SCANNED IAN 0 2 2013

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2011

Open to Public

A	or the	2011 calendar year, or tax year beginning and	ending					
B	Check if applicabl	C Name of organization		D Employer identific	cation number			
X	Addre	AMERICAN COMMITMENT						
_	Name chang	Doing Business As		45-2	600535			
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•			
	Termir ated			(202) 656-2193				
]Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	216,500.			
	Applic			H(a) Is this a group re				
	pendi	F Name and address of principal officer:PHIL KERPEN		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
	-	· · · · · · · · · · · · · · · · · · ·						
		empt status: 501(c)(3) LX 501(c)(4) ◀ (insert no.) 4947(a)(1) e: ➤ WWW.AMERICANCOMMITMENT.ORG	or 527	Y .	list. (see instructions)			
				H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation; ZULL M	State of legal domicile; VA			
P	art l	Summary						
ø	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{FURT}}$	HER TH	E COMMON GO	OD AND			
& Governance	}	GENERAL WELFARE OF THE CITIZENS OF THE U	NITED	STATES OF A	MERICA BY			
Ĕ	2	Check this box 🕨 📖 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	ssets.			
Š	ľ			3	1			
Ğ		Number of Independent voting members of the governing body (Part VI, line 1b)			1			
ଦ୍ର ଜୁ		Total number of Individuals employed in calendar year 2011 (Part V, line 2a)			0			
<u> </u>					0			
Activities	"	Total number of volunteers (estimate if necessary)			0.			
Ą	/a	Total unrelated business revenue from Part VIII, column (C), line 12						
	b	Net unrelated business taxable income from Form 990-T, line 34			0.			
			ļ	Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)			216,500.			
Revenue	9	Program service revenue (Part VIII, line 2g)			0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			216,500.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			110,250.			
					0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)			0.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	· · · · · ·					
ĕÜ	16a	Professional fundraising fees (Part IX, column (A), line 11e)			7,250.			
Ž.			50.	tingga akabitan				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 141,24e). Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			97,655.			
	18	Total expenses. Add lines 13-17 (must equal Part 1x-column (A); line 25)	L		215,155.			
	19	Revenue less expenses. Subtract line 18 from line 12			1,345.			
ssets or			Ве	ginning of Current Year	End of Year			
智麗	20	Total assets (Part V line 16)		<u> </u>	1,345.			
ASS Ba	21	Total liabilities (Part X, line 26)			0.			
Net As Fund B	22				1,345.			
	art II	Net assets or fund balances. Subtract line 21 from line 20			1,343.			
_	, .,							
	•	lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true,	, correc	t, and complete. Peclaration of treparer (other than officer) is based on all information of w	hich preparer	has any knowledge.				
		X Y Y Y		× ///20	121/2			
Sign	n	Significate of difficer		K.I.				
Her	e	PHIL KERPEN, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's sig						
Paid	ŧ	WILLIAM E. TURCO						
	Darer							
•		Firm's name MCGLADREY LLP						
use	Only	Firm's address 5737 WASHINGTONIAN BLVD						
		GAITHERSBURG, MD 20878						
May	the II	S discuss this return with the preparer shown above? (see inst						
	01 01-2							

SEE SCHEDULE O FOR ORGANIZATION M

Form 990 (2011) AMERICAN COMMITMENT
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	х	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	^_	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		,	
	as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	IIa		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α.
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a]	х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?		<u> </u>	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		х
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- T
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	 	-
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		 	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18]	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2011)

Form 990 (2011)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
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 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			/
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			ļ
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	ļ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		,.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2011)

om	990 (2011) AMERICAN COMMITMENT 45-2600	535	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
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 in line 1a. Enter -0- if not applicable	~		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		-6	
	(gambling) winnings to prize winners?	1c	X	
2 a	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		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 3		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶		~	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	4	,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	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		v	
	any contributions that were not tax deductible?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		х	
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	·	, ,	
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	76		
·	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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 and section 509(a)(3) supporting organizations. Did the supporting			3
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		2007
9	Sponsoring organizations maintaining donor advised funds.	,		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	^		
11	Section 501(c)(12) organizations. Enter:			,
а	Gross income from members or shareholders		**	۶,
b	Gross income from other sources (Do not net amounts due or paid to other sources against	2	A (6	~ ^**
	amounts due or received from them)		~~~~	
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.	Ĺ		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	_		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	"		,
	organization is licensed to issue qualified health plans	'		
С	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
		Form	990	(2011)

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

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1									
	If there are material differences in voting rights among members of the governing body, or if the governing			٠.						
	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 1	· ^	٧.	·.						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			****						
	officer, director, trustee, or key employee?	2		<u>X</u>						
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		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		<u> </u>						
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	Х	17						
	Each committee with authority to act on behalf of the governing body?	8b		X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No X						
	Did the organization have local chapters, branches, or affiliates?	10a								
b	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?									
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
_	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120								
42	In Schedule O how this was done	12c		X						
13	Did the organization have a written whistleblower policy?	14		X						
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	1**		-``						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ř	4						
_	The organization's CEO, Executive Director, or top management official	15a	~	х						
a b	Other officers or key employees of the organization	15b	<u> </u>	X						
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			<u> </u>						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			[` · · ·						
	taxable entity during the year?	16a	,î	x						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	*,		7						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ľ		_						
	exempt status with respect to such arrangements?	16b	ľ							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd finar	ncial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation D	•							
	PHIL KERPEN - (202) 656-2193	•		_						
	1300 PENNSYLVANIA AVE. NW #190-406, WASHINGTON, DC 20004									
13200	6	Form	990	(2011)						

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(B) (C) Average Position						(D)	(E)	(F)	
Name and Title		1		Pos	ition	1		Reportable	Reportable	Estimated	
Name and Title	Average	(do	I (do not check more than one			than	one	compensation	compensation	amount of	
	hours per	offi	box, unless person is both an officer and a director/trustee)			r/trus	tee)		from related	other	
	week	<u>=</u>					Г	from the	organizations		
	(describe	liect.						organization	(W-2/1099-MISC)	compensation from the	
	hours for	5	g			ated		(W-2/1099-MISC)	(W-2/1099-WIISC)		
	related	stee	TS I		.	beu		(W-2/1099-MISC)		organization	
	organizations	量	la la		§	S 92			+	and related	
	ın Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ig i	1		organizations	
	0)	트	을	₽	<u>ş</u>	₹5	Ē				
(1) SEAN NOBLE	1 1 00	,,				l		١ ,		, ا	
DIRECTOR	1.00	X	-	_	_	┡	<u> </u>	0	0.	(
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132007 01-23-12

Part VII Section A. Officers, Director		nplo	yee			High	est			. ,	(F)	
. (A)	(B)	(C)				_		(D)	(E)			
Name and title	Average		not cl		more	than		Reportable	Reportable	- 1	Estimated	
•	hours per week	box, unless person is bo officer and a director/trus					compensation	compensation	4	amount of		
	(describe	\vdash			Г	T	<u> </u>	from the	from related organizations		other mpensation	
	hours for	direct				ē		organization	(W-2/1099-MISC		from the	
	related	30 01	stee			흁		(W-2/1099-MISC)	(** 2 .00000		rganization	
	organizations	frust	al tru		yee	뻍		(,			ind related	
	ın Schedule	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ᆯ			or	ganizations	
	O)	혈	Insti	Officer	, Ke	E E	Former					
	ļ						1			1		
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		╄	▙	_	L	1	-					
						1						
1b Sub-total			J		<u> </u>	┢		0.		0.	0	
c Total from continuation sheets to F	Part VII, Section A					•		0.	I.	0.	0	
d Total (add lines 1b and 1c)						▶		0.		0.	0	
2 Total number of individuals (including	but not limited to t	nose	liste	ed a	bov	e) w	ho r	received more than \$10	0,000 of reportable			
compensation from the organization	<u> </u>						_				TV N	
2 Did the automotion let on forman a			ر ا		mnl	0.400		highest companyated	employee en	¥	Yes No	
3 Did the organization list any former of			е, к	ey e	mpı	oyee	, or	nignest compensated e	employee on	3	_ X	
Inne 1a? If "Yes," complete Schedule 4 For any individual listed on line 1a, is			omn	one	atio	n an	d ot	ther compensation from	the organization	5	1.1	
and related organizations greater tha									the Organization	4	1 * 1	
5 Did any person listed on line 1a recei									udual for services			
rendered to the organization? If "Yes	•					-	. O.u	tod organization or man	71aaa, 101 001 71000	5	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	
Section B. Independent Contractors												
1 Complete this table for your five high										ensatio	n from	
the organization. Report compensation		<u>/ear</u>	end	ing v	with	or v	vithi		year.		<u>(C)</u>	
	A) siness address	N	ON:	E				(B) Description of	services	Com	(C) pensation	
			-									
					-			-				
2 Total number of independent contract	ctors (including but	not l	imite	ed to	o the		ste	d above) who received	more than			
\$100,000 of compensation from the	organization >					0			<u></u>		***	
_										For	m 990 (201	

	; ,	,	Statement of Reven	* * * * * * * * * * * * * * * * * * * *		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 :	а	Federated campaigns	1a		<i>"</i>	,		
Contributions, Gifts, Grants and Other Similar Amounts	1	b	Membership dues	1b	·	,	* **	,	
		C	Fundraising events	1c			, , , , , , , , , , , , , , , , , , ,		Ť
		d	Related organizations	1d		, ,		v " '	*
S.E		e	Government grants (contributi	ions) 1e			,	<i>.</i>	Ì
er S	•	f	All other contributions, gifts, grant	ts, and		', ,		^ **	
혈			similar amounts not included above	ve 1f	216,500.		*	,	
		g	Noncash contributions included in lines	1a-1f \$	·· · · · -		, , ,	* 9	, ,
<u>8</u>		h_	Total. Add lines 1a-1f		<u> </u>	216,500.			` ` <u>`</u>
					Business Code			and court of a some	
8	2	а					<u>-</u>		
او ∑َ		b							
Sul		С							
e a		d							L
Program Service Revenue		е						<u>.</u>	<u> </u>
Ē		f	All other program service reve	nue	1				ļ
		g	Total. Add lines 2a-2f		<u> </u>		`	,	
	3		Investment income (including	dividends, inter	rest, and				
			other similar amounts)		>				
	4		Income from investment of tax	x-exempt bond	proceeds				
	5		Royalties		<u> </u>				
				(ı) Real	(II) Personal				* **
	6	а	Gross rents			1.13.1		.	
		þ	Less: rental expenses			<u> </u>	^ ~~~	.	1
		С	Rental income or (loss)				i ili		(
		d	Net rental income or (loss)		<u> </u>				<u>-</u>
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	,		,	
			assets other than inventory				* ***	,	
		b	Less. cost or other basis					*	
			and sales expenses			ļ . *	1 / A	,	
			Gain or (loss)				"S. C		
	ı		Net gain or (loss)						
ne	8	а	Gross income from fundraisin	•					`
			including \$	of		*			
ě]		contributions reported on line	1c). See		,	* `		,
Other Reven			Part IV, line 18		a	· · · , ·	*	ļ.	
₹			Less: direct expenses	_	b	 		, ,	
			Net income or (loss) from fund		_		9		*.
	9	а	Gross income from gaming as		_1		1000	*	
			Part IV, line 19		a		1.3		1 2 1
			Less: direct expenses	-	p			â	
			Net income or (loss) from gan			<u> </u>		 	
	10	а	Gross sales of inventory, less		_		* * '	! * ,	4 ,
	1		and allowances		a	1	`	^ ,	
	l		Less: cost of goods sold	•	°	- ·	~* .	,	
	⊢	C	Net income or (loss) from sale		Dusiness Cade		· · ·	-	
	 	_	Miscellaneous Revenu	16	Business Code				
	11					 	-		
		b				 	 	-	
		C	Allester			 		 	
		d	All other revenue		<u></u>	-		77, 7	
		е	Total Add lines 11a-11d		•	216,500.	0.	<u> </u>	. 0.
1320	12 09 3-12		Total revenue. See instructions.			1 210,300	<u> </u>		Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX										
	ot include amounts reported on lines 6b, 3b, 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 governments and	440.050	110 050		a the s						
	organizations in the United States. See Part IV, line 21	110,250.	110,250.	7,6	** ** **						
2	Grants and other assistance to individuals in										
_	the United States. See Part IV, line 22				,						
3	Grants and other assistance to governments,			4	, , , , ,						
	organizations, and individuals outside the			á pí.	, v						
	United States. See Part IV, lines 15 and 16			, , , , ,							
4	Benefits paid to or for members		-	,							
5	Compensation of current officers, directors,										
6	trustees, and key employees Compensation not included above, to disqualified				****						
0	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
•	section 401(k) and section 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal	4,400.		4,400.							
С	Accounting		·								
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17	7,250.		, 4	7,250.						
f	Investment management fees										
g	Other										
12	Advertising and promotion			4.4							
13	Office expenses	161.		161.							
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel		-								
18	Payments of travel or entertainment expenses		18								
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings				 						
20	Interest Payments to affiliates										
21	Depreciation, depletion, and amortization										
22 23	Insurance										
23 24	Other expenses. Itemize expenses not covered		, ,								
~~	above. (List miscellaneous expenses in line 24e. If line	first state of the		# • *							
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	·	,	,*	^						
а	RESEARCH	70,000.	70,000.								
b	MEDIA PRODUCTION	23,094.	23,094.		1						
c											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	215,155.	203,344.	4,561.	7,250.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined				1						
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)	<u></u>	<u> </u>	l	5 000 (22.4)						

Form 990 (2011)
Part X | Balance Sheet

		,		(A) Beginning of year		(B) End of year
Т	`1	Cash - non-interest-bearing	,=,	0.	1	1,345.
ı	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
1	4	Accounts receivable, net			4	
l	5	Receivables from current and former officers, dir	ectors trustees kev	,		
		employees, and highest compensated employee				· ; **,
i		of Schedule L	o. Complete Fart II		5	
	6	Receivables from other disqualified persons (as	defined under section		<u> </u>	
	•	4958(f)(1)), persons described in section 4958(c)				**
		employers and sponsoring organizations of sect			,	
ı		employees' beneficiary organizations (see instru			6	
ន្ទ	7	Notes and loans receivable, net	ctionsy		7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		9		
1		Land, buildings, and equipment: cost or other	3 95	٦		
	iva	basis Complete Part VI of Schedule D	10a	<i>y</i>		
		Less: accumulated depreciation	10b		10c	u^
		·		11	· · · · · · · · · · · · · · · · · · ·	
	11	Investments - publicly traded securities		12		
	12	Investments - other securities. See Part IV, line 1		13		
	13	Investments - program-related. See Part IV, line		14		
	14	Intangible assets		15		
	15	Other assets. See Part IV, line 11	al lima (2.4)	0.	16	1,345
\dashv	16	Total assets. Add lines 1 through 15 (must equa	ai line 34)	•	17	1,343
	17	Accounts payable and accrued expenses		18		
	18	Grants payable		19		
	19	Deferred revenue				
	20	Tax-exempt bond liabilities	3 - 4 BV - 4 O - 1 1 - 1 - D		20	
ies	21	Escrow or custodial account liability. Complete I			21	
	22	Payables to current and former officers, director		*		
Liabilities	i	highest compensated employees, and disqualifi	ed persons. Complete Part II		مَّ ا	· ^ 200
		of Schedule L	A - of Manual are asked a		22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate		ļ 	24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	17-24). Complete Part X of		٦	
		Schedule D		0.	25	0
┥	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		•	26	3
		-	ere LA and complete	* ,		* * *
ş		lines 27 through 29, and lines 33 and 34.		0.	07	1,345
	27	Unrestricted net assets			27 28	1,343
Ba	28	Temporarily restricted net assets			1	
בְּן	29	Permanently restricted net assets	haak hana 🕨 🔲 and		29	
Ĕ		Organizations that do not follow SFAS 117, c	heck here and	,	1	, ,,, ,,
S O		complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds		30	ļ	
As	31	Paid-in or capital surplus, or land, building, or ed			31	-
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	1 2/5
-	33	Total net assets or fund balances		0.	33	1,345
	34	Total liabilities and net assets/fund balances		<u> </u>	34	Form 990 (2011

Form **990** (2011)

Form **990** (2011)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

➤ See separate instructions.

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	ne of organization			E	nployer identification number
	AMERICA	N COMMITMENT			45-2600535
Pa	art I-A Complete if the org	ganization is exempt und	der section 501(c)	or is a section 52	7 organization.
2	Provide a description of the organize Political expenditures Volunteer hours	zation's direct and indirect politi	cal campaign activities		> \$
_				(0)	· · · · · · · · · · · · · · · · · · ·
Pa		ganization is exempt und			
1	•				\$
	Enter the amount of any excise tax	, ,		5	* \$
	If the organization incurred a section	on 4955 tax, did it file Form 4720) for this year?		Yes No
-	a Was a correction made?				└── Yes
	b If "Yes," describe in Part IV.		der costion E01/o	event costion E	04(0)(2)
_		ganization is exempt un		· · _ · _ · _ · _ · _ · _ · _ · _ ·	
	Enter the amount directly expende		•		> \$
2	Enter the amount of the filing organ	nization's funds contributed to o	ther organizations for s		
	exempt function activities				* \$
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	-, _	
	line 17b			ļ	> \$
4	Did the filing organization file Form	1120-POL for this year?			☐ Yes ☐ No
5		' '	•	•	
	made payments. For each organiza				
	contributions received that were p		•	-	parate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	- 1		-
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and
_					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

01-27-12

Schedule C (Form 990 or 990 EZ) 2011	AMERICAN CO	MMITMENT		45-2	600535 Page 2
Part II-A Complete if the org		mpt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).				
A Check 🕨 📖 if the filing organiza	tion belongs to an aff	iliated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and shar	re of excess lobbying	expenditures).			
B Check 🕨 📖 ıf the fıling organiza	tion checked box A a	nd "limited control" pro	visions apply.		
Limi	ts on Lobbying Expe	nditures		(a) Filing	(b) Affiliated group
		unts paid or incurred.		organization's totals	totals
1a Total lobbying expenditures to influ	uence public opinion ((grass roots lobbying)			
b Total lobbying expenditures to influ	=	dy (direct lobbying)			
c Total lobbying expenditures (add in	ines 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	•	•			
f Lobbying nontaxable amount. Enter		e following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is: The lot	bying nontaxable am	ount is:	, , , , , , , , , , , , , , , , , , , ,	
Not over \$500,000		the amount on line 1e		~	
Over \$500,000 but not over \$1,000		00 plus 15% of the exc		,	, * ;
Over \$1,000,000 but not over \$1,5		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	T T	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (er	•				
h Subtract line 1g from line 1a. If zer	·				<u> </u>
i Subtract line 1f from line 1c. If zero	· ·			L	<u> </u>
j If there is an amount other than ze		line 11, did the organiz	ation file Form 4720	Г	¬
reporting section 4911 tax for this				L	Yes No_
(Sama organia		eraging Period Under section 501(h) election		plata all of the five	
		ne instructions for line			
		nditures During 4-Ye	<u>-</u>	-9,	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount	* . 3	* , , .	T 18 38		
(150% of line 2a, column(e))			,	· .	
c Total lobbying expenditures		<u></u>			
d Grassroots nontaxable amount					
e Grassroots ceiling amount	*		*		
(150% of line 2d, column (e))	1,2, ,3		nan 📲 o ya û x		
	1		1	1	1

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2011 AMERICAN COMMITMENT 45-260053 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the	e lobbying activity	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or		<i>i</i>	> 1/2	· ^	
	local legislation, including any attempt to influence public opinion on a legislative matter	, ,	, *	* " "	. 99	
	or referendum, through the use of	·		***		
а	Volunteers?			2	*	
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?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i	ž	" , "			
	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	7.7	۰. ڏ			
	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?	- F04/a	(E) a= aa			
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion sut(c)	(5), or se	ction		
	σσ .(σ _λ (σ ₎ .			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	†	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	1	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X	
	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				ne 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical	1.5			
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4	_		
_5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	rt IV Supplemental Information					
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; I	Part II-A; and	Part II-B, III	ne 1. Also	, complete	
this	part for any additional information.					
				_		

132043 01-27-12

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public

Name of the organization						Employer identification number 45-2600535	
AMERICAN COMMITMENT 45-2600535 Pärt I' General Information on Grants and Assistance							
Does the organization maintain records criteria used to award the grants or assi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No						
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States. C	complete if the org	anization answered "	es" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Check thi	s box if no one recipie	nt received more th	an \$5,000. Part I	can be duplicated if	additional space is nee	eded
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL VOTES MATTER							
417 W S. STREET							GENERAL OPERATING
CARLISLE, PA 17013	45-2210307	501(C)(4)	40,000.	0.			SUPPORT.
AMERICANS FOR RESPONSIBLE LEADERSHIP - PO BOX 80871 -	45 0041600	F01/G)/4)	70,250.	0.			GENERAL OPERATING
PHOENIX, AZ 80871	45-2841608	501(C)(4)	70,230.				
2 Enter total number of section 501(c)(3) a	Iand government o	rganizations listed in th	ne line 1 table		L		▶ 0.
3 Enter total number of other organization	-	=					2.
	HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2011)						

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

Schedule I (Form 990) (2011) AMERICAN COMMITMENT					45-260053 <u>5</u>	Page 2	
	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						•
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
				-			
Part IV	Supplemental Information. Complete this part to pr	ovide the information	on required in Part I	, line 2, and any other	r additional information.		
		-					
							_
		-				-	
							- · · · - ·
				· · · · · · · · · · · · · · · · · · ·			

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132102 01-27-12

45-2600535

Schedule I (Form 990) (2011)

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

AMERICAN COMMITMENT

Employer identification number 45-2600535

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATING THE PUBLIC ABOUT FREE MARKET ECONOMIES AND RELATED PUBLIC
POLICIES.
FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE
COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE
ORGANIZATION'S DIRECTOR AND LEGAL COUNSEL PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST TO THE ORGANIZATION BY PHONE OR EMAIL.
FORM 990, PAGE 1, LINE F
PRINCIPAL OFFICER
PHIL KERPEN IS THE CURRENT PRESIDENT OF AMERICAN COMMITMENT. PHIL
KERPEN BECAME PRESIDENT OF AMERICAN COMMITMENT IN APRIL 2012.

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you s	are filing for an Automatic 3-Month Extension,	complete c	only Part Land check th	us hox		. ▶ 🗸		
•	are filing for an Additional (Not Automatic) 3-M	•	-					
•	complete Part II unless you have already been		· · · · · · · · · · · · · · · · · · ·	, , -	•	8868.		
a corpora 8868 to Return f	tic filing (e-file). You can electronically file Form ation required to file Form 990-T), or an addition request an extension of time to file any of the or Transfers Associated With Certain Personations). For more details on the electronic filing of the	nal (not auto forms listed al Benefit C	omatic) 3-month extens d in Part I or Part II wit Contracts, which must	on of time. You ca h the exception of be sent to the IR	n electronical Form 8870, I S in paper f	ly file Form Information ormat (see		
Part I	Automatic 3-Month Extension of Time	e. Only sub	omit original (no copie	es needed).				
	ration required to file Form 990-T and reque	_						
	ly					. ► L		
	corporations (including 1120-C filers), partnersi	nips, HEIVIIC	os, and trusts must use	rom 7004 to requ	iest arī exteris	aon or ume		
to me me	come tax returns.		Fr	nter filer's identifying	number see	inetructione		
	Name of exempt organization or other filer, see	instructions		·	cation number (EIN) or			
Type or print	American Commitment			1_ ' '	45-2600535	(/		
•	Number, street, and room or suite no. If a P.O. b	oox, see instri	uctions.	Social security no	umber (SSN)			
File by the due date for								
filing your	City, town or post office, state, and ZIP code Fo	or a foreign a	ddress, see instructions	·				
return See instructions								
Enter the	e Return code for the return that this application	is for (file a	separate application fo	r each return) .		0 1		
Applica	ation	Return	Application			Return		
Is For		Code	Is For					
Form 9	90	01	Form 990-T (corporati	ion)	07			
Form 9	90-BL	02	Form 1041-A					
Form 9	90-EZ	01	Form 4720					
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870 12					
Teleph If the co	ooks are in the care of ► Star Financial Manager from No. ► 602-989-9993 organization does not have an office or place of star for a Group Return, enter the organization's for the organization, check this box ► .	F business in our digit Gro	FAX No. ► the United States, chec oup Exemption Number	k this box (GEN)		is is		
	h the names and EINs of all members the exten	•	re or and group, and are					
	request an automatic 3-month (6 months for a c		required to file Form 99	0-T) extension of ti	me			
	intil August 15 , 20 12 , to file the exe					ension is		
fe	or the organization's return for:							
•	► ✓ calendar year 20 <u>11</u> or							
•	► 🗌 tax year beginning, 20, and ending, 20							
2 II								
	Change in accounting period							
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.							
e	estimated tax payments made. Include any prior	year overpa	ayment allowed as a cre	edit.	3b \$			
	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$							
	If you are going to make an electronic fund withdraw			EO and Form 8879-E0		nstructions.		

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box									
	Only complete Part II if you have already been gre			aly filed	l Form 8868.				
	are filing for an Automatic 3-Month Extension,								
Part	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
<u> </u>		····			nber, see Instructions				
Type o	Name of exempt organization or other filer, see	instructions.	<u> </u>		n number (EIN) or				
print	American Commitment								
File by ti	Number, street, and room or suite no. If a P.O. I	box, e ue instr	: <u> </u>	y numbe	er (SSN)				
due date				v » •					
filing you return. S	ee i	City, town or post office, state, and 7IP code. For a foreign address, see instructions							
instructi	ms. Washington, DC 20005-7410	Washington, DC 20005-7410							
Enter t	he Return code for the return that this application	is for (file a	separate application for each return)		0 1				
Appli	cation	Return	Application		Return				
is Fo	·	Code	ls For		Code				
Form	990	01							
Form	990-BL	02	Form 1041-A						
Form	990-EZ	01	Form 4720		09				
	990-PF	04	Form 5227		10				
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form	990-T (trust other than above)	06	Form 8870		12				
If the If this for the	organization does not have an office or place of s is for a Group Return, enter the organization's for whole group, check this box ▶ □ . I he the names and EINs of all members the extension. I request an additional 3-month extension of time For calendar year 2011, or other tax year beginn If the tax year entered in line 5 is for less than 12 □ Change in accounting period. State in detail why you need the extension.	business in our digit Gro f it is for par on is for. e until hing months, ch	November 15 , 20 , and ending eck reason:	. ▶ [If this is and attach a 20 m				
8a	If this application is for Form 990-BL, 990-PF, 9	90-T 4720			1				
	nonrefundable credits. See instructions.			8a	\$				
ь	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
	estimated tax payments made, include any pr	·							
	amount paid previously with Form 8868.		A Abrilla Control Control	8b	\$				
C	c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.			8c	\$				
Signature and Verification must be completed for Part II only.									
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form									
Signatur	Signature & Grand Date \$ 10/12								
	Form 8968 New 1-2012)								