.	
10	expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,701.	1,001.	5,700.	
20	Interest	•	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,768.		3,768.	
23	Insurance	9,469.		9,469.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
a	Website	87,263.	87,263.		
	Postage and Shipping	40,888.	5,424.	18,185.	17,279.
	License Agreements	35,000.	0,121.	35,000.	2.,2.5.
	Meals and Entertainment	15,361.	7,223.	8,138.	
	All other expenses	26,466.	16,773.	9,693.	
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,396,284.	1,940,020.	407,350.	48,914.
26		, , ,	, , , , , , ,	,	,

		Check if Schedule O contains a response or note to	any line	e in this Part X					
					(A) Beginning of year		(B) End of year		
	1	Cash – non-interest-bearing			277,307.	1	322,017.		
	2	Savings and temporary cash investments			255.	2	10,413.		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net				4			
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, mployees	directors, s. Complete		5			
ts	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	as defined under		6				
	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use				8			
As	9	Prepaid expenses and deferred charges				9			
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	30,439.					
		Less: accumulated depreciation		27,339.	6,868.	10 c	3,100.		
	11	Investments – publicly traded securities			0,000.	11	3/100.		
	12	Investments – other securities. See Part IV, line 11				12			
	13	Investments – program-related. See Part IV, line 11.		L		13			
	14		ngible assets.						
	15		ssets. See Part IV, line 11						
	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,100. 285,530.	15 16	2,200. 337,730.		
	17	Accounts payable and accrued expenses			. 1	17	,		
	18	Grants payable	-101	18					
	19	Deferred revenue	UAI	19					
	20	Tax-exempt bond liabilities	01	20					
es	21	Escrow or custodial account liability. Complete Part I				21			
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, direc I disqual	tors, trustees, ified persons.		22			
	23	Secured mortgages and notes payable to unrelated the				23			
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		L		25			
	26	Total liabilities. Add lines 17 through 25			0.	26	0.		
ses		Organizations that follow SFAS 117 (ASC 958), check hellines 27 through 29, and lines 33 and 34.	re ►	X and complete					
aŭ	27	Unrestricted net assets			285,530.	27	337,730.		
3al	28	Temporarily restricted net assets				28			
P	29	Permanently restricted net assets		<u></u>		29			
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	eck here	· L					
S)	30	Capital stock or trust principal, or current funds			30				
Set	31	Paid-in or capital surplus, or land, building, or equipm		L		31			
As	32	Retained earnings, endowment, accumulated income,		-		32			
et	33	Total net assets or fund balances		-	285,530.	33	337,730.		
_	34	Total liabilities and net assets/fund balances		<u></u>	285,530.	34	337,730.		

Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	2,44	48,4	184.
2	Total expenses (must equal Part IX, column (A), line 25).	2,39		
3	Revenue less expenses. Subtract line 2 from line 1			200.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	28	35,5	530.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7				
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10		0.0		
Da	rt XII Financial Statements and Reporting	3.	3/,	730.
Pa	<u> </u>			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. LL</u>
		$\longrightarrow$	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a		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>b</b> Were the organization's financial statements audited by an independent accountant?	2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain			
	in Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		Х
	<b>b</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	3 b		
3AA	TEEA0112L 08/03/18	Form	990 (	(2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

	of the organization					Employer ident		per			
	erican Transparency	1				26-3593601					
	t I Reason for Public Cha					· · ·	uctions.				
	organization is not a private found				-	•					
1	A church, convention of church					i).					
2	A school described in section 1		,								
3	A hospital or a cooperative h	,				• • •					
4	A medical research organization name, city, and state:	tion operated in conj	unction with a hospital o	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii)	). Enter the	hospital's			
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II.)	ege or university owned	or oper	ated by	a governmental unit	t described	in			
6	A federal, state, or local gove	ernment or governme	ental unit described in s	ection 1	<b>70(b)(</b> 1)	(A)(v).					
7	An organization that normally rin section 170(b)(1)(A)(vi).	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)							
9	An agricultural research organiz	zation described in sec	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant c	ollege				
	or university or a non-land-gran	nt college of agriculture		the nan	ne, city,						
10	X An organization that normally refrom activities related to its einvestment income and unrel June 30, 1975. See section 5	exempt functions—sulated business taxable	bject to certain exception e income (less section	ons, and	(2) no i	more than 33-1/3%	of its supp	ort from gross			
11	An organization organized ar	nd operated exclusive	ely to test for public safe	ety. See	section	1 509(a)(4).					
12	An organization organized ar or more publicly supported or lines 12a through 12d that de	rganizations describe	ed in <b>section 509(a)(1)</b> c	r section	n 509(a	(2). See section 50	<b>9(a)(3).</b> Ch	urposes of one eck the box in			
а	- <b></b>	on operated, supervise	d, or controlled by its sur	ported c	rganizat	ion(s), typically by giv	ina the sup	ported <b>must</b>			
b		ation supervised or o	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), the supported organi	by having zation(s). <b>Y</b>	control or			
С	· · · · · · · · · · · · · · · · · · ·		tion operated in connectio	n w <u>i</u> th, a	nd function	onally integrated with,	its supporte	d			
d		rated. A supporting ord	Janization operated in cor	nection	with its s	supported organization	n(s) that is	not			
e	instructions). You must comp	plete Part IV, Section	is A and D, and Part V.				·	•			
	integrated, or Type III non-fu	nctionally integrated	supporting organization	١.			ype iii iuii	Ctionally			
	Enter the number of supported of Provide the following information	-									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	6.31	- 41	(v) Amount of monetar	\	Amount of other			
	() Name of supported organization	(ii) Liiv	(described on lines 1-10 above (see instructions))	organizat in your g	s the tion listed poverning ment?	support (see instruction	, ,	rt (see instructions)			
				Yes	No						
(A)											
(B)											
(C)											
(D)											
<u>(E)</u>											
T - 4 - 1											

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

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

Sec	tion A. Public Support		, p	, , , , , , , , , , , , , , , , , , ,	•/		
	ndar year (or fiscal year	(2) 2014	<b>(b)</b> 2015	<b>(a)</b> 2016	(d) 2017	(a) 2019	(f) Total
begi	nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			let C	,opy		
9	Net income from unrelated business activities, whether or not the business is regularly carried on		(pa)	le,			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	73					
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	iird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶
	tion C. Computation of Pul						
	Public support percentage for 20						%
	Public support percentage from 2						%
16a	<b>33-1/3% support test—2018.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pub	d not check the b olicly supported o	oox on line 13, and organization	d line 14 is 33-1/3	% or more, check	this box ►
b	<b>33-1/3% support test—2017.</b> If th and <b>stop here.</b> The organization	e organization did qualifies as a pul	d not check a box blicly supported c	on line 13 or 16a or 16a or 16a	, and line 15 is 33	3-1/3% or more, o	check this box
1 <b>7</b> a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

26-3593601

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

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

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in)	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	785,987.	1 155 007	1 521 115	2,022,301.	2 440 404	7,944,024.
2	Gross receipts from admissions,	103, 301.	1,133,607.	1,331,443.	2,022,301.	2,440,404.	7, 344, 024.
	merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the						<u> </u>
	organization's benefit and either paid to or expended on its behalf.						0.
5	The value of services or facilities furnished by a						_
	governmental unit to the organization without charge						0.
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,	785,987.	1,155,807.	1,531,445.	2,022,301.	2,448,484.	7,944,024.
/a	2, and 3 received from		_	_		_	
h	disqualified persons	0.	0.	0.	0.	0.	0.
Б	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	<b>Public support.</b> (Subtract line 7c from line 6.)				.06,		7,944,024.
Sec	tion B. Total Support			101			
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
	Amounts from line 6	785,987.	1,155,807.	1,531,445.	2,022,301.	2,448,484.	7,944,024.
IUa	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	73	X	105			100
b	similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			106.			106.
	Add lines 10a and 10b	0.	0.	106.	0.	0.	106.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include						<u> </u>
	gain or loss from the sale of capital assets (Explain in Part VI.)						0.
13	Total support. (Add lines 9,	705 007	1 155 007	1 521 551	2 022 201	2 449 494	-
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, c	2,022,301. or fifth tax year as	a section 501(c)(3	7,944,130. → □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 20			ine 13, column (f)	)	15	100.00 %
16	Public support percentage from 2	2017 Schedule A,	Part III, line 15			16	100.00 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	е			
17	Investment income percentage for	•		-			0.00 %
18	Investment income percentage for						0.00 %
	<b>33-1/3% support tests—2018.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organization	1 ► <u>X</u>
b	<b>33-1/3% support tests—2017.</b> If t line 18 is not more than 33-1/3%						
20	<b>Private foundation.</b> If the organization		-				
DAA	<u> </u>			•			<u> </u>

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

	11 5 5		V	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	-		
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	16		
	answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	art IV   Supporting Organizations (continued)		
	Library and the armonimation accorded a nift an applyibution from any of the following payons 2	Yes	No
11	<ul> <li>Has the organization accepted a gift or contribution from any of the following persons?</li> <li>a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the</li> </ul>		
	governing body of a supported organization?		
	<b>b</b> A family member of a person described in (a) above?		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in <b>Part VI.</b>		
Se	ection B. Type I Supporting Organizations	1	
	71 11 3 3	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,		
2	applied to such powers during the tax year.  2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
Se	ection C. Type II Supporting Organizations	Į.	Į
	The street of th	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
Se	ection D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
Se	ection E. Type III Functionally Integrated Supporting Organizations	I	ı
	,, , , , , , , , , , , , , , , , , , , ,		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
	a The organization satisfied the Activities Test. Complete line 2 below.		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.		
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)	).
2	2 Activities Test. Answer (a) and (b) below.	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.  3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	lov. 20, 1970 (explain in est complete Sections A	Part VI). <b>See</b> through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
- 1	Average monthly value of securities	1a		
- 1	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	4.1	
3	Subtract line 2 from line 1d.	3	101	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	,4	162	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrate	d Type III supporting or	ganization

BAA Schedule A (Form 990 or 990-EZ) 2018

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D — Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2018 distributable amount		ילאן	
i Carryover from 2013 not applied (see instructions)	~* 0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	181		
4 Distributions for 2018 from Section D, line 7:	,		
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
<b>b</b> Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Taxpayer Copy

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

	American Transparency			26-3593601
Par	t   Organizations Maintaining Dono	or Advised Funds or Othe	er Similar Funds or A	Accounts.
•	Complete if the organization answ	wered 'Yes' on Form 990,	Part IV, line 6.	
		(a) Donor advised f	unds (	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the organization's exclusive legal	assets held in donor advi	ised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor,	or for any other purpose	conferring
Par	t II Conservation Easements.			
	Complete if the organization ans	wered 'Yes' on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	fied historic structure
	Preservation of open space	<u>-</u>	_	
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation cont	ribution in the form of a co	
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation ease			
	: Number of conservation easements on a certi-			
(	Number of conservation easements included i structure listed in the National Register		2 d	
3	Number of conservation easements modified, trar tax year ►	nsterred, released, extinguished, o	or terminated by the organi	zation during the
4	Number of states where property subject to conse			
5	Does the organization have a written policy re			
c	and enforcement of the conservation easemer Staff and volunteer hours devoted to monitoring, i			
6	Stair and voidificer flours devoted to morntoning,	inspecting, nationing of violations,	and emorcing conservation	il easements during the year
7	Amount of expenses incurred in monitoring, inspect	ecting, handling of violations, and	enforcing conservation eas	sements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of section 170	0(h)(4)(B)(i) 
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its reto the organization's financial s	evenue and expense statent statements that describes	nent, and balance sheet, and the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical wered 'Yes' on Form 990	<b>Freasures, or Other</b> , Part IV, line 8.	Similar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	n, or research in furtherance	ement and balance sheet works of e of public service, provide,
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or	research in furtherance of	public service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X			►\$
	If the organization received or held works of art, I amounts required to be reported under SFAS	116 (ASC 958) relating to thes	e items:	
	Revenue included on Form 990, Part VIII, line			
6	Assets included in Form 990, Part X		<u></u>	▶\$

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Part III   Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply):	, accession, and o	ther records, check a	iny of the following that are	e a significant use of its	collection
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organiz Part XIII.	zation's collections	and explain how they	y further the organization's	s exempt purpose in	
5 During the year, did the organiza to be sold to raise funds rather the	han to be maintai	ned as part of the c	organization's collection?	)	Yes No
Part IV Escrow and Custodia line 9, or reported an	I Arrangemen amount on Fo	ts. Complete if t m 990, Part X,	the organization ans line 21.	swered 'Yes' on Fo	rm 990, Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	stee, custodian or	other intermediary	for contributions or othe	er assets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement					
					Amount
<b>c</b> Beginning balance				1с	
<b>d</b> Additions during the year				1 d	
e Distributions during the year					
f Ending balance					
2 a Did the organization include an a				-	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explai	nation has been provided	d on Part XIII	
Don't V				000 David IV / II	- 10
Part V Endowment Funds. C	· ·	Ť			
1 a Beginning of year balance	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
<b>b</b> Contributions					+
					+
c Net investment earnings, gains, and losses				$\Delta N$	
<b>d</b> Grants or scholarships			<u> </u>	<del>( )                                   </del>	
e Other expenditures for facilities					
and programs		1	61		
f Administrative expenses		-021			
<b>g</b> End of year balance		ADO			
2 Provide the estimated percentag		ear end balance (lir	ne 1g, column (a)) held a	as:	
a Board designated or quasi-endowm					
<b>b</b> Permanent endowment	%	0,			
c Temporarily restricted endowmer		100%			
The percentages on lines 2a, 2b, a	na ze snoula equal	100%.			
3 a Are there endowment funds not in t	the possession of t	ne organization that a	are held and administered	for the	Yes No
organization by:  (i) unrelated organizations					. 3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' on line 3a(ii), are the rela					3b
4 Describe in Part XIII the intended	-	•			
Part VI Land, Buildings, and					
Complete if the organi		ed 'Yes' on Fori	m 990, Part IV, line	11a. See Form 99	0, Part X, line 10
Description of property	(a) (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1 a</b> Land			- (/		
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment					
<b>e</b> Other			30,439.	27,339.	3,100
Total. Add lines 1a through 1e. (Colum	nn (d) must equal	Form 990, Part X,	column (B), line 10c.)		3,100
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Schedule D (Form 990) 2018

Part VII Investments – Other Securities.	N/ 1 = 00	N/A	000 5 1 1/ 1: 10
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		6001	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •		(,0,1	
Part IX Other Assets. Complete if the organization answered	'Yos' on Form 99	Part IV line 11d See Form 9	000 Part V lina 15
(a) Des	scription	e, r arciv, ille riu. See roilli .	(b) Book value
(1)	1707		()
(2)	-1		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
	D) // 15 )		
Total. (Column (b) must equal Form 990, Part X, column (E	3) IINE 15.)		1
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990 Part IV ling 1	1e or 11f See Form 990 Part Y line 2	-
(a) Description of liability	(b) Book value		). 
(1) Federal income taxes	(B) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	. ▶		
2 Liability for unapolicin tour positions. In Dort VIII musuide the text of the fee	and the first that the second and the first the first terms of the fir	Surveyed at the transport of the transport of the reason (south out	P. 1999. C. 199

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	2,448,484.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1	3	2,448,484.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,448,484.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retur	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	2,396,284.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses. 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	
3 Subtract line 2e from line 1.	3	2,396,284.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,396,284.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FIN 48 Footnote

Part XIII Supplemental Information.

The Organization is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. However, exempt organizations may be subject to income tax on any unrelated business income. At December 31, 2018 and 2017 no provision or liability for income taxes has been recorded. Contributions to the Organization are tax deductible to donors under Section 170 of the IRC. The Organization is not classified as a private foundation.

BAA Schedule D (Form 990) 2018

#### **Part XIII** Supplemental Information (continued)

#### Part X - FIN 48 Footnote (continued)

The Organization evaluates tax positions taken in the course of preparing its tax returns to determine whether tax positions are "more-likely-than-not" of being sustained by the applicable tax authority. Tax benefits of positions not deemed to meet the "more-likely-than-not" threshold, would be recorded as a tax expense in the current year. As of December 31, 2018 and 2017, the Organization has no unrecognized tax benefits and has recognized no interest or penalties related to taxes.

The Organization files its exempt organization income tax returns in the U.S. federal jurisdiction and the state of Illinois. The Organization is no longer subject to income tax examinations by taxing authorities for years prior to 2015.

BAA TEEA3305L 10/10/18 Schedule D (Form 990) 2018

#### **SCHEDULE J** (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

American Transparency

Employer identification number 26-3593601

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

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

Schedule J (Form 990) 2018

American Transparency Schedule J (Form 990) 2018

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

Page 2

26-3593601

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

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

		7	201M 0001 / F 0 W					
		(b) breakdown on	(b) breakgown of w-2 and/or 1039-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	
<b>(A)</b> Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	deferred on prior
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26-3593601

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



Schedule J (Form 990) 2018

#### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 26-3593601 American Transparency Part I Types of Property

	iti Types of Froperty							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	<b>(d</b> od of d contrib	etermin	ing mounts
1	Art – Works of art							
2					<del>                                     </del>			
_								
3								
4								
5	3							
6	Cars and other vehicles							
7	•							
8	Intellectual property							
9	Securities - Publicly traded	X	1	163,034.	Sellir	ıg Pr	cice	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust inte	erests.						
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Othe							
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29	Number of Forms 8283 received by the organi							
	organization completed Form 8283, Part IV	7, Donee Acknowled	agement		29			
					1		Yes	No
30a	a During the year, did the organization receive b	by contribution any pr	roperty reported in Part I	, lines 1 through 28, that				
	it must hold for at least three years from the for exempt purposes for the entire holding			·		30 a		v
L	<b>b</b> If 'Yes,' describe the arrangement in Part I	•				ou a		X
	Does the organization have a gift acceptar		ires the review of any r	constandard contribution	nc?	31		v
			-		ندا	31		X
<b>3</b> 2a	a Does the organization hire or use third par noncash contributions?	•		cess, or sell		32 a		Х
h	<b>b</b> If 'Yes,' describe in Part II.					<u> </u>		71
	If the organization didn't report an amount	in column (c) for a	type of property for wh	hich column (a) is chec	ked.			
-	describe in Part II	00.0 (0) 101 0	-, - o o p. oporty 101 Wi	(4) 15 01100	,			

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

Schedule M (Form 990) 2018

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**BAA** TEEA4602L 10/22/18 **Schedule M (Form 990) 2018** 

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-F7

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organizationEmployer identification numberAmerican Transparency26-3593601

#### Form 990, Part VI, Line 11b - Form 990 Review Process

All members of the board or directors as well as management review the form 990 before filing for review and acceptance.

#### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization requires the board of directors and key employees to review the policy and disclose any conflicts of interest on an annual basis. If conflict arise with any members, the information is reviewed and any action necessary is taken to remedy the issues.

#### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The orgaization's executive director and/or board of directors reviews pertinent information and deliberate and come to a decision.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The organization makes these documents available to the public upon specific request.

#### Form 990, Part IX, Line 11g Other Fees For Services

	-	(A) Total	(B) Program <u>Services</u>	Management <u>&amp; General</u>	(D) Fund- <u>raising</u>
Contract Services Outside Services	Total	250,722. 4,251. \$ 254,973.	174,962. 3,925. \$ 178,887.	73,022. 274. \$ 73,296.	2,738. 52. \$ 2,790.