990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-

 ${f foundations}_{f Do}$ not enter social security numbers on this form as it may be made public. Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Department of the Treasury Internal Revenue Service For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023 D Employer identification number C Name of organization **B** Check if applicable: Address change ADVANCEMENT PROJECT EDUCATION FUND 87-4702350 Name change Initial return Doing business as Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Amended return (202) 728-9557 Application pending City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 **G** Gross receipts \$ 7,615,398 F Name and address of principal officer: $\mathbf{H(a)}$ Is this a group return for STEPHEN ENGLISH ☐ Yes 🔽 No subordinates? 1220 L STREET NW 850 **H(b)** Are all subordinates WASHINGTON, DC 20005 included? Tax-exempt status: $\sqrt{501(c)(3)}$ 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions. **H(c)** Group exemption number Website: WWW.ADVANCEMENTPROJECT.ORG K Form of organization: Corporation Trust Association Other L Year of formation: 2022 M State of legal domicile: DE Summary 1 Briefly describe the organization's mission or most significant activities:
A NEXT GENERATION, MULTI-RACIAL CIVIL RIGHTS ORGANIZATION Activities & Governance 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) . . . 13 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 5 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 13 Total number of volunteers (estimate if necessary) \cdot \cdot \cdot Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 3,465,865 7,135,648 8 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) 0 27,500 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 405,910 3,783 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,954 0 3,483,602 7,569,058 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,000 Benefits paid to or for members (Part IX, column (A), line 4) . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,423,881 6,239,417 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) 1,179,261 1,685,303 2,289,704 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 4,110,184 8,529,121 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . -626,582 -960,063 Assets or d Balances Beginning of Current End of Year Total assets (Part X, line 16) . 19,302,186 17,849,367 1,050,142 Total liabilities (Part X, line 26) . . 1,697,281 Net assets or fund balances. Subtract line 21 from line 20 . 17,604,905 16,799,225 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2024-10-16 Sian Signature of officer ANA MONTEIRO DIRECTOR OF FINANCE Here Type or print name and title Print/Type preparer's name Preparer's signature Check 2024-10-16 P00650274 **Paid** self-employed Firm's name ARMANINO LLP Firm's EIN 94-6214841 **Preparer** Firm's address 2700 CAMINO RAMON STE 350 **Use Only** Phone no. (925) 790-2600

SAN RAMON, CA 945835004

May the IRS discuss this return with the preparer shown above? See Instructions. • • •

Yes No

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Briefly describe the organization's mission:

ADVANCEMENT PROJECT EDUCATION FUND IS A NEXT GENERATION, MULTI-RACIAL CIVIL RIGHTS ORGANIZATION. ROOTED IN

THE GREAT HUMAN RIGHTS STRUGGLES FOR EQUALITY AND JUSTICE, WE EXIST TO FULFILL AMERICA'S PROMISE OF A CARING,

INCLUSIVE AND JUST DEMOCRACY. WE USE INNOVATIVE TOOLS AND STRATEGIES TO STRENGTHEN SOCIAL MOVEMENTS AND

ACHIEVE HIGH-IMPACT POLICY CHANGE.

Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program

If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by

expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

2,005,975 including grants of \$

4a

POWER & DEMOCRACY (RIGHT TO VOTE AND VOTER PROTECTION) STRATEGIC LITIGATION REMAINS AN IMPORTANT TOOL THAT WE CAN BRING TO BEAR FOR OUR PARTNERS AS THEY SEEK TO HOLD STATES ACCOUNTABLE TO THE VOTERS IN THEIR COMMUNITIES. TO THAT END, WORK CONTINUED DURING THIS REPORTING PERIOD ON THE STRATEGIC LITIGATION THAT WE FILED IN RESPONSE TO S.B. 202, GEORGIA'S DISINGENUOUS "ELECTION INTEGRITY" BILL. THIS PAST FALL, OUR VOTER PROTECTION PROGRAM AND LITIGATION TEAMS CONNECTED WITH OUR PLAINTIFFS IN GEORGIA TO PROVIDE UPDATES AND NEXT STEPS IN THE CASE AGAINST SB 202 IN ANTICIPATION OF SEPTEMBER 22ND PRELIMINARY INJUNCTION HEARING. IN OUR RIGHTS RESTORATION WORK, WE HAVE CONTINUED TO

SUPPORT OUR CURRENT PARTNERS IN LOUISIANA AND WISCONSIN AND HAVE DEVELOPED A NEW PARTNERSHIP IN GEORGIA. RIGHTS RESTORATION IS A PRIORITY OF OURS BECAUSE IT CUTS ACROSS OUR VOTING RIGHTS AND CRIMINAL JUSTICE WORK. "

(Code:) (Expenses \$

OPPORTUNITY TO LEARN (QUALITY EDUCATION AND SCHOOLHOUSE TO JAILHOUSE) OVER THE PAST COUPLE OF YEARS, PUBLIC SCHOOLS HAVE GROWN INTO ONE

OF THE MOST CONTESTED SPACES IN THE UNITED STATES, WITH "PARENTAL RIGHTS", RESTRICTIONS ON CURRICULUM, AND BOOK BANS DOMINATING THE HEADLINES. OUR WORK FOCUSES ON THE YOUNG PEOPLE IN THOSE SCHOOLS, CENTERING THEM AND THEIR NEEDS. FIRST, WE, ALONGSIDE ALLIANCE FOR EDUCATIONAL JUSTICE, CONVENE THE NATIONAL POLICE FREE SCHOOLS CAMPAIGN, HELPING YOUNG PEOPLE ADVOCATE FOR THE REMOVAL OF POLICE OFFICERS, AS WELL AS THEIR SURROGATES (SECURITY GUARDS, SURVEILLANCE, ETC.), FROM THEIR SCHOOLS SO THAT THEY CAN BE THEIR FULL, AUTHENTIC SELVES IN A SAFE SPACE TO LEARN. THE SECOND PILLAR OF OUR WORK WITH YOUNG PEOPLE INVOLVES HELPING THEM ENVISION AND WORK TOWARDS THE LIBERATORY

EDUCATION THAT THEY DESERVE. THE COMMON THREAD IN BOTH BODIES OF WORK IS THAT WE HELP EOUIP YOUNG PEOPLE WITH A SET OF ORGANIZING AND CAMPAIGN-BUILDING SKILLS THAT THEY WILL CARRY WITH THEM BEYOND THE SCHOOLHOUSE, AS WELL AS THE TRANSFORMATIONAL KNOWLEDGE THAT THEY CAN

AFFECT CHANGE IN THEIR COMMUNITIES. (Code:) (Expenses \$

JUSTICE PROJECTWE CONTINUED OUR WORK WITH MOVEMENT FOR BLACK LIVES IN ATLANTA, GA, THIS YEAR, AS THEY PROTESTED THE CONSTRUCTION OF COP CITY, A "PUBLIC SAFETY" TRAINING FACILITY THAT WILL, IN ADDITION TO ITS \$90 MILLION PRICE TAG, OCCUPY 85 ACRES OF GREEN SPACE IN THE CITY AND

BASIC RIGHT OF SELF-GOVERNANCE.

(Code:) (Expenses \$

(Code:

(Expenses \$

Total program service expenses

COMMUNICATIONSOUR COMMUNICATIONS PROGRAM DOES NOT JUST SUPPORT THE PR OF ADVANCEMENT PROJECT, BUT ACTS AS A PROGRAM ARM TO SUPPORT ALL OF OUR TEAMS AND PROGRAMS. THEY DO THIS THROUGH MEDIA PLACEMENT, CAMPAIGNS, CREATING COMMUNICATIONS COLLATERAL, AND TRYING TO

COALITION OF MORE THAN 50 ORGANIZATIONS WORKING IN D.C. AND NATIONALLY TO ENSURE THAT RESIDENTS OF OUR NATION'S CAPITAL CAN EXERCISE THEIR 1,233,797 including grants of \$

SPECIFICALLY THAT YOUNG PEOPLE ARE VIOLENT AND NEED POLICE. "

Other program services (Describe in Schedule O.)

) (Expenses \$

IN THE FIRST QUARTER OF 2024, WHICH ADVANCEMENT PROJECT TOOK THE LEAD IN PLANNING.

1,754,852 including grants of \$

7,099,780

1,419,828 including grants of \$

521,055

CHANGE THAT NATIONAL NARRATIVE AROUND ALL OF OUR PROGRAMS. FOR EXAMPLE, WE ARE CURRENTLY IN THE PROCESS OF DEVELOPING A COMMUNICATIONS STRATEGY TO SUPPORT NARRATIVE CHALLENGES TO THE POLICE FREE SCHOOLS CAMPAIGN IN THE DC/MARYLAND/VIRGINIA (DMV) REGION. BECAUSE THEY RESIDE IN THE SAME NEWS MARKET, THESE SCHOOL DISTRICTS OFTEN FIND THEIR VARIED CHALLENGES REDUCED TO A MONOLITH BY THE MAINSTREAM MEDIA,

including grants of \$

OUR OTHER PROGRAMS INCLUDE OUR CAMPAIGNS AND FORMATION WORK, AS WELL AS FELLOWS THAT HELP SUPPORT DIFFERENT SPECIAL PROJECTS IN OUR MAIN 3 PROGRAMS. IN NOVEMBER 2022, WE RE-LAUNCHED FORMATION, OUR RELATIONSHIP BUILDING, CROSS-LEARNING, AND STRATEGIC CAPACITY BUILDING NETWORK OF MULTIRACIAL LOCAL ORGANIZATIONS WAGING CAMPAIGNS TO DISMANTLE SYSTEMS AND STRUCTURES OF RACIAL OPPRESSION. FORMATION SEEKS TO BUILD THE IDEOLOGIES AND STRATEGIES NEEDED TO BUILD MULTIRACIAL POWER AS DEMOGRAPHICS SHIFT. THE ORGANIZATIONS HAVE MET VIRTUALLY AND IN PERSON. AT OUR OCTOBER 2023 MEETING, GROUPS SHARED THEIR PRELIMINARY PLANS FOR 2024, INCLUDING THEIR PLANS FOR THE 2024 PRESIDENTIAL ELECTIONS, AND EXPRESSED INTEREST IN STRATEGIZING TOGETHER. THE GROUPS LEFT THE MEETING AGREEING TO RECONVENE FOR AN IN-PERSON GATHERING

1,919,125 including grants of \$

) (Revenue \$

) (Revenue \$

) (Revenue \$

) (Revenue \$

27,500)

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) (Revenue \$

Yes No

☐ Yes ☐ No

HAVE A SEVERE AND OUTSIZED ENVIRONMENTAL EFFECT ON BLACK AND POOR RESIDENT. PROTESTERS HAVE FACED A MASSIVE BACKLASH, INCLUDING BEING ATTACKED WITH TEAR GAS AND RUBBER BULLETS BY POLICE, AS A PART OF OUR WORK IN THE DISTRICT OF COLUMBIA, WE PARTICIPATE IN HANDS OFF DC, A Form 990 (2023) Page 3 **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," Yes 1 2

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥦 . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

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 🥦

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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 📆 . .

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🐯

complete Schedule D, Part III 🥦

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

Did the organization receive or hold a conservation easement, including easements to preserve open space,

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐯 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 🐿 d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

12a ប៊ីប៉េក្តាម ទល្បានមេដា និក្សានាម្ខាត់ និក្សានាម្ខាត់ និក្សានាម្ចាត់ និក្សានាម្ចាន និក្សានាម្ចាត់ និក្សានាម្ចាន់ និក្សានិក្សានាម្ចាន់ និក្សានាម្ចាន់ និក

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. 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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

candidates for public office? If "Yes," complete Schedule C, Part I 🥦

Νo

Nο

Nο

Νo

Nο

Νo

Νo

Nο

Νo

Νo

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Yes

Yes

Yes

3

4

5

6

7

8

9

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

29

30

Part V

entity or family member of any of these persons?

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Form	n 990 (2023)			Page 4
Pa	rt 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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

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

Did the organization report any amount on Part X; line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, terminate, or dissolve and cease operations? If "Yes," complete schedule N. Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

พื่แร้งหลื เชาสูมิศาร์ลเรียกใช้เลี้ยง ใช้เร็กง tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🖠 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🐒 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .

Νo

Νo

Nο

Nο

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Nο

Nο

No

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

23

Λ

1a

1b

Yes

Yes

Yes

Yes

Yes

Yes

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
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	4a		No
b	Accounts for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	Washibe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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		No
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?	7 c		Νo
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?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			N
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
ь 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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?	14b 15		N o
16		16		N o
	If "Yes," complete Form 4720, Schedule O.			
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

15a

15b

16a

16b

Yes

Yes

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0 (2023)	Pag
Governance, Management, and Disclosure. For e	ach "Yes" response to lines 2 through 7b below, and for a "No" response to lines

- ()	
Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below, and for a "No" response to line 2 through 7b below	ies
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	

	Check if Schedule O contains a response or note to any line in this Part VI	e 0. S	ee instructions.	 	
Se	ction A. Governing Body and Management				
				Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax	1a	13		
	Yethere are material differences in voting rights among members of the governing body or if the governing body delegated broad authority to an executive committee				

				 Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	13		
	Yell-fire 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				

	Y^{e} 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	13			
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					

	or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1 3		
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?		' '	2	Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3	Νo
4	Did the organization make any significant changes to its governing documents since	e the p	orior Form 990 was	4	Νo

	or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b				13		
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?					,	2	Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,					3	Νo
4	Did the organization make any significant changes to its governing documents since	the p	orior f	Form 9	90 was	5	4	Νo
5	600 d $^{\circ}$ d $^{\circ}$ organization become aware during the year of a significant diversion of the $^{\circ}$	organi	zatior	n's asse	ets? .	ı	5	Νo
6	Did the organization have members or stockholders?						6	Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?						7a	Νo
b	Are any governance decisions of the organization reserved to (or subject to approve	l by)	meml	bers, s	tockho	lders,	7b	Νo

b	independent	1b	13				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		• • •	2		Νo	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	,		3		Νo	
4	Did the organization make any significant changes to its governing documents since	the p	orior Form 990 was	4		Νo	
5	60° organization become aware during the year of a significant diversion of the $^{\circ}$	rgani	zation's assets? .	5		Νo	
6	Did the organization have members or stockholders?			6		Νo	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,	•	7 b		Νo	
8	Did the organization contemporaneously document the meetings held or written active year by the following:	ons ur	ndertaken during the				
а	The governing body?			8a	Yes		
b	Each committee with authority to act on behalf of the governing body?			8b	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, wi organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		Νο	
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						

3	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		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νο
5	60° organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		

				_
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		Νο
Sa	ection B. Policies (This Section B requests information about policies not required by the Internal R		ia Codi	
36	ection B. Poncies (This Section B requests information about poncies not required by the Internal R	event		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	_
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

a The organization's CEO, Executive Director, or top management official

Own website Another's website Vpon request Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

ANA MONTEIRO 1220 L ST NW 850 WASHINGTON, D C 20005 (202) 728-9557

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

Section C. Disclosure

17

apply.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section 6104 requires an organization to make its Form 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

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

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?

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

No. No.	Check this box if neither the organization r	nor any related	organ	ization compensated an	y cu	ırrer	nt offi	cer,	, director, or tru	stee.	т—
Trial factor Tria		Average hours per week (list	uı	ition (do not check more inless person is both an d director/trusted	officee)	cer a	and a	1	Reportable compensation from the	Reportable compensation from related	Estimated amount of other
RESIDENT, BOARD CHAIR; EXEC. COMM. CHAIR X		related organizations below dotted line)	trustee	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-	(W-2/1099- MISC/1099-	from the organization and related organizations
2) ESSE WILLIAMS	```				х				0	. 0	0
VICE CHAIR	(2) JESSE WILLIAMS			+	X	H		-	C		0
SECRETIANY AND TEASURER, EXEC. COMM. X					Ľ'	<u> </u>			<u> </u> '	1	
(4) JOSE JOE ALVAREZ	`				х	[0	0	0
Color	(4) JOSE JOE ALVAREZ								0	0	0
Column C	`								0	0	0
X	(6) ARLENE HOLT-BAKER								0	0	0
No No No No No No No No	```		· x						0	0	0
STATE STAT	```								0	0	0
X	```		· x						0	0	0
1.00 Committee Committee	``								0	0	0
X	``								0	0	0
Column C	``								0	0	0
X 335,758 0 36,	`								0	0	0
X 239,531 0 39,	`′				х				335,758	0	36,258
X 196,741 0 33,	``				х				239,531	0	39,425
X 196,943 0 27,	``					х			196,741	0	33,611
GENERAL COUNSEL (THRU 10/23)	``						Х		196,943	. C	27,385
Form 990 (2023)	GENERAL COUNSEL (1HRU 10/23)		Щ		<u></u>	Щ'	Ш	Ш		- 200 (2	222

7457 FRANKLIN RD SUITE 210 BLOOMFIELD HILLS, MI 48301 ELLE COMMUNICATIONS

9000 W SUNSET BLVD PH WEST HOLLYWOOD, CA 90069

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

(A) Name and title	(B) Average hours per week (list		(C) ition (do not check more nless person is both an director/truste	offi				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	-	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations	
(18) JENNIFER DILLON	40.00					Х		179,100		24,408	
MANAGING DIRECTOR OF COMMUNICATIONS						^		179,100		24,400	
(19) ANDI RYDER	38.33					×		175,672	C	16,042	
MANAGING DIRECTOR OF DEVELOPMENT								1,0,0,1		10,0 12	
(20) ANA MONTEIRO	38.33					X		172,586	C	7,321	
MANAGING DIRECTOR OF STRATEGY				<u> </u>	<u> </u>			·			
(21) MARIA FERNANDEZ	40.00					Х		166,019	C	11,351	
DIRECTOR OF FINANCE											
1b Sub-Total	ll, Section A .		_			1.663.5	\				
d Total (add lines 1b and 1c)			co listed above) who rec	coive		1,662,3			0 19	95,801	
\$100,000 of reportable compensation			•	CIVC	Ju 11	1010 0					
	:: d:								Yes I	lo	
3 Did the organization list any former off on line 1a? <i>If "Yes," complete Schedule</i>	•			•	St C	• •	•	ed employee	3 1	О	
4 For any individual listed on line 1a, is to organization and related organizations individual									4 //		
									4 Yes		
5 Did any person listed on line 1a receive services rendered to the organization?				-	-			individual for	5 1	lo	
Section B. Independent Contract	ors							<u> </u>		<u>_</u>	
Complete this table for your five higher compensation from the organization. Reference to the compensation of the compens	st compensated										
Massacrand I	(A)					D-	occ-i-	(B)	(C)	on.	
13TH AND L ASSOCIATES	business address				RE		SCLIE	otion of services	Compensati 585	on ,926	
PO BOX 1000 DEPT 149-312 MEMPHIS, TN 38148											
M & R STRATEGIC SERVICES INC					СО	NSULT:	ING		290	,650	
1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036											
TEAL MEDIA					СО	NSULT:	ING		133	,619	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4 114,738

CONSULTING

	990 (2023) VIII Sta	tement of Revenue									Page 9
	Chec	ck if Schedule O contains	a response or	note to	(A) Total revenue	Rela ex fur	(B) ated or empt action venue		(C) Unrelate busines revenu	e tax	(D) Revenue cluded from under sections 512 - 514
Contr	ibutions, Gift	s, Grants, and OtherAmt	Similar Amoun		Federated campa Membership dues	igns	1a	_		_	
					Fundraising even		1b			_	
					Related organizat		10			_	
					Government grants (c All other contributions			•			
					and similar amounts in above Noncash contributions	not included	11	:	7,135,	648	
					lines 1a - 1f:\$		19	ı	49,	,929	
	I		Busines		Total. Add lines 1	a-1f .				7,135	,648
	2a ATTORNEY	FEE REVENUE	Dusines	541100	27,50	00	27,	500			
nue											
Reve	b										
ce	с										
Serv	d										
Program Service Revenue											
Prog	e										
		program service revenue									
	9 Total. A	dd lines 2a-2f		27,500				Т			
		other	-		npt bond proceeds		405,71	.4			405,714
		5 Royalties	estinent or ta								
			(i)	Real	(ii) Person	al					
		6a Gross rents	6a								
		b Less: rental expenses	6b								
		c Rental income (loss)									
		d Net rental inc		• ecuriti							
		7a Gross amount	7a		.536						
		from sales of assets other									
nne		than inventory b Less: cost or	7b	46,	.340						
ever		other basis an sales expense									
Ä		c Gain or (loss)	7c		196		10				406
Other Revenue		d Net gain or (I 8a Gross income fror	-	_	<u> </u>		19	10			196
•		(not including \$ contributions repo	rted on line 1c).	of							
		See Part IV, line	18		8a						
		b Less: direct e	-	<u> </u>	8b a events						
		9a Gross income activities.			9a						
		See Part IV, lin b Less: direct e		<u> </u>	9b						
		c Net income or	(loss) from ga	ming a	ictivities						
		10a Gross sales of returns and all			l0a						
		b Less: cost of g		-	LOb						
		c Net income or	(loss) from sal	es of i							
		11a			Business Co	de					
		b									
Othe	erRevenueMi	scAmt									
		С									
		d All other rever	ue					+			
		e Total. Add line	s 11a-11d .								
		12 Total revenue.	See instruction	ns .			7,569,05	i8	27,500	(405,910

orı	m 990 (2023)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colun	nns. All other organ	izations must compl	ete column (A).
	Check if Schedule O contains a response or note to	any line in this Part		-	🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	795,102	633,250	40,493	121,359
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,125,824	3,387,175	110,030	628,619
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,053	70,166	1,918	12,969
9	Other employee benefits	848,963	695,102	24,098	129,763
	Payroll taxes	384,475	314,021	12,111	58,343
	Fees for services (non-employees):	-			<u> </u>
	a Management				
	b Legal	41,885	41,885		
	Accounting	53,040	40,056	5,489	7,495
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	754,721	743,138	4,905	6,678
12	Advertising and promotion	1			
13	Office expenses	290,399	211,116	5,456	73,827
14	Information technology	30,050	24,735	867	4,448
	Royalties				_
16	Occupancy	505,924	412,769	15,680	77,475
	Travel	319,559	293,334	9,012	17,213
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	43,660	35,960	322	7,378
20	Interest	10,637	4,833	2,260	3,544
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	129,537	105,544	3,941	20,052
23	Insurance	49,419	40,649	1,468	7,302
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 STAFF DEVELOPMENT/TRAIN	33,443	31,550	835	1,058
	b EQUIPMENT RENTAL	16,594	14,497	359	1,738
	c START UP COSTS	5,788		5,788	
	d BAD DEBT EXPENSE	5,048		5,048	
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,529,121	7,099,780	250,080	1,179,261
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				_

		(2023) Balance Sheet				Page 11
Pa	irt X	_				_
		Check if Schedule O contains a response or note	to any line in this Part IX .			· · · · <u>L</u>
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		53,865	1	910,435
	2	Savings and temporary cash investments		11,553,244	2	9,834,449
	3	Pledges and grants receivable, net		5,193,000	3	5,326,633
	4	Accounts receivable, net		291,266	4	93,881
	5	Loans and other receivables from any current or for trustee, key employee, creator or founder, substa controlled entity or family member of any of these	ntial contributor, or 35%		5	
	6	Loans and other receivables from other disqualified under section $4958(f)(1)$), and persons described	ed persons (as defined		6	
S	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
SS	9	Prepaid expenses and deferred charges		188,054	9	196,128
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	a 1,134,943			
	b	Less: accumulated depreciation 10	b 991,578	263,596	10c	143,365
	11	Investments—publicly traded securities .		636,489	11	846,726
	12	Investments—other securities. See Part IV, line 1	1		12	
	13	Investments—program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,122,672	15	497,750
	16	Total assets: Add lines 1 through 15 (must equal	line 33)	19,302,186	16	17,849,367
	17	Accounts payable and accrued expenses		631,764	17	551,565
	18	Grants payable			18	
	19	Deferred revenue		60,000	19	14,528
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former key employee, creator or founder, substantial con	tributor, or 35%			
9.		controlled entity or family member of any of these	·		22	
	23	Secured mortgages and notes payable to unrelate	· ·		23	
	24	Unsecured notes and loans payable to unrelated t	chird parties		24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Complete Part X of Schedule D		1,005,517	25	484,049
	26	Total liabilities. Add lines 17 through 25		1,697,281	26	1,050,142
es		Organizations that follow FASB ASC 958, check h	ere 🔽 and complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		10,828,298	27	11,404,635
d B	28	Net assets with donor restrictions		6,776,607	28	5,394,590
Ė		Organizations that do not follow FASB ASC 958,	check here 🕨 🗌 and			
Assets or F	29	complete lines 29 through 33. Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building or equi	pment fund		30	
455	31	Retained earnings, endowment, accumulated incor	me, or other funds		31	
Net /	32	Total net assets or fund balances		17,604,905	32	16,799,225
-	33	Total liabilities and het assets/fund balances		19,302,186	33	17,849,367

Both consolidated and separate basis

2c

За

3b

Yes

Νo

Form 990 (2023)

Separate basis

Schedule O.

Consolidated basis

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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.

If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2023)		
Additional Data		Return to Form
	Software ID:	
	Software Version:	
Form 990, Special Condition Descripti	ion:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

SCHEDULE A

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Inspection

OMB No. 1545-0047

ADVANCEMENT PROJECT EDUCATION FUND 87-4702350 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or

university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the

organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check

the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting

organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization.

Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of (v) Amount of (vi) Amount of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1- 10 above (see instructions)) Yes No

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

Cat. No. 11285F

Schedule A (Form 990) 2023

b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

che	edule A (Form 990) 2023						Page 3
P	art IIII Support Schedule f						
	(Complete only if you						
	II. If the organization	fails to qualify	under the te	sts listed below	, please comple	ete Part I	l.)
	ection A. Public Support						
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
	ection B. Total Support			Т	1	1	
	endar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975.						
с 11	Add lines 10a and 10b. Net income from unrelated	<u> </u>			1		
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.	<u> </u>			1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)	the even in ation!	a first seemed t	hind formeth on fit	fth tay year as a s	ostion FO1	(a)(3) arganization
14	First 5 years. If the Form 990 is for the check this box and stop here	-			•		
-						· · · · ·	
<u> </u>	Public support percentage for 2023 (13, column (f))		15	
15 16	Public support percentage from 202					16	
_	ection D. Computation of Inve					10	
<u>3</u> 17	Investment income percentage for 2				nn (f))	. 17	
17 18	Investment income percentage from					18	
10 19a							, and line 17 is not
_ J	more than 33 1/3%, check this box a						
h	33 1/3% support tests—2022. If the						
_	is not more than 33 1/3%, check this	-			•		_

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1

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3b

5a

5b

5c

6

7

8

9a

Schedule A (Form 990) 2023

Page 4

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

describe the designation. If historic and continuing relationship, explain.

Did the organization have any supported organization that does not have an IRS determination of status under

section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

was described in section 509(a)(1) or (2).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

4b or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the

supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

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)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f)

organizations)? If "Yes," answer line 10b below. 10a 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

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Page 5

а						
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c					
	below, the governing body of a supported organization?	11a				
b	A family member of a person described on 11a above?	11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c				
S	Part VI. ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, 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 Part VI 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, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such					
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1				
	ection Dia Type III Supporting Organizations					
	ection b. Air Type 111 Supporting Organizations		Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	. 65			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations	3				
	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	tructio	ns)·			
	The organization satisfied the Activities Test. Complete line 2 below.	uctio				
	b The organization is the parent of each of its supported organizations. Complete line 3 below.					
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see				
	instructions)					
2	Activities Test. Answer lines 2a and 2b 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the 	2a				

reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.

2b

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3b

instructions)

Page 6

	Section 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		
	Section 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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $0.015\ \text{of line 3}$ (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Section D^{Or} อาการสา

d Excess from 2022. **e** Excess from 2023.

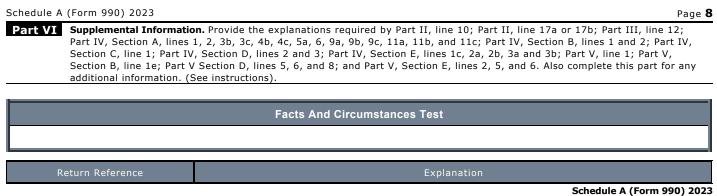
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1 Amounts paid to supported organizations to accomplish exempt purposes

1

excess of income from activity			_		
3 Administrative expenses paid to accomplish exempt	nizations	3			
4 Amounts paid to acquire exempt-use assets		4			
	and provide details in Dant V	/T \	5		
5 Qualified set-aside amounts (prior IRS approval requir		(1)			
6 Other distributions (describe in Part VI). See instruc	tions		6		_
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to which the organization is responsive provide details in Part VI). See instructions					
9 Distributable amount for 2023 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations	(i)		i)		(iii)
(see instructions)	Excess Distributions	Underdis Pre-	tributi 2023	ons	Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI					
). See instructions.					
3 Excess distributions carryover, if any, to 2023:					
a From 2018					
b From 2019					
c From 2020					
d From 2021					
e From 2022					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2023 distributable amount					
 Carryover from 2018 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2023 from Section D, line 7:					
\$					
a Applied to underdistributions of prior years					
b Applied to 2023 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI					
See instructions.					
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2024. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** ADVANCEMENT PROJECT EDUCATION FUND 87-4702350 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization ADVANCEMENT PROJECT EDUCATION FUND

Employer identification number 87-4702350

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

(a)

No. from

Part I

(a)

Part I

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(c) FMV (or estimate) (See instructions)

87-4702350

Employer identification number

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

(d)

(d)

Date received

Schedule B (Form 990) (2023)

Page 3

Description of noncash property given

(b)

Description of noncash property given

(b)

(See instructions) (c) FMV (or estimate)

(c)

FMV (or estimate)

FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

(See instructions) (c)

(b) Description of noncash property given

(b)

(c) FMV (or estimate) Date received (See instructions)

Description of noncash property given

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

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

Political Campaign and Lobbying Activities

Employer identification number

☐ Yes

┌ Yes

□ No

(e) Amount of

political contributions

received and

promptly and directly delivered to a separate political organization. If none, enter -0-.

87-4702350

Open to Public Inspection

OMB No. 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

- If the organization answered "Yes" on 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" on 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" on 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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization

ADVANCEMENT PROJECT EDUCATION FUND

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Part I-A

Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2

Political campaign activity expenditures. See instructions

Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955

2 Enter the amount of any excise tax incurred by organization managers under section 4955

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527

exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........

Did the filing organization file Form 1120-POL for this year?

5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (b) Address (a) Name (d) Amount paid from

5

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

(c) EIN

Cat. No. 50084S

filing organization's

funds. If none, enter

-0-.

Schedule C (Form 990) 2022

activity.

1

(a)

Page 3

(b)

tiv	rity.	Yes	No	Amount
	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:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
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	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Total. Add lines 1c through 1i

Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1

No Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

line 3, is answered "Yes."

Dues, assessments and similar amounts from members 1

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

1 2 expenses for which the section 527(f) tax was paid).

2a Current year

2b Carryover from last year 2c

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

3 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Taxable amount of lobbying and political expenditures. See Instructions 5 Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. ▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

	me of the organization ANCEMENT PROJECT EDUCATION FUND	Employer identification number								
			87-4702350							
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.									
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year	(a) Bener davised rands	(B) Funds and other decounts							
2	Aggregate value of contributions to (during year)									
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No									
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?									
Pa	Complete if the organization answered									
1	Purpose(s) of conservation easements held by the o									
	Preservation of land for public use (e.g., recreati	on or education) 🔲 Preservation of a	n 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 hel	d a qualified conservation contribution in	the form of a conservation							
	easement on the last day of the tax year.	Held at the End of the Year								
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified his	storic structure included in (a)	2c							
d	Number of conservation easements included in (c) a historic structure listed in the National Register	2d								
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year									
4	Number of states where property subject to conserv	ration easement is located 🕨								
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?									
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?									
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.									
Pai	Complete if the organization answered		or Other Similar Assets.							
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.									
b										
((i) Revenue included on 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 similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:									
а	a Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·									
b	Assets included in Form 990, Part X		> \$							
For	Paperwork Reduction Act Notice, see the Instructions									

52283D

3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and othe	r records, c	heck a	ny of th	he following that	are a signifi	cant use of	its	
а	Public exhibition		d		Loan c	or exchange prog	ırams			
b	Scholarly research		e		Other					
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pa	t IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.		" on Form	990,	Part I	V, line 9, or re	ported an a	imount on	Form	າ 990,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part X	(III and compl	ete the follo	wing t	able:		Ar	nount		- -
c	Beginning balance					1c				
d	Additions during the year					1d				_
е	Distributions during the year									_
f	Ending balance									_
2-	•							Ves I	No	_
2a	Did the organization include an amount on	FORM 990, Pa	rt X, line 21	, for e	escrow	or custodiai acco	unt liability?	_ ies	140	
b	If "Yes," explain the arrangement in Part >	KIII. Check hei	re if the exp	lanati	on has	been provided in	Part XIII .	🗆		
Pa	rt V Endowment Funds.									
	Complete if the organization an									
		(a) Current	year (b) Prior	year	(c) Two years back	(d) Three year	rs back (e)	Four yea	ars back
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	1	1		ĺ		I	1		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	ırrent year end	d balance (li	ne 1g,	columi	n (a)) held as:	•			
а	Board designated or quasi-endowment									
b	Permanent endowment		-							
c	Term endowment									
	The percentages on lines 2a, 2b, and 2c s	hould equal 10	00%.							
За	Are there endowment funds not in the poss	session of the o	organization	that a	are held	and administere	ed for the			
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u> </u>
ь	(ii) Related organizations			 School	· ·			3a(ii) 3b		
D		tions listed as	required on	Sche	Jule K:			30		<u> </u>
4	Describe in Part XIII the intended uses of	the organizati	on's endown	nent f	unds.					
Pa	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization an Description of property (a) Cost or oth (investment)	her basis (I	b) Cost or othe						ine 10 ok valu	
12	Land									
	Buildings	+			340,550		311,360			29,190
	Leasehold improvements				263,920		251,915			12,005
đ	Equipment				530 473		428 303			102 170

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

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes" on Form 99 (a) Description of security or category	00, Part (b) Boo		e Form 990, I (c) Method of v	
	(including name of security)	value		or end-of-year	
	al derivatives				
	-held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part	Investments - Program Related.		71/1: 11 6		D 1 1 1 1 2
VIII	Complete if the organization answered 'Yes' on Form 99 (a) Description of investment	90, Part	(b) Book value		Part X, line 13.
	(a) bescription of investment		(b) Book Value	` '	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col.(B) line 13.)	٠			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990	0. Part I	V. line 11d. Se	e Form 990. I	Part X. line 15.
	(a) Description	o, . a. c .			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.(B) line 15.)			🕨	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990	0, Part I	V, line 11e or 1	1f.	
1.	See Form 990, Part X, line 25. (a) Description of liability				(b) Book value
	income taxes				
LEASE LIA	BILITY				484,049
Total. (Colum	on (b) must equal Form 990, Part X, col.(B) line 25.)			*	484,049
	or uncertain tax positions. In Part XIII, provide the text of the fool's liability for uncertain tax positions under FIN 48 (ASC 740). C				
XIII \square			- 3		

1

2

3

31,840,638

7,569,058

Schedule D (Form 990) 2022

Page 4

Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Subtract line 2e from line 1

Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d 22,275,132 Add lines 2a through 2d 2e 24,271,580

2a

2b

94,384

3

1,902,064

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 7,569,058 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements . 1 15,041,413

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

2a Donated services and use of facilities . . 1,902,064 Prior year adjustments 2b

2c Other losses Other (Describe in Part XIII.) . . . 2d 4,610,228 6,512,292 Add lines **2a** through **2d** 2e

3 3 Subtract line **2e** from line **1** 8,529,121 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

4b Other (Describe in Part XIII.)

Add lines 4a and 4b . . 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 8,529,121

Part XIII

Supplemental Information

ADJUSTMENTS:

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 X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

PART XI, LINE 2D - OTHER

LESS PRIOR YEAR REVENUES 22,215,132. PRIOR YEAR ADJUSTMENTS 60,000. ADJUSTMENTS: PART XII, LINE 2D - OTHER LESS PRIOR YEAR EXPENSES 4,610,228.

Compensation Information OMB No. 1545-0047 Schedule J (Form 990) 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. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** ADVANCEMENT PROJECT EDUCATION FUND 87-4702350 **Questions Regarding Compensation** 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 idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b

No

Yes

Schedule J (Form 990) 2023

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 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 the filing organization or a related organization: 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo

Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 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: 5a Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?

Νo Νo Νo Any related organization? Νo 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 in lines 5 and 6? If "Yes," describe in Part III 7 Yes 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 Νo If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.									
For each individual whose compensation must be reported on Schedule 3			from the organiza	ation on row (i) a	nd from related or	ganizations, des	cribed in the		
instructions, on row (ii). Do not list any individuals that are not listed on Note. The sum of columns $(B)(i)$ -(iii) for each listed individual must equ			Form 990, Part V	II. Section A. line	1a, applicable co	lumn (D) and (E) amounts for	that individual.	
(A) Name and Title	10.		of W-2, 1099-MIS			(D)	(E) Total of	(F)	
(rly name and the			and/or 1099-NEC		and other	Nontaxable	columns	Compensation in	
		(i) Base	(ii)	(iii) Other	deferred	benefits	(B)(i)-(D)	column (B)	
		compensation	Bonus &	reportable	compensation			reported as deferred on prior	
			incentive compensation	compensation				Form 990	
1 JUDITH BROWNE DIANIS	(i)	333,154	0	2,604	11,585	24,673	372,016	0	
EXECUTIVE DIRECTOR	(')								
	(ii)	0				0	0		
2 GIOVANNI COZZARELLI	(i)	193,952	0	45,579	16,591	22,834	278,956	0	
CHIEF FINANCIAL OFFICER (THRU 11/23)	(')							<u>-</u>	
	(ii)						0		
3 CARMEN DAUGHERTY	/i)	196,531	0	0 210	7,148	0 26,463	230,352	0	
DEPUTY EXECUTIVE DIRECTOR	(i)							<u>-</u>	
	(ii)	0							
4 EDWARD HAILES JR	/:\	181,865	0	0 15,078	0 8,305	0 19,080	0 224,328	0	
GENERAL COUNSEL (THRU 10/23)	(i)			15,076	0,303	19,000	224,320		
	(ii)	- -							
5 JENNIFER DILLON		177,340	0	1 760	0	0	0	0	
MANAGING DIRECTOR OF COMMUNICATIONS	(i)	177,5.10	0	1,760	0	24,408	203,508	0	
	(ii)								
6 ANDI RYDER		0 173,572	0	0	7.010	0 022	0	0	
MANAGING DIRECTOR OF DEVELOPMENT	(i)	1/3,3/2	0	2,100	7,019	9,023	191,714	0	
	(ii)								
7 ANA MONTEIRO		0 155,042	7 500	0	0	0	170.007	0	
MANAGING DIRECTOR OF STRATEGY	(i)	133,042	7,500	10,044	6,267	1,054	179,907	0	
	(ii)								
8 MARIA FERNANDEZ		0 166,019	0	0	0	0	0	0	
DIRECTOR OF FINANCE	(i)	100,019	0	0	0	11,351	177,370	0	
	(ii)								
	\vdash	0	0	0	0	0	0	0	
	$\vdash\vdash\vdash$			 					
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	ш			1	<u> </u>		6.1.1.1.1.	Form 000\ 2022	

Schedule J (Form 990) 2023 Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation ANA MONTEIRO WAS PAID A BONUS OF \$7.500 IN 2023. IN LIGHT OF THE DEPARTURE OF THE CFO AND NEW DUTIES ASSUMED BY THE

PART I, LINE 7 CONTROLLER, THE EXECUTIVE DIRECTOR DECIDED TO PROVIDE ADDITIONAL COMPENSATION IN THE WAY OF A BONUS. THE EXECUTIVE DIRECTOR HAS THE DISCRETION TO SET SALARIES AND BONUSES. THE AMOUNT OF THIS BONUS WAS DETERMINED BY COMPARISON TO

BONUSES FOR OTHER INTERIM POSITIONS AND THE LENGTH OF TIME IN THIS ROLE UNTIL HER PROMOTION TO FINANCE DIRECTOR. Schedule J (Form 990) 2023



(Form 990)

SCHEDULE M

Noncash Contributions

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 the latest information.

Open to Public Inspection

	e of the organization NCEMENT PROJECT EDUCATION FUND				Employer identificat	ion nu	mber	
					87-4702350			
Pa	rt I Types of Property			1				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lin 1 g	Method of c noncash contril e	determi	_	ıts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	3	49,92	9 FM V			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ► ()							
27	Other ► ()							
28	Other ▶ ()							
29	Number of Forms 8283 received by for which the organization complete				29		T	0
							Yes	No
30a	During the year, did the organizat	s from the	date of the initial contribut					
	exempt purposes for the entire ho					30a		Νo
b	If "Yes," describe the arrangemen							
31	Does the organization have a gift	•	. , .	,		31	Yes	
∍∠a	Does the organization hire or use contributions?				IIUIICASII	32a	i l	N.o.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

 \boldsymbol{b} . If "Yes," describe in Part II.

describe in Part II.

Νo

Page 2								
Part III 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.								
Return Reference	Explanation							
PART I, COLUMN (B):	NUMBER OF CONTRIBUTIONS IS IN REGARDS TO HOW MANY PEOPLE CONTRIBUTED, NOT HOW MANY ITEMS WERE CONTRIBUTED.							
	Schedule M (Form 990) (20							

SCHEDULE 0 (Form 990)

Department of the Treasury

Name of the organization

ADVANCEMENT PROJECT EDUCATION FUND

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

2023 Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number

87-4702350

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY MEMBERS OF THE FINANCE COMMITTEE PRIOR TO FILING AND MAKING IT AVAILABLE TO THE FULL BOARD FOR REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	THE DISCLOSURE OF CONFLICTS IS CALLED FOR AT EACH BOARD MEETING. DIRECTORS WHO HAVE A PERSONAL INTEREST IN A MATTER SUCH THAT IT IS A CONFLICT OF INTEREST UNDER THE ORGANIZATION'S CONFLICTS OF INTEREST POLICY, DISCLOSE SUCH INTEREST AND DO NOT VOTE ON THE MATTER.
FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY, THE COMPENSATION COMMITTEE OF THE BOARD (CP) CONSIDERS THE PERFORMANCE OF THOSE EXECUTIVES AS WELL AS THE MARKET RATES FOR SIMILAR POSITIONS OF COMPARABLE ORGANIZATIONS. MARKET INFORMATION IS OBTAINED FROM SURVEYS. THE COMPENSATION OF THE EXECUTIVE DIRECTORS AND THE CHIEF FINANCIAL OFFICER ARE ALSO REVIEWED FOR REASONABLENESS BY THE COMPENSATION COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury

Name of the organization

ADVANCEMENT PROJECT EDUCATION FUND

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87-4702350

Part I Identification of Disregarded Entities. Co	inplete if the c	_	answere	u res on	rorm 99	o, Part I	v, iine				
(a) Name, address, and EIN (if applicable) of disregarded entity		Primary activity Legal domi		(c) Legal domic or foreign	ile (state	te (d) Total income		(e) End-of-year as	issets Direct contr entity	olling	
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin	anizations. Cog the tax year						orm 99				
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) nicile (state gn country)		d) ode section		(e) charity status tion 501(c)(3))	(f) Direct controlling entity	Se 5: (con er	(g) ection 12(b) (13) htrollentity?
(1)ADVANCEMENT PROJECT ACTION FUND 1220 L ST NW 850	PROMOTES WELFARE	SOCIAL	DC !		501(C)(4)				ADVANCEMENT PROJECT EDUCATION FUND	Yes	s N
WASHINGTON, DC 20005 85-3230954											
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 501	35Y				Schedule R (Form 9	90) 20	123

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene man part	aging mer?	(k) Percentage ownership
							Yes	No		Yes	No	ŀ
Part IV Identification of Related Organizations								answered	l "Yes" on	Form 9	90, Part	IV, line

34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	Section 5 controlled	i) 12(b)(13) d entity?		
		(state or foreign country)		corp, or trust)		assets		Yes	No		
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more rela	ated organizations li	sted in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)										
c Gift, grant, or capital contribution from related organization(s)										
d Loans or loan guarantees to or for related organization(s)										
$f e$ Loans or loan guarantees by related organization(s) $\dots \dots \dots \dots \dots \dots \dots$				1e		No				
f Dividends from related organization(s)										
g Sale of assets to related organization(s)										
$oldsymbol{h}$ Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j Lease of facilities, equipment, or other assets to related organization(s)										
$f k$ Lease of facilities, equipment, or other assets from related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·				1k		No				
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No				
$\dot{\mathbf{m}}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No				
$f n$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) \cdot \cdot \cdot				1n	Yes					
• Sharing of paid employees with related organization(s)				10	Yes					
$oldsymbol{p}$ Reimbursement paid to related organization(s) for expenses				1 p		No				
q Reimbursement paid by related organization(s) for expenses				1q	Yes					
${f r}$ Other transfer of cash or property to related organization(s)				1r		No				
${f s}$ Other transfer of cash or property from related organization(s)				1 s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete the	nis line, including co	vered relationships	and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	nvolved					
(1)ADVANCEMENT PROJECT ACTION FUND	N	26,164	CASH							
(2)ADVANCEMENT PROJECT ACTION FUND	0	70,771	CASH							

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

evenue) that was not a related organization. See histractions regarding exclusion for certain investment partnerships.																
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	nicile income Ite or (related, eign unrelated, ntry) excluded from		income section (related, 501(c)(3) unrelated, organizations		(e) partners ction (c)(3) izations?	(f) Share of total income titions?		(f) (g) Share of total income end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1	(j) General or managing partner?		(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No				
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Part VII Supplemental In		
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	planation	
		Schedule R (Form 990) 2023
Additional Data		Return to Form
	Software ID:	
	Software Version:	