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RECEIVED

Office of General Counsel Federal Election Commission 999 E Street, N.W. GENERAL Washington, DC 20463

MUR# 7284

Re: The Citizens Audit, LLC Complaint to Federal Election Commission concerning: American Bridge 21st Century Foundation, American Bridge 21st Century, and Correct the Record

Dear Sirs:

The Citizens Audit, LLC is an educational and media organization incorporated in North Carolina, with its principal place of business in Monroe, North Carolina. It operates the website www.thecitizensaudit.com, which contains additional information about the matters discussed in this complaint.

The Citizens Audit, LLC submits the following Complaint against:

- American Bridge 21st Century Foundation ("AB Foundation"),
- American Bridge 21st Century ("AB Super PAC"), and
- Correct the Record ("CR Hybrid PAC").

AB Foundation and AB Super PAC are hereinafter jointly referred to as "the AB respondents." AB Foundation, AB Super PAC, and CR Hybrid PAC are hereinafter jointly referred to as "the three respondents" or simply "the respondents."

This Complaint and its attachments set out the basis for the belief of The Citizens Audit that the three respondents, separately and/or jointly, have engaged in violations of the Federal Election Campaign Act of 1971, as amended, 52 U.S.C. § 30101, et seq. (also referred to as "FECA" or "the Act"), and the implementing regulations adopted by the Federal Election Commission ("Commission" or "FEC") and published at 11 C.F.R.

FECA provides that, if the Commission, upon receiving a complaint, has reason to believe that a person has committed a violation of the Act, it shall make an investigation of the alleged violation. See 52 U.S.C. § 30109(a)(2). This Complaint is filed pursuant to 52 U.S.C. § 30109(a)(1), with the request that the FEC conduct an investigation into whether the respondents' conduct violated federal campaign finance laws during the time in question and, if so, that it impose appropriate sanctions, as well as take whatever further action is appropriate and in accordance with the law.

This Complaint, including the following allegations, is based upon such knowledge, information, and belief as stated below and as contained in the identified attachments. The relevant facts and alleged offenses are summarized as follows:

RESPONDENTS

1. AB Foundation is a nonprofit corporation organized under the laws of the District of Columbia, and the IRS has deemed it to be exempt from federal income taxation as a social welfare organization under section 501(c)(4) of the Internal Revenue Code ("IRC"). See, e.g., Exhibit A (AB Foundation's 2015 IRS Form 990).

AB Foundation's mission is said to be, "to compare and contrast progressive and conservative solutions to America's public policy concerns and to educate the American people and the Nation's leaders on the results of that research." *Id.*, p. 2 (Part III, l. 1).

¹ The name American Bridge 21st Century Foundation can be misleading, as the word "Foundation" is typically used by public charities or private foundations exempt from federal income tax under IRC section 501(c)(3), but AB Foundation is tax-exempt under IRC section 501(c)(4).

AB Foundation engages in substantial political activities. *See, e.g., id.*, 2015 Schedule C (Form 990 or 990-EZ) ("Political Campaign and Lobbying Activities") (reporting 2015 electoral exempt function expenditures (under IRC § 527(e)(2)) of \$412,866). *See, e.g.*, Exhibit B (AB Foundation's 2014 IRS Form 990) Schedule C (Form 990 or 990-EZ) ("Political Campaign and Lobbying Activities") (reporting 2014 electoral exempt function expenditures (under IRC § 527(e)(2)) of \$800,149). Moreover, AB Foundation appears to expend funds on political activities by funding the operations of AB Super PAC through a "common paymaster" arrangement. Such an arrangement was not reported on AB Foundation's 2015 and 2014 Form 990, but the AB Foundation 2012 Form 990 stated: "The organization has entered into a cost sharing agreement with American Bridge 21st Century, an affiliated 527 organization, to share employees via a common paymaster arrangement, office space and other resources." *See, e.g.*, Exhibit C (AB Foundation's 2012 IRS Form 990) (This arrangement is discussed further in Count I, *infra.*)

- 2. AB Super PAC is a political organization under IRC section 527, and is registered with the FEC as a political committee² dedicated exclusively to conducting independent expenditures in support of or in opposition to federal candidates a so-called "Independent Expenditure-Only Committee" or "Super PAC."
- 3. CR Hybrid PAC is a political organization under IRC section 527 and is registered with the FEC as a political committee, operating as a hybrid PAC.³ See CR Hybrid PAC FEC Form 1 (Statement of Organization) filed on June 5, 2015.

² FEC Identification Number C00492140.

³ FEC Identification Number C00578997.

http://docquery.fec.gov/pdf/085/15031431085/15031431085.pdf. However, CR Hybrid PAC made only \$4,535.73 in "Operating Expenditures," compared to \$9,613,242.55 in "Other Disbursements," from 2015-2016.

CR Hybrid PAC reportedly had been a project of AB Super PAC until May 2015, when CR Hybrid PAC announced that it was separating from its parent organization to become a stand-alone political committee. CR Hybrid PAC filed its initial FEC Form 1 with the FEC on June 5, 2015 (Exhibit D hereto). Also reportedly, CR Hybrid PAC worked closely with the Hillary Clinton campaign during the 2016 federal election cycle. *See, e.g.*, "Hacked Emails Prove Coordination Between Clinton Campaign and Super PACs," October 18, 2016.⁴

- 4. AB Foundation, AB Super PAC, and CR Hybrid PAC all have their offices at, and operate from, the same business address: 455 Massachusetts Avenue, N.W., Sixth Floor, Washington, D.C. 20001. Several other organizations, also list 455 Massachusetts Avenue, N.W., Sixth Floor, Washington, D.C. 20001 as their respective business addresses. Included among these other entities are:
 - Media Matters for America;
 - Media Matters Action Network;
 - The Franklin Educational Forum;
 - The Franklin Forum;
 - Franklin Strategies, LLC;
 - The American Independent;
 - Citizens for Responsibility and Ethics in Washington Inc
 - The Bonner Group, Inc;
 - American Democracy Legal Fund.⁵

⁴ See, e.g., https://theintercept.com/2016/10/18/hillary-superpac-coordination/.

⁵ Further information about these organizations, and their FEC ID or Employee Identification Numbers, are set out in an article at: http://www.thecitizensaudit.com/2017/10/09/media-matters-shared-office-space/.

ISSUE I

- 5. During 2013-2017, and perhaps beginning earlier, AB Foundation and AB Super PAC implemented procedures which appear to have resulted in the evasion of the requirements of federal law requiring the disclosure of contributors to AB Super PAC by establishing a system whereby contributions earmarked for or intended for AB Super PAC would be made in the first instance to AB Foundation and then transferred by AB Foundation to AB Super PAC as purported operating expenses (such as "Overhead & Staff Expenses") pursuant to a "common paymaster" arrangement. AB Foundation's "common paymaster" arrangement was disclosed/explained in the following documents:
 - AB Foundation 2011 Form 990, Schedule O (March 2, 2011 June 30, 2011);
 - AB Foundation 2011 Form 990, Schedule O (July 1, 2011 June 30, 2012); and
 - AB Foundation 2012 Form 990, Schedule O.

However, AB Foundation's "common paymaster" arrangement was **not** disclosed/explained in:

- AB Foundation 2013 Form 990 Schedule O;
- AB Foundation 2014 Form 990 Schedule O; and
- AB Foundation 2015 Form 990 Schedule O.
- 6. The common paymaster arrangement apparently operates based on the view that AB Foundation and AB Super PAC are related organizations for purposes of the common paymaster arrangement, although the organizations do not identify themselves to be related organizations under IRS Form 990 regulations.

- 7. Certain contributions to AB Foundation apparently were earmarked or otherwise intended to benefit and/or to be transferred to AB Super PAC, allowing the evasion of the law requiring public disclosure or dissemination of information regarding contributions received by AB Super PAC. These procedures were carried out under a purported common paymaster arrangement that did not appear to accurately reflect the appropriate share of expenses incurred by each of the respective AB organizations. Designating AB Super PAC as the common paymaster appears to have opened the door for excessive payments from AB Foundation to AB Super PAC for purported "Overhead & Staff Expenses," when such payments actually should have been treated as contributions to AB Super PAC. Thus, use of a common paymaster arrangement disguised indirect contributions from AB Foundation to AB Super PAC as operating expenses.
- 8. Evidence that the common paymaster arrangement adopted by the AB respondents was misused includes the following:
 - (a) AB Foundation reported zero employees on its 2011 through 2015 IRS Forms 990 (see, e.g., Exhibit A). Therefore, all work done by AB Foundation employees is reflected

⁶ A common paymaster arrangement between two or more related organizations, pursuant to 26 C.F.R. § 31.3121(s)-1, allows one of the related corporations to designate the other as the common paymaster. One paycheck can then be issued as compensation for work performed on behalf of both employers, and only one set of payroll taxes is due. Only a single IRS Form W-2 is issued to each worker, but each employer is responsible for reporting the wages that it actually funded on its own tax return. As a result, double employment tax payments are avoided. Corporations are considered by federal law to be related if, *inter alia*, 30 percent or more of one corporation's employees are concurrently employees of the other corporation. Complainant believes that the AB respondents purport to justify their common paymaster arrangement as related organizations based upon that 30-percent provision, since they appear to deny being related based on common control or other relevant tests.

in compensation payments routed through the common paymaster. AB Foundation reports paying substantial employer portion payroll taxes on its 2011 through 2015 Form 990s, Part IV, Line 10.7

For the past several years, the activities of AB Super PAC appear to have been much greater than the activities of AB Foundation. However, payments by AB Foundation to AB Super PAC for employee compensation and taxes indicate that a greater share of activities and work of shared employees was done on behalf of AB Foundation. For example:

(i) During the period January 1, 2017 through June 30, 2017, AB Foundation's payments to AB Super PAC, which totaled \$2,800,000 — primarily to compensate the shared employees performing work on behalf of AB Foundation⁸ — constituted approximately 64.41 percent of AB Super PAC's expenditures of \$4,347,127, and constituted approximately 67.77 percent of AB Super PAC's total receipts for that period⁹;

⁷ AB Foundation reported employer portion Payroll Tax expenditures as follows:

March through June 2011 Form 990: \$2,276;

[•] July - June 2012 Form 990: \$38,286;

^{• 2012} Form 990: \$56,395;

^{• 2013} Form 990: \$88,783;

^{• 2014} Form 990: \$80,199; and

^{• 2015} Form 990: \$154,330.

⁸ AB Super PAC FEC reports describe receipts from AB Foundation as "OVERHEAD & STAFF EXPENSES."

⁹ See AB Super PAC 2017 FEC Mid-Year Form 3X Report (1/1/17 through 6/30/17), filed July 29, 2017: http://docquery.fec.gov/pdf/482/201707299069852482/201707299069852482.pdf.

- (ii) During that same period, payments from AB Foundation to AB Super PAC is estimated to have accounted for 92.45 percent¹⁰ of all compensation expenditures made by AB Super PAC (*see id.*)¹¹;
- (iii) Purported compensation to AB Foundation's employees (based upon payments by AB Foundation to AB Super PAC) constituted very high percentages
 estimated to range from 12.53 to 92.45 percent of total compensation payments from AB Super PAC to purported joint employees of AB Foundation and AB Super PAC during the period July 2012 to June 2017.

The 92.45 percent figure comes from comparing 92.52 percent of AB Foundation's payments in the period (\$2,800,000.00) with AB Super PAC's reported compensation payments (\$2,800,837.74). The estimate was based on the pattern established in 2011 – 2015, where an estimated 92.52 percent of AB Foundation's shared expenditures with AB Super PAC were for employee compensation. Note also that AB Foundation shares some resources, facilities, and employees with AB Super PAC.

¹¹ According to David Brock — who is involved with both AB Foundation and AB Super PAC — the combined 2017 "core budget" of both groups is \$14.7 million, with an almost even (47 percent/53 percent) division of budget expenditures, respectively. See www.scribd.com/document/337535680/Full-David-Brock-Confidential-Memo-On-Fighting-Trump.

For 2011 – 2015, AB Foundation's Forms 990 show the exact amount it disbursed in compensation, which is compared with the total compensation reported by AB Super PAC. Since AB Foundation's 2016 and 2017 Forms 990 are not available, the estimate for those years was based on the pattern established in 2011 – 2015, where an estimated 92.52 percent of AB Foundation's shared expenditures with AB Super PAC were for employee compensation. Complainant (using publicly available documents such as FEC reports and IRS Forms 990) estimated the percentage of AB Super PAC compensation attributed to AB Foundation, ranging from 7.41 percent to 92.45 percent, as follows: March 2011 – June 30, 2011: 7.41%; July 2011 – June 2012: 16.10%; July 2012 – June 2013: 31.91%; July 2013 – June 2014: 25.04%; July 2014 – December 2014: 45.55%; January 2015 – December 2015: 38.77%; January 2016 – December 2016: 12.53%; January 2017 – June 2017: 92.45%. For this last period, compensation for AB Foundation employees truly dwarfed in size employee compensation for AB Super PAC employees. For the method by which these percentages were derived, see http://www.thecitizensaudit.com/2017/10/09/american-bridge-21st-century-cost-sharing-explainer/.

- (b) AB Foundation reported zero employees for both 2014 and 2015 in its Forms 990, but reported that more than 40 percent of its 2015 expenditures, and 62 percent of its 2014 expenditures, were for compensation including officers, directors, and key employees.

 See AB Foundation's 2015 IRS Form 990 (Exhibit A hereto), p. 10; and 2014 IRS Form 990 (Exhibit B hereto), p. 10.
- (c) AB Foundation's contributions to AB Super PAC for "Overhead & Staff Expenses" (including officers, directors, and key employees) in 2014 through 2017 appear to be disproportionately high in light of AB Foundation's claimed program accomplishments for those years;
- (d) AB Foundation's contributions to AB Super PAC of "Overhead & Staff Expenses" during 2014 through 2017, as reported in AB Super PAC's FEC Forms 3X, appear to be almost exclusively for compensation payments, as AB Foundation disbursed very little annually from 2011 through 2015 in occupancy and office expenses (\$85,524 \$98,782 annually) compared to total employee compensation (\$567,777 \$2,274,352 annually).

 (e) AB Foundation's "Overhead & Staff Expenses" transfers to AB Super PAC during 2014 through 2017 were in gross amounts that do not appear to correlate to compensation payments that would have been made during these periods for work done on behalf of AB Foundation a prime example being in 2017 where, during the period January 1, 2017 through June 30, 2017, an estimated 92 percent of all compensation payments by AB Super PAC were paid by AB Foundation to AB Super PAC for "Overhead & Staff Expenses" payments, but the vast majority of work done by AB Foundation and AB Super PAC during the first six months of 2017 appears to have been creating reports for

the "Trump Accountability Project," which is substantially a project of AB Super PAC, and not AB Foundation.¹³ AB Foundation's payments to AB Super PAC consisted of approximately 64.41 percent of AB Super PAC's expenditures of \$4,347,127, and constituted approximately 67.77 percent of AB Super PAC's total receipts for that period. However, the vast majority of all work done by **only AB Foundation** was for creating "Trump Accountability Reports."

- (i) AB Super PAC (not AB Foundation) announced the creation of the so-called

 Trump Accountability Project, mentioned above, and the Trump Accountability

 Project reports contain the logo of AB Super PAC (not AB Foundation);
- (ii) AB Foundation published 61 Trump Accountability "Policy Briefs" and 38 blog posts unrelated to Trump Accountability reports during the period between January 1 and June 30, 2017, and thus, Trump Accountability reports consisted of 61.62 percent of AB Foundation's activities.
- (iii) AB Super PAC published **61 Trump Accountability reports** and **621 blog posts** during that 2017 time frame, and thus, Trump Accountability reports consisted of approximately 8.94 percent of AB Super PAC's activities. *See* https://americanbridgepac.org and https://americanbridgepac.org and https://bridgeproject.com.
- (iv) AB Foundation's payments to AB Super PAC consisted of approximately 64.41 percent of AB Super PAC's total expenditures during that 2017 time frame.

¹³ See, e.g., https://americanbridgepac.org/david-brock-announces-american-bridge-trump-administration-accountability-war-room/.

(f) AB Foundation's "Overhead & Staff Expenses" transfers to AB Super PAC sometimes closely correlated with and sometimes were identical to the amounts of donations received by AB Foundation at or about the same time. *See*, *e.g.*, Exhibit E (AB Foundation's 2013 IRS Form 990) and AB Foundation's 2015 IRS Form 990 (Exhibit A hereto), the only two years that could be found with AB Foundation's Schedule B list of contributors.

Note: Although the Complainant has no access to whatever records the AB respondents may possess — including, but not limited to, salary and wage reports, IRS Forms W-2 and 1099, and employee/wage allocation documents — purporting to explain the compensation payments to the joint employees of the AB respondents during the years in question, the FEC investigation could and should require the production and examination of such documentation.

9. AB Super PAC's utilization of the common paymaster arrangement described *supra* may have violated the reporting requirements of 52 U.S.C. § 30104(b)(2) and (3), and 11 C.F.R. § 104.7 and 104.8. Further, the AB respondents' utilization of the common paymaster arrangement may have violated other federal laws (*e.g.*, 18 U.S.C. § 371 (conspiracy to defraud the United States)).

ISSUE II

10. Respondent AB Foundation — by virtue of the utilization of the common paymaster arrangement described above in paragraphs 5-9 — appears to have made payments to respondent AB Super PAC that were not payments for "Overhead & Staff Expenses," but were in fact

contributions used to fund political activities.¹⁴ If so, respondent AB Foundation acted — in its own stead or as a co-venturer with AB Super PAC — as a political committee, and was required to register and report its activities as such. For example, funding the preparation of the Trump Accountability Project reports, described *supra*, was for the purpose of funding political activities. *See* 52 U.S.C. §§ 30101(4), 30103(a); 11 C.F.R. § 100.5(a), 102.5, 104.3.¹⁵ A political committee's failure to register and report as a political committee violates FECA and FEC regulations.

ISSUE III

11. Improper utilization of the common paymaster arrangement described above in paragraphs 5-9 would result in incorrect reporting of contributions from AB Foundation to AB Super PAC as "Overhead & Staff Expenses." Failure to correctly report contributions received appears to violate 52 U.S.C. § 30104(b) and 11 C.F.R. § 102.9, 104.7, 104.8. See, e.g., Exhibit F hereto (AB Super PAC's 2015 January 31 Year-End Form 3X (7/1/15 through 12/31/15), as amended on August 31, 2016, pp. 1-5). This failure also would have resulted in any number of reporting violations by AB Super PAC, some of which are indicated above, and others of which may become manifest from the FEC's investigation. Employees of both AB Foundation and AB Super PAC should have been required to maintain detailed employee time records, and

AB Foundation, by virtue of such political expenditures, could also have exceeded the limitation of its permissible non-exempt political activities, calling its tax-exempt status under IRC section 501(c)(4) into question, as well as the accuracy of its IRS Forms 990 for 2014 and 2015 (and perhaps for other years) filed with the Internal Revenue Service.

¹⁵ There is no question about AB Foundation's familiarity with FEC filing requirements, having filed FEC Forms 5 (*i.e.*, a 24-Hour Notice, an amended 24-Hour Notice, and a Quarterly Report) during the 2012 federal election cycle. *See* https://www.fec.gov/data/committee/C90012782/?cycle=2012 (ID C90012782).

procedures should have been put in place for the appropriate allocation of expenses by shared employees of both organizations.¹⁶

ISSUE IV

- 12. In its January 31 Year-End FEC Form 3X (7/1/15 through 12/31/15), as amended on August 31, 2016, AB Super PAC reported that it had no indebtedness to AB Foundation, while AB Foundation's 2015 Form 990 reported that AB Super PAC was indebted to AB Foundation in the amount of \$610,800. *Compare* Exhibit F hereto (AB Super PAC's 2015 January 31 Year-End Form 3X, Schedule D, p. 1062), *with* Exhibit A hereto (AB Foundation's 2015 Form 990, Schedule D, p. 3). AB Super PAC's 2015 Year-End FEC Form 3X makes no mention of such a loan, either on line 13 of the Detailed Summary Page or on Schedule D. *See* Exhibit F, Form 3X, pp. 3 and 1062.
- 13. The Complainant has not been able to uncover any reference to such indebtedness in subsequent FEC reports by AB Super PAC. Such indebtedness must be reported until it is extinguished. 11 C.F.R. § 104.11(a). AB Super PAC's duty under FECA and the FEC regulations to report such indebtedness is clear, and failure to report the indebtedness would be a clear violation of 52 U.S.C. § 30104(b)(2)(H), as well as 11 C.F.R. § 104.3(a)(vi) and 104.11(a).

ISSUE V

14. CR Hybrid PAC failed to report the receipt of a valuable email list received in late2015. It appears that CR Hybrid PAC received use of the email list owned by Ready PAC,

¹⁶ AB Foundation's IRS Form 1024, filed May 21, 2013, represents that the organization "tracks its expenses, including through use of timesheets...." P. 37. *See* https://www.documentcloud.org/documents/1201590-american-bridge-21st-century-1.html.

formerly known as "Ready for Hillary PAC," in late 2015. See attachment (titled "CTR Update.docx") to email of M. Bonner, dated December 1, 2015, https://wikileaks.org/podesta-emails/emailid/5636. This attachment — a memorandum which, inter alia, recounted recent political efforts of CR Hybrid PAC — detailed the fact that CR Hybrid PAC had widely used the Ready PAC (formerly "Ready for Hillary PAC") email list in late 2015:

SPREADING THE MESSAGE: Over 15,000 individuals receive Correctors emails, urging them to engage on social media to amplify Correct The Record's message in real time as an online rapid-response team. Correct The Record has also sent emails to the larger Ready for Hillary list, which have been consumed more than 400,000 times. [Memorandum at 3.]

The Complainant, having searched the FEC reports filed by CR Hybrid PAC, has been unable to discover any FEC report filed by CR Hybrid PAC reporting receipt or use of the value of the email list or otherwise recognizing use of the list in any way. Assuming CR Hybrid PAC received the email list, failure to report the value of such a valuable in-kind contribution would appear to be a clear violation of federal law. *See* 52 U.S.C. § 30104(b); 11 C.F.R. § 102.9, 104.7, 104.8.

15. Depending on the content of these emails, CR Hybrid PAC may have failed to report independent expenditures with respect to the use of the email list in clear violation of the Act. See 52 U.S.C. § 30104(b), (d), and (g); 11 C.F.R. § 104.4.

¹⁷ "Ready for Hillary PAC" was a Super PAC, registered in 2013, which was created to support the nomination of Hillary Clinton as the Democrat nominee in the 2016 presidential election. Subsequent to Hillary Clinton's declaration of candidacy for the Democrat nominee for U.S. President, Ready for Hillary PAC changed its name to Ready PAC. *See* amended FEC Form 1 (Statement of Organization) filed on April 12, 2015 (FEC Identification Number C00540997).

15 CONCLUSION

Wherefore, Complainant The Citizens Audit, LLC prays that the Commission investigate these matters under 52 U.S.C. § 30109(a)(2) and find reason to believe of any violations of the Act and the FEC regulations, as set forth above. In addition, the Commission should determine and impose appropriate sanctions for any and all violations committed by the respondents, and should order such additional remedies as are appropriate and in accordance with law.

Respectfully submitted,

Andrew Kerr President

Exhibits:

Exhibit A – AB Foundation 2015 IRS Form 990 Exhibit B – AB Foundation 2014 IRS Form 990

Exhibit C - AB Foundation 2012 IRS Form 990

Exhibit D - CR Hybrid PAC initial FEC Form 1, filed 6/5/15

Exhibit E – AB Foundation 2013 IRS Form 990

Exhibit F – AB Super PAC January 31 Year-End FEC Form 3X (7/1/15 through 12/31/15),

amended 8/31/16, pp. 1-5, 1062)

Exhibit G – AB Foundation 2011 Form 990, (July 1, 2011 – June 30, 2012)

Exhibit H – AB Foundation 2011 Form 990, (March 2, 2011 – June 30, 2011)

VERIFICATION

I hereby declare, under penalty of perjury pursuant to 28 U.S.C. §1746, that the foregoing statements and allegations are true to the best of my knowledge, information, and belief.

Executed on October 9, 2017.

Clty/County of Union State of North Carolina

Subscribed and sworn to before me

this 9th day of October

,2017

My Styphinm Notary Public

My dommission expires 5 27 2019

Andrew Kerr President

The Citizens Audit, LLC

PO Box 1373

Monroe NC 28111-1373

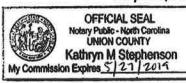


EXHIBIT A

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

AF	or the	2015 calendar year, or tax year beginning	and	dending			
B	heck if pplicabl	C Name of organization			D Employer identif	ication number	
	Addre	AMERICAN BRIDGE 21ST C	ENTURY FOUNDATI	ON	1		
	Name	Doing business as					
Initial return		Number and street (or P.O. box if mail is not deli 455 MASSACHUSETTS AVEN		Room/suite 6 0 0	E Telephone number (202	er :)747-2060	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	4,632,000.	
	Amen	WASHINGTON , DC ZUUUI			H(a) Is this a group r		
	Application	F Name and address of principal officer: 0 1101	SICA MACKLER		for subordinates	s? Yes X No	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No	
		empt status: 501(c)(3) X 501(c) (4)		or 527	If "No," attach a	list. (see instructions)	
		e: WWW.BRIDGEPROJECT.COM	The Files		H(c) Group exemption		
-			sociation Other	L Year	of formation: 2011	VI State of legal domicile; DC	
Pa		Summary	CDD	DADM T	TT TIME 1		
9	1	Briefly describe the organization's mission or most	significant activities: SEE	PART I	TI, LINE I.		
an	- 10						
Governance		Check this box if the organization discor				ssets.	
S _O		Number of voting members of the governing body			3	3	
•ජ ග		Number of independent voting members of the gov Total number of individuals employed in calendar y				0	
Ţ.						0	
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co				0.	
ĕ		Net unrelated business taxable income from Form				0.	
_		Not dividited business taxable moonle non i om i	550 1, mile 0+	T	Prior Year	Current Year	
4)	8	Contributions and grants (Part VIII, line 1h)		1,855,500.	4,632,000.		
Revenue	1000			0.	0.		
eke		Investment income (Part VIII, column (A), lines 3, 4,		0.	0.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		0.	0.		
		Total revenue - add lines 8 through 11 (must equal		1,855,500.	4,632,000.		
		Grants and similar amounts paid (Part IX, column (A			0.	875,000.	
		Benefits paid to or for members (Part IX, column (A			0.	0.	
9	400	0-1-2	3-+ IV L (A) E 5 40		1,549,786.		
Expenses	16a	Salaries, other compensation, employee benefits (F Professional fundraising fees (Part IX, column (A), li Total fundraising expenses (Part IX, column (D), line	ne 11e)		206,187.	532,313.	
×	b	Total fundraising expenses (Part IX, column (D), line	e 25) ► <u>786,5</u>	09.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		512,163.		
	18	Total expenses. Add lines 13-17 (must equal Part I)	K, column (A), line 25)		2,268,136.		
		Revenue less expenses. Subtract line 18 from line	12		-412,636.		
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year	
Sset	20	Total assets (Part X, line 16)			568,500.	756,494.	
etA	21	Total liabilities (Part X, line 26)			408,590. 159,910.	805,435.	
꾬	22	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		159,910.	-48,941.	
		Ities of perjury, I declare that I have examined this return,	including accompanying echedul	ac and statem	ante and to the best of m	w knowledge and belief it is	
		t, and complete. Declaration of preparer (other than office				iy kilowicage and benei, it is	
- 100,	001100	L and complete. Bediat about of property (oater man office	1) IS BUSCU ON All INFORMATION OF V	mon properor	nao any kilowioago.		
Sign Here		Signature of officer			Date		
		JESSICA MACKLER, PRESI	DENT				
		Type or print name and title				*	
-		Print/Type preparer's name	Preparer's signature	1	Date Check	PTIN	
Paid	i				if self-employ	red	
Prep	агег	Firm's name GELMAN, ROSENBERO			Firm's EIN	52-1392008	
Use	Only	Firm's address 4550 MONTGOMERY					
		BETHESDA, MD 2083	14-2930		Phone no. (3	01) 951-9090	
May	the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)	-		X Yes No	

	1990 (2015) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE AMERICAN BRIDGE 21ST CENTURY FOUNDATION'S MISSION IS TO COMPARE
	AND CONTRAST PROGRESSIVE AND CONSERVATIVE SOLUTIONS TO AMERICA'S
	PUBLIC POLICY CONCERNS AND TO EDUCATE THE AMERICAN PEOPLE AND THE
	NATION'S LEADERS ON THE RESULTS OF THAT RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on
_	77
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,586,918 • including grants of \$ 875,000 •) (Revenue \$
	THE ORGANIZATION ADVOCATED AND RESEARCHED PROGRESSIVE SOLUTIONS TO
	AMERICA'S PUBLIC POLICY CONCERNS, AND WORKED TO EDUCATE THE AMERICAN
	PEOPLE AND THE NATION'S LEADERS ON PROGRESSIVE IDEAS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	(Code) (Experies a) (Note that a)
_	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,586,918.
=000-	Form 990 (2015)

Form 990 (2015) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,		v	
	Part VI	11a	Х	-
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	444		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		A
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	d i	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
Quantile Control	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			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	990	X
		FORM	27271.1	ノロコち

Form 990 (2015) AMERICAN BRIDGE 21
Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		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	1 9		
	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	7	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			$\overline{}$
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Jour		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1	-	_
55		36	N/	A
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-30	1/	_
•	and that is treated as a restricted for factority and the control of the control	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
	10007 (iii 1 0111 000 file) die required to complete obrieddie 0		$\overline{}$	(2015)

AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Form 990 (2015) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 12 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 10 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 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes." has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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)? X 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X 6b N/A Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 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 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a

Form 990 (2015)

X

12a

13a

N/A

b Gross income from other sources (Do not net amounts due or paid to other sources against

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

Section 501(c)(29) qualified nonprofit health insurance issuers.

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?

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

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b

a Is the organization licensed to issue qualified health plans in more than one state?

13b

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			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	4			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, 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		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
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		X	
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		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37		
а	The governing body?	8a	Х	37	
þ	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			7.7	
<u> </u>	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.)		T.,		
10-	Did the second lead of the lead of the second lead	100	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?	10a	_		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	405			
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	-	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	A		
	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	х		
12a b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х		
·	to October 11 October 11 Company	12c	x		
13		13	X	_	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	_	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15a	х		
b	Other officers or key employees of the organization	15b	Х		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure	1			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA , NY , FL , VA				
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)	availat	le		
J-00200000775	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finan	cial		
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	JESSICA MACKLER - (202)747-2060				
	455 MASSACHUSETTS AVENUE NW, NO. 600, WASHINGTON, DC 20001				
50000		Farm	990	2015)	

Form 990 (2015)

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter-0- in columns (D), (E), and (F) if no compensation was paid.

 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(do not ched		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID BROCK CHAIR	10.00	x		x				63,125.	0.	0
(2) TED TRIMPA	1.00	-	┢	-		\vdash	-	05,125.		
SECRETARY	1.00	x		X				0.	0.	0
(3) DAVID BENNAHUM	1.00			Ħ						
TREASURER		x		x				0.	0.	0
(4) MICHAEL KEMPNER	1.00		Г	П						
DIRECTOR		X						0.	0.	0
(5) JESSICA MACKLER	35.00									
PRESIDENT (BEGAN JUNE 2015)				X				73,125.	0.	4,955
(6) WILSON WOODHOUSE	35.00									
PRESIDENT (UNTIL MAY 2015)	25.00	L		X				30,938.	0.	79
(7) EDDIE VALE	35.00			7,7				56 075	0	2 200
VICE PRESIDENT	35.00			X				56,875.	0.	3,308
(8) PILAR MARTINEZ CFO (UNTIL AUG. 2015)	35.00			X				24,452.	0.	3,929

532007 12-16-15

53200B 12-16-15

		Check if Schedule O cont	tains a respons	e or note to any line	e in this Part VIII			L
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
tr st	1 a	Federated campaigns	1a					
2	b	Membership dues	1b					
F		Fundraising events						
<u>a</u>		Related organizations						
Ξ		Government grants (contribut						
S S	f	All other contributions, gifts, gran						
Ĕ		similar amounts not included abo	ve 1f 4	,632,000.				
윙	g	Noncash contributions included in lines	s 1a-1f: \$					
and Other Similar Amounts	h	Total. Add lines 1a-1f	********	>	1,632,000.			1
				Business Code				
3	2 a							
اه ڲ	b							
Program Service Revenue	C							
[§ 5	d							
34	е							
-	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		▶				
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)	.,,	> [
	4	Income from investment of ta	x-exempt bond	proceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
1		Gross rents						-
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)	***************************************					
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis	1	1				
1		and sales expenses		-		3		A MARKET
		Gain or (loss)						
		Net gain or (loss)		>				
ng Pung	8 a	Gross income from fundraisin	g events (not					
ē		including \$	of	1 1				
Other Reve		contributions reported on line						
호		Part IV, line 18						
⇟⇃		Less: direct expenses		b				
- 1		Net income or (loss) from fund		>				V STATE
- 1	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses		b				
		Net income or (loss) from gan	= = = = = = = = = = = = = = = = = = = =	>				
1	0 a	Gross sales of inventory, less		1				
		and allowances						
		Less: cost of goods sold		b				
-	C	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				E
1	1 a	V		—				
	b							-
	C							
	d	***************************************						-
		Total. Add lines 11a-11d			622 000	0	^	_
1	2	Total revenue. See instructions.			±,032,000.	0.	0.	0.

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Form 990 (2015) AMERICAN BRIDG Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				LX.
	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	875,000.	875,000.		
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			- I I I	
5	Compensation of current officers, directors,	260 706	105 446	75 240	
_	trustees, and key employees	260,786.	185,446.	75,340.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,762,086.	1,511,677.	250,409.	
7	Other salaries and wages	1,702,000.	1,311,077.	230,403.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1	ł	ł .	
•		97,150.	88,937.	8,213.	
9	Other employee benefits	154,330.	132,703.	21,627.	
10	Payroll taxes	134,330.	132,703.	21,027.	
11	Fees for services (non-employees):				
a		74,726.		74,726.	
b		39,897.		39,897.	
c d		33,0376		33,0371	
e	B () 1() 1 () () () () ()	532,313.			532,313
	Investment management fees	302/0201			000,010
9					
9	column (A) amount, list line 11g expenses on Sch 0.)	528,302.	456,063.		72,239
12	Advertising and promotion	51,289.	51,289.		,
13	Office expenses	26,061.	370.	25,606.	85
14	Information technology	3,787.	3,385.	402.	
15	Royalties	150,000.	150,000.		
16	Occupancy	66,996.	6,696.	60,300.	
17	Travel	63,385.	63,385.		
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,121.	7,121.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,614.		61,614.	
23	Insurance	8,877.		8,877.	
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.)				
_	DEVELOPMENT	179,932.	-1,940.		181,872.
a b	SUBSCRIPTIONS	52,094.	52,094.		2021012
C	PAYROLL SERVICES	7,792.	52,051.	7,792.	
d	KOCH DOCUMENTARY	4,725.	4,725.	. , , , , ,	
e		1,723.	-33.	1,756.	
е 25	Total functional expenses. Add lines 1 through 24e	5,009,986.	3,586,918.	636,559.	786,509.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,202,300.	-,,	120,303.	. 00,000
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

27-5278038 Page 11

Form 990 (2015) Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 409,267. 21,537. 1 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 346,957. basis. Complete Part VI of Schedule D ______ 10a 229,460. 152,573. 117,497. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 6,660. 617,460. Other assets. See Part IV, line 11 15 15 568,500. 756,494. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 369,705. 220,435. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 85,000. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 500,000. Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 38,885. Schedule D 408,590. 26 805,435. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 159,910. -48,941.Unrestricted net assets 27 27 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 159,910. 33 -48,941. Total net assets or fund balances 568,500. 34 756,494. Total liabilities and net assets/fund balances ...

	990 (2015) AMERICAN BRIDGE 21ST CENTURY FOUNDATION	27-527	8038	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				\sqcup			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,63 5,00					
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	-37					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	9,9	10.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	16	9,1	35.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	-4	8,9	41.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:		1.7					
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis) T				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1		131			
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. зь					
			Form	990	(2015)			

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

2015

Name of the organization

Employer identification number

A	MERICAN BRIDGE 21ST CENTURY FOUNDATION	27-5278038					
Organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.					
General Rule							
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	- · · · · · · · · · · · · · · · · · · ·					
Special Rules							
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
year, total contrib	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.						
year, contribution is checked, enter purpose. Do not d	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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		<u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$.	Person X Payroll

Employer identification number

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$\$\$\$\$\$	Person X Payroll

Employer identification number

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
16		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18		\$\$.	Person X Payroll	

Employer identification number

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$25,000.	Person X Payroll
(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 Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5004F2 10 00		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
29452 10.2		- - - - - - -	990 990-F7 or 990-PF\ (2015)

Name of org	ganization			Employer identification number	
AMEDIC	CAN BRIDGE 21ST CENTUR	V POIMDATION		27-5278038	
Part III	Exclusively religious, charitable, etc., co	intributions to organizations describ	oed in section 501(c)(7), (8), o	(10) that total more than \$1,000 for	
	the year from any one contributor. Complet completing Part III, enter the total of exclusively relig	e columns (a) through (e) and the to ious, charitable, etc., contributions of \$1,00	Ollowing line entry. For organization O or less for the year, (Finer this info. and	ns e) >\$	
	Use duplicate copies of Part III if addition		, (Elital lillo lillo villo	• •	
(a) No. from Part I	(b) Purpose of gift (c) Use of gift		(d) Desc	(d) Description of how gift is held	
		·			
) b <u>-</u>			
-					
1		(e) Transfer of	girt		
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee	
	9.				
(a) No.			T		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held	
		0 0			
		2 1			
		e (4 -7	1) (2		
1		(e) Transfer of	gift		
)	Transferee's name, address,	and ZIP + 4	Relationship of tra	nsferor to transferee	
	-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
1		-			
-					
	(e) Transfer of gift				
L	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee	
1					
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held	
1					
		-			
		-			
	(e) Transfer of gift				
- 1	Transferrada nama addresa	and 7ID + 4	Deletienship of tre	noferor to transferoe	
L	Transferee's name, address,	anu ZIF + 4	netationship of tra	nsferor to transferee	
			,		

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2015

Open to Public

Inspection

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) org 	anizations: Complete Part III.			
Name of organization				oyer identification number
	ICAN BRIDGE 21ST CENT organization is exempt under			27-5278038
Part I-A Complete if the	organization is exempt under	section 501(c) (or is a section 527 o	rganization.
2 Political expenditures	rganization's direct and indirect political		▶ \$	
Part I-R Complete if the	e organization is exempt under	section 501/c/(3	2)	
	e tax incurred by the organization under			
2 Enter the amount of any excis	e tax incurred by organization managers	under section 4955	▶ \$	
3 If the organization incurred a s	section 4955 tax, did it file Form 4720 fo	r this year?		Yes No
	organization is exempt under	section 501(c),	except section 501(c)(3).
	ended by the filing organization for secti		- Street of the	337,866.
	organization's funds contributed to othe			
exempt function activities			▶\$	75,000.
3 Total exempt function expend	itures. Add lines 1 and 2. Enter here and	on Form 1120-POL,		
line 17b	Form 1120-POL for this year?		 \$	412,866.
5 Enter the names, addresses a made payments. For each org contributions received that we	nd employer identification number (EIN) panization listed, enter the amount paid fere promptly and directly delivered to a section. C). If additional space is needed, provident	of all section 527 poli rom the filing organiza separate political orga	tical organizations to whic ation's funds. Also enter th nization, such as a separa	h the filing organization le amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	P.O. BOX 382175			
IVOTE, INC.	CAMBRIDGE, MA 022	42-2919706	75,000.	0.
				4

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

				n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and sha			• •	ANNA SANCIONE SERVICIONALISMO		
Lim	its on Lobi	bying Exper	d "limited control" pro aditures ants paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
a Total lobbying expenditures to inf	fluence nub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to inf						
c Total lobbying expenditures (add						
d Other exempt purpose expenditu						
e Total exempt purpose expenditur	es (add line	s 1c and 1d)			
f Lobbying nontaxable amount. En				The state of the s		
If the amount on line 1e, column (a)			oying nontaxable am			
Not over \$500,000		N 12 3 - 40 1 1-	the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		1
Over \$1,000,000 but not over \$1,	500,000	\$175,00	0 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	7,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
 h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this 	ro or less, e ero on eithe	enter -0- nter -0- er line 1h or l	ine 1i, did the organiz	ation file Form 4720		Yes N
Subtract line 1f from line 1c. If zer If there is an amount other than zer reporting section 4911 tax for this	ro or less, e ero on eithe s year? that made	enter -0- nter -0- er line 1h or l 	ine 1i, did the organiz	ation file Form 4720 section 501(h) have to complete all o		
Subtract line 1f from line 1c. If zer If there is an amount other than zer reporting section 4911 tax for this	ro or less, e ero on eithe s year? that made	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa	ine 1i, did the organiz raging Period Under 01(h) election do not	ation file Form 4720 section 501(h) have to complete all ones 2a through 2f.)		
Subtract line 1f from line 1c. If zer If there is an amount other than zer reporting section 4911 tax for this	ro or less, e ero on eithe s year? that made s See Lobb	enter -0- nter -0- er line 1h or l 4-Year Ave a section 50 e the separa	ine 1i, did the organiz raging Period Under 01(h) election do not ate instructions for li	ation file Form 4720 section 501(h) have to complete all ones 2a through 2f.)		
i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to	ro or less, e ero on eithe s year? that made s See Lobb	enter -0- enter -0- er line 1h or l	ine 1i, did the organiz raging Period Under 01(h) election do not ate instructions for li ditures During 4-Yea	ation file Form 4720 section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period	f the five columns	below.
i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) Lobbying nontaxable amount b Lobbying ceiling amount	ro or less, e ero on eithe s year? that made s See Lobb	enter -0- enter -0- er line 1h or l	ine 1i, did the organiz raging Period Under 01(h) election do not ate instructions for li ditures During 4-Yea	ation file Form 4720 section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period	f the five columns	below.
i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in)	ro or less, e ero on eithe s year? that made s See Lobb	enter -0- enter -0- er line 1h or l	ine 1i, did the organiz raging Period Under 01(h) election do not ate instructions for li ditures During 4-Yea	ation file Form 4720 section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period	f the five columns	below.
i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	ro or less, e ero on eithe s year? that made s See Lobb	enter -0- enter -0- er line 1h or l	ine 1i, did the organiz raging Period Under 01(h) election do not ate instructions for li ditures During 4-Yea	ation file Form 4720 section 501(h) have to complete all ones 2a through 2f.) ar Averaging Period	f the five columns	below.

532042 10-05-15

Schedule C (Form 990 or 990-EZ) 2015 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 3 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)).

THE TAIL TO SEE THE SECOND SEC	[6	1)	(t	0)
f the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
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?	(L			
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?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	ion 501(c)	(5), or se	ction	
501(c)(6).	•	• • • • • • • • • • • • • • • • • • • •		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
answered "Ves "		i (b) i ai i	III-A, fir	ie 0,
answered "Yes." 1. Dues assessments and similar amounts from members			. III-A, III	ie 0,
Dues, assessments and similar amounts from members			. III-A, III	ie 0,
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 			. III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). 	tical	1	. III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year 	tical	1	. III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year 	tical	12a2b	. III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	tical	2a 2b 2c	. III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	tical	2a 2b 2c	. III-A, III	ie 0,
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses 	xcess	2a 2b 2c	. III-A, III	16 0,
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edges the organization agree to carryover to the reasonable estimate of nondeductible lobbying and 	xcess	2a 2b 2c 3	. III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edges the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 	xcess	2a 2b 2c 3	· III-A, III	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	xcess	2a 2b 2c 3	· III-A, III	
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	xcess political	2a 2b 2c 3 4 5		ie 0,
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poliexpenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 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 growth) 	xcess political	2a 2b 2c 3 4 5		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of policexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 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 gronstructions); and Part II-B, line 1. Also, complete this part for any additional information.	xcess political	2a 2b 2c 3 4 5		
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of policexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 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 grosstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	xcess political up list); Part II	2a 2b 2c 3 4 5	nd 2 (see	
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 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 gronstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: THE ORGANIZATION ENGAGED IN RESEARCH AND TRACKING OF	xcess political up list); Part II	2a 2b 2c 3 4 5	nd 2 (see	
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the eddoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	xcess political up list); Part II	2a 2b 2c 3 4 5	nd 2 (see	
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 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 grostructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	xcess political up list); Part II	2a 2b 2c 3 4 5	nd 2 (see	
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 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 gronstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: THE ORGANIZATION ENGAGED IN RESEARCH AND TRACKING OF	xcess political up list); Part II	2a 2b 2c 3 4 5	nd 2 (see	
Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Povide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grostructions); and Part II-B, line 1. Also, complete this part for any additional information. ART I-A, LINE 1: HE ORGANIZATION ENGAGED IN RESEARCH AND TRACKING OF	xcess political up list); Part II	2a 2b 2c 3 4 5	nd 2 (see	

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

	AMERICAN BRIDGE 21			N	27-5278038
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fun	ds or Acc	ounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir				
		(a) D	onor advised funds	(b) F	unds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that th	ne assets held in donor ad	vised funds	
	are the organization's property, subject to the organization's	exclusive leg	al control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in wr	iting that grant funds can l	oe used only	
	for charitable purposes and not for the benefit of the donor	or donor advis	sor, or for any other purpo	se conferring	
	impermissible private benefit?				
Pa	t II Conservation Easements. Complete if the or	ganization an	swered "Yes" on Form 990), Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organizat		that apply).		
	Preservation of land for public use (e.g., recreation or	education)	Preservation of a hi	storically imp	portant land area
	Protection of natural habitat		Preservation of a co	ertified histor	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	ified conserva	tion contribution in the for	m of a conse	
	day of the tax year.				Held at the End of the Tax Yea
а	Total number of conservation easements			2	а
b					b
C	Number of conservation easements on a certified historic str	ructure includ	ed in (a)	20	c
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic stru	cture	
	listed in the National Register			20	d
3	Number of conservation easements modified, transferred, re	eleased, exting	guished, or terminated by	the organizat	tion during the tax
	year ▶				
4	Number of states where property subject to conservation ea	asement is loc	ated	-	
5	Does the organization have a written policy regarding the pe	riodic monitor	ring, inspection, handling o	of	
	violations, and enforcement of the conservation easements i	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of v	riolations, and enforcing co	onservation e	easements during the year
					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violati	ons, and enforcing conser	vation easen	nents during the year
	> \$				
8	Does each conservation easement reported on line 2(d) about	•	to the property of the state of		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat	ion easement	s in its revenue and expen	se statemen	t, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financia	al statements that describe	es the organi	zation's accounting for
-	conservation easements.		. 14	011 01	71
Pai	t III Organizations Maintaining Collections o			Other Sin	niiar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (AS		none.		
	historical treasures, or other similar assets held for public ex			rance of put	blic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr				
b	If the organization elected, as permitted under SFAS 116 (AS				
	treasures, or other similar assets held for public exhibition, e	education, or r	esearch in furtherance of p	oublic service	e, provide the following amount
	relating to these items:			1120	
	(i) Revenue included on Form 990, Part VIII, line 1				\$
100					\$
2	If the organization received or held works of art, historical tre			cial gain, pro	vide
	the following amounts required to be reported under SFAS 1			1500	
	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X			<u>Þ</u>	\$
I HA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 99	20.		Schedule D (Form 990) 201

	The state of the s	N BRIDGE 2								Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	storical Tr	reasures, o	or Othe	r Simila	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	ion, and other record	is, che	ck any of the	following tha	t are a si	gnificant (use of its	collection	items
	(check all that apply):			e.						
а	Public exhibition	c	<u>ا</u>		change progra	ams				
b	Scholarly research	e		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how	they further t	the organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of				AND A TOTAL STATE AND			r	7	(
-	to be sold to raise funds rather than to be m								Yes	∟ No
Pai	reported an amount on Form 990, Pa		ete if th	e organizatio	on answered '	"Yes" on	Form 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary fo	r contributio	ns or other as	sets not	included		441	-
	on Form 990, Part X?			(**************************					Yes	└ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
							-		Amount	
C	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete								10.Ve	
		(a) Current year	(b)	Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses				-					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line	1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	red for th	e organiz	ation	_	
	by:									Yes No
	(i) unrelated organizations									
	(ii) related organizations		*******						3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organize								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm			n. r						
	Complete if the organization answere			1	T	1000		. 1		
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulate reciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			34	6,957.	2	29,46	0.	117	,497.
_	. Add lines 1a through 1e. (Column (d) must e	- Indiana de la companya del companya de la companya del companya de la companya	X, colu			Annegaberea			117	,497.
	A Company of the Comp			And Salar			5	Schedule	D (Form	990) 2015

AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 3

		11b. See Form 990, Part X, line 12.	d of year moulest stall-
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 000 Part IV line	11a San Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(D) Dook value	(e) Motified of Validations Good of grip	o or your market value
(1)			
(2)		4	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	5 000 D W. I	44 1 0 - E 000 B - 1 V E 45	
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
CDCVIDITATY DDDCCIM	escription		6,660
			0,000
A DIE EDOM AMEDICAM DETECE E	7.0		
(2) DUE FROM AMERICAN BRIDGE P	AC		
(3)	AC		
(3)	AC		
(3) (4) (5)	AC		
(3) (4) (5) (6)	AC		
(3) (4) (5) (6) (7)	AC		610,800
(3) (4) (5) (6) (7) (8)	AC		
(3) (4) (5) (6) (7) (8) (9)			610,800
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	15.)	11e or 11f. See Form 990, Part X, line 25	617,460
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) Ideal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o . (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) Intercolor (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)		617,460
(3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.) n Form 990, Part IV, line	(b) Book value	610,800

Sche	dule D (Form 990) 2015 AMERICAN BRIDGE 21ST CEN	TURY FOUNDATION	27-	5278038 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		. 1	4,632,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities		-	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	_	•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		. 3	4,632,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	T T		
a	Investment expenses not included on Form 990, Part VIII, line 7b		_	
b	Other (Describe in Part XIII.)			^
-	Add lines 4a and 4b		4c	4 632 000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4,632,000.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		er Hetu	rn.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line		т. г	E 000 006
1	Total expenses and losses per audited financial statements		. 1	5,009,986.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities			
b	Prior year adjustments		- 1	
C	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			E 000 006
3	Subtract line 2e from line 1		. 3	5,009,986.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	T T		
а	Investment expenses not included on Form 990, Part VIII, line 7b	VARIABLE TO THE PROPERTY OF TH		
b	Other (Describe in Part XIII.)	4b		0
-22	Add lines 4a and 4b			F 000 00C
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		. 5	5,009,986.
_	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		ne 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.		
_				——————————————————————————————————————
זאס	RT X, LINE 2:			
FAI	I A, DINE Z:			
FOI	R THE YEAR ENDED DECEMBER 31, 2015, THE	FOUNDATION HAS DO	CUME	NTED ITS
COI	SIDERATION OF FASB ASC 740-10, INCOME 1	AXES, THAT PROVID	ES GU	JIDANCE FOR
REI	ORTING UNCERTAINTY IN INCOME TAXES AND	HAS DETERMINED TH	IAT NO	MATERIAL
UNC	CERTAIN TAX POSITIONS QUALIFY FOR EITHER	RECOGNITION OR D	OISCLO	SURE IN
THE	FINANCIAL STATEMENTS.			
				*

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury nternal Revenue Service	L	► Attach to bout Schedule G (Form 990	Form 990 or l	orm 9	90-EZ.	gov/form990	Open to Public Inspection
Name of the organization	Information a	bout Schedule G (Form 990	or 990-EZ) and	its inst	ructions is at www.ns.	Employer id	lentification number
	AMERICA	N BRIDGE 21ST	r CENTUR	Y F	OUNDATION	27-527	8038
	ing Activities. complete this part	Complete if the organiza	tion answered	"Yes" o	on Form 990, Part IV,	line 17. Form 990-	Z filers are not
1 Indicate whether the	e organization rais	ed funds through any of	the following a	ctivities	. Check all that apply		
a Mail solicitati		e			government grants		
b X Internet and		f <u>L</u>	Solicitation	of gove	ernment grants		
c X Phone solicit		g∟	Special fund	Iraising	g events		
d X In-person sol	icitations						
		r oral agreement with any					
		art VII) or entity in connec	- 110				
		viduals or entities (fundra	iisers) pursuant	to agr	eements under which	the fundraiser is to	o be
compensated at lea	ast \$5,000 by the	organization.					
				ii) Did draiser		(v) Amount paid	(vi) Amount cold
(i) Name and address	or source construction and an extension	(ii) Activity	hav	custody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	raiser)		conf	ontrol of ibutions	from activity	listed in col. (i)	organization
BONNER GROUP - 455			Ye	s No			
ASSACHUSETTS AVE N	W, SUITE	FUNDRAISING CONSULT		Х	4,257,000.	532,313	3,724,687.
				1			
			1	1		h	
				+			-
				_			-
			- 1				
				-			-
			1				
			1		1	1	1
Total		**************************************	********	>	4,257,000.	532,313	3,724,687.
3 List all states in which	ch the organizatio	n is registered or licensed	d to solicit cont	ribution	ns or has been notifie	d it is exempt from	registration
or licensing.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2015

532081 **09-14-1**5

Schedule G (Form 990 or 990-EZ) 2015 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) ... 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Schedule G (Form 990 or 990-EZ) 2015 AMERICAN BRIDGE 21ST CENTURY FOUNDATION	27-5278038 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and received	
The the fiame and address of the person who prepares the organization's gaming/special events books and reco	orus.
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the am	nount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address >	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	
organization's own exempt activities during the tax year ▶ \$	
Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	l Part III, lines 9, 9b, 10b, 15b,
AGUIDIU E A DIDE T LIVE OD LIGH OF MIN WIGHTEN DID HINDD	3.T.C.T.D.C.
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDR	AISERS:
(I) NAME OF FUNDRAISER: BONNER GROUP	
(I) ADDRESS OF FUNDRAISER:	
455 MASSACHUSETTS AVE NW, SUITE 640, WASHINGTON, DC 20001	
	4

Schedule G	G (Form 990 or 990-EZ)	AMERICAN	BRIDGE	21ST	CENTURY	FOUNDATION	27-5278038	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continue	ed)					
		H.						
-								_
-								
	_							

532084 04-01-15

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization AMERICAN	BRIDGE 21	LST CENTURY	FOUNDATIO	N			Employer identification number 27-5278038
Part I General Information on Grants a				3*			
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	stance? ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II ca (b) EIN	c) IRC section if applicable	(d) Amount of cash grant	ded. (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
THE FRANKLIN FORUM 455 MASSACHUSETTS AVE NW, 6TH FL WASHINGTON, DC 20001	46-3018149	501(C)(4)	500,000.	0.			GENERAL OPERATIONS
MEDIA MATTERS ACTION NETWORK 455 MASSACHUSETTS AVE NW, 6TH FL WASHINGTON, DC 20001	77-0646754	501(C)(4)	300,000.	0.			GENERAL OPERATIONS
IVOTE, INC. P.O. BOX 382175 CAMBRIDGE MA 02238	42-2919706	N/A	75,000.	0.			GENERAL OPERATIONS
2 Enter total number of section 501(c)(3) 3 Enter total number of other organization			he line 1 table				0.

Schedule	el (Form 990) (2015) AMERICAN BRI					27-5278038	Page 2
Part III	Grants and Other Assistance to Domestic Indivi Part III can be duplicated if additional space is nee	duals. Complete if the ded.	organization answ	vered "Yes" on Form 9	990, Part IV, line 22.		
	(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
					360		
Part IV	Supplemental Information. Provide the information	on required in Part I, lir	ne 2, Part III, colum	n (b), and any other a	additional information.		
		·					

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Employer identification number 27-5278038

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE PRESIDENT AND LEGAL COUNSEL. THE RETURN WAS FORWARDED TO THE BOARD OF DIRECTORS BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO EACH OFFICER AND

DIRECTOR. THE POLICY REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICTS OF

INTEREST. IF SUCH DISCLOSURES ARE MADE, THE BOARD OF DIRECTORS INVESTIGATES

TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INDIVIDUAL HAVING THE

POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM THESE PROCEEDINGS.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE PRESIDENT AND TOP MANAGEMENT OFFICIAL WAS BASED ON COMPENSATION STUDIES USING COMPARATIVE DATA FROM OTHER ORGANIZATIONS. THE FINAL COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

COMPENSATION FOR OTHER EMPLOYEES WAS APPROVED BY THE PRESIDENT OF THE ORGANIZATION. ALL COMPENSATION PROCESSES ARE DELIBERATED AND DOCUMENTED.

THE LAST COMPENSATION REVIEW TOOK PLACE IN NOVEMBER 2015.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND FORM 990 AVAILABLE

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

Schedule O (Form 990 or 990-EZ) (2015)

990-02-15

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION	Employer identification number 27-5278038
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PUBLIC AFFAIRS CONSULTING:	
PROGRAM SERVICE EXPENSES	84,435.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	72,239.
TOTAL EXPENSES	156,674.
COMMUNICATIONS CONSULTING:	
PROGRAM SERVICE EXPENSES	196,628.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	196,628.
OTHER CONSULTING:	
PROGRAM SERVICE EXPENSES	175,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	175,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	528,302.

EXHIBIT B

CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treat Internal Revenue Servi

Do not enter social security numbers on this form as it may be made public.

_	46	a 2014 and advantage of the second restrictions is at a			mapection
			ing D	EC 31, 2014	
В	Check is applicat	le:		D Employer identifi	cation number
	Addr	90 AMERICAN BRIDGE ZIST CENTURY FOUNDATION			
	Nam	Doing business as		27-5	278038
	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone numbe	er
	Final	ASS MACCACUTICEMMC AVENUE AND CAN	D FL	(202	
	term			G Gross receipts \$	1,855,500.
	Ame	INDESTRUCTION DO 20001	- 1	H(a) Is this a group r	
	Appl			for subordinates	
	pend	SAME AS C ABOVE	1	H(b) Are all subordinates in	CHARLET TO THE
1	Tay.e	tempt status:	527		list. (see instructions)
		ite: BRIDGEPROJECT.COM		H(c) Group exemption	CHARLES THE REAL PROPERTY OF THE PROPERTY OF T
_			1 Vear		M State of legal domicile: DC
_	art I		L Tour	mornadon, 2011	oute of legal domicie. De
_	1	Briefly describe the organization's mission or most significant activities: THE AME	ERTC	AN BRIDGE 2	1ST CENTURY
Activities & Governance	١.	FOUNDATION ADVOCATES PROGRESSION SOLUTIONS			
Ē	2	Check this box if the organization discontinued its operations or disposed of			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			A.
B	4	Number of independent voting members of the governing body (Part VI, line 1b)		3	3
රේ	5				0
ë		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			0
3	6	Total number of volunteers (estimate if necessary)	••••••	6	0.
¥		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	_ D	Net unrelated business taxable income from Form 990-T, line 34	····		
		0.17.5		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,334,429.	1,855,500.
Ven	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,334,429.	1,855,500.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,000.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,358,507.	1,549,786.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		377,375.	206,187.
×	b	Total fundraising expenses (Part IX, column (D), line 25) 280,979	<u>. </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,288,410.	512,163.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,079,292.	2,268,136.
	19	Revenue less expenses. Subtract line 18 from line 12		255,137.	<412,636.>
sets or			Beg	inning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		869,647.	568,500.
Net As	21	Total liabilities (Part X, line 26)		297,101.	408,590.
		Net assets or fund balances. Subtract line 21 from line 20		572,546.	159,910.
_	art II	Signature Block		•	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of m	y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	oreparer h	as any knowledge.	
Sign	3	Signature of officer		Date	
Her	е	JESSICA MACKLER, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Prepared's signature	Di	January	PTIN
Paid	l	MATTHEW JOHNSON MATTHEY OHNSON		L/16/15 self-employ	P00440444
Prep	arer		.c.	Firm's EIN	52-1711839
Use	Only	Firm's address 7910 WOODMONT AVENUE, SUITE 500			
		BETHESDA, MD 20814		Phone no. (3	01) 986-0600
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	1990 (2014) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF AMERICAN BRIDGE 21ST CENTURY FOUNDATION IS TO EXPOSE
	AND OPPOSE THE CONSERVATIVE MOVEMENT'S EXTREME IDEOLOGY AND DISHONEST
	POLICIES AND TACTICS BOTH AT THE NATIONAL AND STATE LEVEL.
2	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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
*	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,886,093 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 1,886,093. including grants of \$) (Revenue \$) THE ORGANIZATION UTILIZED COMPREHENSIVE RESEARCH, VIDEO TRACKING, AND
	RAPID-RESPONSE COMMUNICATIONS TO DISMANTLE FALSE ATTACKS ON PROGRESSIVE
	POLICIES AND SHINE A LIGHT ON THE MONEYED SPECIAL INTERESTS BEHIND THE
	CONSERVATIVE AGENDA.
	CONSERVATIVE AGENDA.
	· · · · · · · · · · · · · · · · · · ·
	According to the second of the
	······································
-	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
0.5	· · · · · · · · · · · · · · · · · · ·
•	A CONTRACT OF THE CONTRACT OF
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	to the second se
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
70	Cone. \(\(\(\chi_{\text{chains}} \) \(\(\chi_{\text{chains}} \) \(\(\chi_{\text{chains}} \) \(\chi_{\text{chains}} \) \(\(\chi_{\text{chains}} \) \(\chi_{\text{chains}} \) \(\(\chi_{\text{chains}} \) \(\chains_{\text{chains}} \) \(\chi_{chains
	The second secon
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	A CONTRACTOR OF THE PARTY OF TH
	man and the second seco
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1,886,093.
-10	Form 990 (2014)

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

27-5278038 Page 3

Form 990 (2014) AMERICAN BRI 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 \mathring{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	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť	-	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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	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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\Box	X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	-	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	=	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990/	2014)

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Part IV Checklist of Required Schedules (continued)

	Cite of the dailed confedence (continued)			_
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_
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			
		23		x
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	
244	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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		N Ö	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If *Yes, * complete 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? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	47	

Form	990 (2014) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278	038	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0		J. J	. 1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		n 8	1
	(gambling) winnings to prize winners?	1c	X	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
	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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		x
		4a		
	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		A
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		_
	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 as charitable contributions?	6a	Х	_
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	(V	v	
	were not tax deductible?	6b,	X	-
	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?	7a	-	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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. 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		
	Section 501(c)(7) organizations. Enter:			1
	Initiation fees and capital contributions included on Part VIII, line 12			. 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			1
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ī
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			1
	organization is licensed to issue qualified health plans	- 1		- 1
	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	,	F	000	(2014)

Chackit Schedulo Coorlains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of violing members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated bread authority to an exceptive committee or similar committee, eights in Schedule 0. 5 Enter the number of voting members or the governing body in responsibility of an exceptive committee or similar committee, eights in Schedule 0. 5 Enter the number of voting members included in in its 1, above, who are independent or differed, reflective, furtice, rice repetives in 15 and		n 990 (2014) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278 rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			age 6
a Enter the number of voting members of the governing body at the end of the tax year If there are material differences is voting rights among members of the governing body, or if the governing body delegated translation used to the programment of the governing body or if the governing body delegated translation is not provided in the 1st, above, who are independent 0. In the provincial of the programment of the governing body and the provincial of the pr	77	Check if Schedule O contains a response or note to any line in this Part VI			X
table the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights manny emembers of the governing body, or If the governing body delegated bread authority to an executive committee or similar committee, explain in Schedule 0. 5 Firster the number of voting members and budded in line 13, above, who are independent 10 Did any officier, director, trustee, or key employees? 2 X 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 3 Did the organization necessary significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization to excome aware during the year of a significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 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? 5 Ara any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did he organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did he organization to situate, or key employee listed or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Each committee with authority to act on behalf of the governing body policies not required by the Internal Revenue Code) 7 Yes 8 Note any officer, divector, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization from a similar particles of the properties of the similar particles of such chapters, for the properties	Sec	tion A. Governing Body and Management			
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b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization than the property of the provided the neares and addresses in Schedule O 9 Leach committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's malling address? If YPss, "provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10b If YPss," 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 If YPss," 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? 11b If Has the organization have a written conflict of interest policy? If "No, go to line 13 12a Did the organization have a written conflict of interest policy? If "No, go to line 13 12b Were officers, directors, or trustees, and key employees required to decides annually interests that could give rise to conflict? 12b X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 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 t	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		х
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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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed CA, NY, FL 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule C) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - (202) 747-2059 455 MASSACHUSETTS AVENUE, NW, NO. 2ND FL, WASHINGTON, DC 20001	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
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Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - (202) 747-2059 455 MASSACHUSETTS AVENUE, NW, NO. 2ND FL, WASHINGTON, DC 20001	18	The state of the s	availab	le	
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION − (202) 747−2059 455 MASSACHUSETTS AVENUE, NW, NO. 2ND FL, WASHINGTON, DC 20001					
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THE ORGANIZATION - (202) 747-2059 455 MASSACHUSETTS AVENUE, NW , NO. 2ND FL, WASHINGTON, DC 20001					
455 MASSACHUSETTS AVENUE, NW , NO. 2ND FL, WASHINGTON, DC 20001	20				
			-		
		455 MASSACHUSETTS AVENUE, NW , NO. ZND FL, WASHINGTON, DC 2000		000	10011

Form 990 (2014)					FOUNDATION	27-5278038	Page 7
Part VII Compensa	tion of Officers, D	Directors, T	rustees	, Key Emplo	yees, Highest Com	pensated	
Employees	s, and Independen	t Contract	ors				
Check if Sche		🗀					

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

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

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

Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	c) itior more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
E)	(list any hours for related organizations below line)	Individual trustes or director	Institutional Irustea	Officer	Kay employes	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID BROCK	12.00			_						50.445
CHAIRNAN	1 00	X	_	X	_	_		0 -	0.	52,145
(2) DAVID BENNAHUM	1.00									
SECRETARY	1 00	X		_	-	-		0.	0.	0
(3) TED TRIMPA	1.00	x						0.	0.	
DIRECTOR (4) MICHAEL KEMPNER	1.00	^	_		-	\vdash	-	υ.	0.	0
DIRECTOR	1.00	х						0.	0.	0
(5) BRAD WOODHOUSE	16.00	Α		-				· ·	· ·	U
PRESIDENT	10.00			x				0.	0.	88,173
(6) PILAR MARTINEZ	9.50			-						1
CHIEF FINANCIAL OFFICER				x				0.	0.	22,014
(7) EDWARD VALE	24.00									
VICE PRESIDENT				X				0.	0.	69,989
(8) JESSICA MACKLER	16.00									
CHIEF OPERATING ÓFFICER		H	_	X		H	\dashv	0.	0.	67,805
		Н								
	•									
SME										
Thus.										
3										
							\neg		(, •, ;	

									Y FOUNDATION		78	038	Page 8
Part VII Section A. Officers, I	Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)			
(A) Name and title	ame and title Average hours per week Average hours per week officer and a director/or				than d	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other			
	a	(list any hours for related organizations below line)	ndividual trustee or direc	nstitutional trustee	Officer	Кеу етріоуве	Highest compensated employee	огтег	organization (W-2/1099-MISC)	(W-2/1099-MIS		fror organ and i	n the lization related izations
	2		-	_		¥	1.0	_					10 104
									-				
	1-11-2					-				493			
											\dashv		
****			H								-		t.
							H				-	•	
				,					19				
•						_							
(H				H				-		
1b Sub-total					Ш		Ļ		0.		0.	300	,126.
c Total from continuation sh d Total (add lines 1b and 1c)	eets to Part V	I, Section A							0.		0.		0.
Total number of individuals compensation from the organization	(including but n								eceived more than \$100	0,000 of reportable			. 0
3 Did the organization list any	- 10	director anto	.ata					v	hishaat aassassatad a		ſ	Y	es No
line 1a? If "Yes," complete S	Schedule J _. for s	uch individual										3	X
4 For any individual listed on land related organizations grant	reater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	JI	for such individual			4	X
5 Did any person listed on line rendered to the organization									ed organization or indiv	idual for services		5	X
Section B. Independent Contra										·			
 Complete this table for your the organization. Report cor 										•	pensa	ation fro	m
. Nam	(A) e and business	address							(B) Description of s	ervices	C	(C) ompens	ation
BONNER GROUP, INC AVE, #640, WASHIN			IUS	E	rts	3			FUNDRAISING	SERVICES		209	,574.
TRILOGY INTERACTI PO BOX 4177, MOUN		EW, CA S	94()4()				CONSULTING			140	,062.
GASLIGHT, INC. 314 QUEEN ST, ALE		771M DOS 107						k	CONSULTING				,220.
2 Total number of independer	nt nontroder 6	netudine but s	ot E	nite	dto	thor	eo Ka	tar	ahovel who received =	nore than			
\$100,000 of compensation			J. 1/1			3							

				DGE 21ST	CENTURY FO	DUNDATION	27-5278	3038 Page
Par	t VII					*		-
		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII .	(B)	(C)	L
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
153	1 a	Federated campaigns	1a					
5 2	b	Membership dues	1b					
A, C		Fundraising events						
a =		Related organizations				1 1		1
v.E		Government grants (contribut				1		ł
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions, gifts, gran		37,		1 1		
3€	•	similar amounts not included abo	ve 1f 1	,855,500.				
	g	Noncash contributions included in lines	s 1a-1f; \$					
3 8	h	Total. Add lines 1a-1f			1,855,500.			
				Business Code				
ଞ୍ଚ	2 a							
ا و چ	b	K						
פַ פַ	C						1.00	
हूँ इ	d							
Program Service Revenue	e							
۱ ۳	1	All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including						
- 1		other similar amounts)						
- 1	4	Income from investment of ta	1.50					
	5	Royalties	THE RESERVE OF THE PARTY OF THE	The state of the s		-		
- 1		0	(i) Real	(ii) Personal				
	6 a	***************************************				1		
- 1		Less: rental expenses						
- 1	C	Rental income or (loss)						
- 1	7 0	Net rental income or (loss) Gross amount from sales of	(i) Securities		*			
- 1	, a	assets other than inventory	(i) Securities	(ii) Outer				
	h	Less: cost or other basis	7					
	_	and sales expenses		-/4				
- 1	c	Gain or (loss)						
1		Net gain or (loss)		· •				
		Gross income from fundraisin						
venue								
8		including \$ contributions reported on line	1c). See]]				
Other Re		Part IV, line 18						
ğ	b	Less: direct expenses						
١٣	C	Net income or (loss) from fund	draising events					
1		Gross income from gaming ac					0	
		Part IV, line 19	a					1
	b	Less: direct expenses	b					
- 1	C	Net income or (loss) from gam	ning activities .					
- 1	10 a	Gross sales of inventory, less	returns	1				
- 1		and allowances	a					
		Less: cost of goods sold		·				
-	C	Net income or (loss) from sale		>				
-		Miscellaneous Revenu	ie	Business Code				
- 1	11 a					 		
	Ь			-				
1	Ç	All other re						
	•	All other revenue				1		
	0.20	Total. Add lines 11a-11d Total revenue. See instructions.			1,855,500.	0.	0.	0.
32009	2	Total revenue. See misu uctions.	************		-,000,000.	0.1		Form 990 (2014)

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b.	(A)	(B) T	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
3	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign		4		
	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	300,126.	247,621.	46,483.	6,022
6	Compensation not included above, to disqualified				-,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				10
7	Other salaries and wages	1,100,432.	1,064,052.	36,380.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,029.	64,702.	4,327.	4 0
10	Payroll taxes	80,199.	76,788.	3,283.	128
11	Fees for services (non-employees):				
а	Management				
b	Legal	45,000.	42,168.	2,832.	
C	Accounting	11,994.	11,239.	755.	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17	206,187.			206,187
f	Investment management fees				
9					
	column (A) amount, list line 11g expenses on Sch O.)	175,257.	175,052.	205.	
12	Advertising and promotion	419.	419.		
13	Office expenses	16,421.	15,420.	1,001.	
14	Information technology	4,550.	4,550.		
15	Royalties		CD 305		
16	Occupancy	70,945.	67,395.	3,550.	60 505
17	Travel	63,894.	297.		63,597
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,061.	29,106.	1,955.	
23	Insurance			COLUMN TO THE REAL PROPERTY OF THE PERTY OF	
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 0.)				tr.
а	RESEARCH	78,155.	78,155.		
Ь	DUES AND SUBSCRIPTIONS	4,781.	4,781.		
c		-,			
d					
	All other expenses	9,686.	4,348.	293.	5,045
25	Total functional expenses. Add lines 1 through 24e	2,268,136.	1,886,093.	101,064.	280,979
 26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		J	Į.	
	educational campaign and fundraising solicitation.	~			
	Check here if following SOP 98-2 (ASC 958-720)				

AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 11

	Check if Schedule O contains a response or no	te to any lin	e in this Part X		г	
				(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing			652,984.	1	409,267
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			3	1 2	
4	Accounts receivable, net		7,500.	4		
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens					
ł	Part II of Schedule L		5			
6	Loans and other receivables from other disqual					
1	section 4958(f)(1)), persons described in section	n 4958(c)(3)	(B), and contributing			
1	employers and sponsoring organizations of sec					
-1	employees' beneficiary organizations (see instr)		6			
7	Notes and loans receivable, net				7	
	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges				9	
1	Land, buildings, and equipment: cost or other	I I	······ F		-	
""	basis. Complete Part VI of Schedule D	102	320,419.			
h	Less: accumulated depreciation	10h	167,846.	183,634.	10c	152,573
111	Investments - publicly traded securities			100,001	11	130,373
	Investments - other securities. See Part IV, line			12		
13	Investments - program-related. See Part IV, line	11			13	
14					14	
15	Intangible assets			25,529.	15	6,660
16	Other assets. See Part IV, line 11			869,647.	16	568,500
17	Total assets. Add lines 1 through 15 (must equ			297,101.	17	369,705
18	Accounts payable and accrued expenses		251,101.	18	303,703	
	Grants payable				19	
19	Deferred revenue					
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
	Loans and other payables to current and forme	ACCURATION AND ADDRESS OF THE PARTY OF THE P	ACCURACY OF AN AND PARTY OF AN ANALYSIS OF THE STATE OF T		1	
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
	Secured mortgages and notes payable to unrela				23	
	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
1	parties, and other liabilities not included on lines			0		20 000
	Schedule D			297,101.	25	38,885
26	Total liabilities. Add lines 17 through 25			297,101.	26	408,590
	Organizations that follow SFAS 117 (ASC 956		ere 🕨 🕰 and			
	complete lines 27 through 29, and lines 33 and			570 FAC		150 010
	Unrestricted net assets			572,546.	27	159,910
10. E11	Temporarily restricted net assets				28	
	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (A	SC 958), c	heck here			
	and complete lines 30 through 34.		J			
	Capital stock or trust principal, or current funds				30	
	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in	ther funds		32		
33	Total net assets or fund balances		572,546.	33	159,910	
	Total liabilities and net assets/fund balances			869,647.	34	568,500

	n 990 (2014) AMERICAN BRIDGE 21ST CENTURY FOUNDATION	27-52	78038	Pa	ge I
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ŀ
	**		1 05		^^
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,85	5,5	20
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,26		
3	Revenue less expenses. Subtract line 2 from line 1		<41		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	57	2,5	46
5	Net unrealized gains (losses) on investments	5			
5	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15	9,9	10
	Chack if Schadula O contains a response or note to any line in this Part VII				
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1 2a	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk	e O.			N
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e O. ed on a	2a	Yes	N
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:	e O. ed on a	2a		N
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e O. ed on a	2a	Yes	N
	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	e O. ed on a	2a	Yes	N
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second consolidated and separate basis.	e O. ed on a tte basis,	2a 2b	Yes	N
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	e O. ed on a tte basis,	2a 2b	Yes	N
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second consolidated and separate basis.	e O. ed on a tte basis,	2a 2b	Yes	_
b	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e O. ed on a tte basis, he audit,	2a 2b	Yes	N
b	Accounting method used to prepare the Form 990:	e O. ed on a tte basis, he audit,	2a 2b	Yes	N
b c	Accounting method used to prepare the Form 990:	e O. ed on a te basis, the audit, medule O. ingle Audit	2a 2b 2c	Yes	X

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

2014

Open to Public Inspection

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

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

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

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

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

Tax) (see se	parate instructions), then				
	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			100
Name of org	A CONTRACTOR OF THE PARTY OF TH	and the second of			ployer identification number
		N BRIDGE 21ST C			27-5278038
Part I-A	Complete if the org	janization is exempt ui	nder section 501(c)	or is a section 527	organization.
		zation's direct and indirect pol			\$800,194.
					* ***
Part I-B	Complete if the org	janization is exempt u	nder section 501(c)	(3).	
1 Enter th	e amount of any excise tax	incurred by the organization u	under section 4955	>	\$
2 Enter th	e amount of any excise tax	incurred by organization man	agers under section 4955	5 >	\$
3 If the or	ganization incurred a section	n 4955 tax, did it file Form 47	20 for this year?		Yes No

b If "Yes,"	describe in Part IV.				
Part I-C	Complete if the org	janization is exempt u	nder section 501(c)	, except section 50	
1 Enter th	e amount directly expended	d by the filing organization for	section 527 exempt fund	tion activities	\$ 800,194.
		ization's funds contributed to	•		9
exempt	function activities	***************************************		>	\$0.
3 Total ex	empt function expenditures	. Add lines 1 and 2. Enter her	e and on Form 1120-POL	•	
line 17b					\$ 800,194.
		1120-POL for this year?			
5 Enter th	e names, addresses and er	nployer identification number	(EIN) of all section 527 pe	olitical organizations to w	nich the filing organization
		tion listed, enter the amount p			
		omptly and directly delivered	and the second s		arate segregated fund or a
political	action committee (PAC). If	additional space is needed, p	rovide information in Part	IV.	V-1-1-
\$2	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter 4	contributions received and
					(4)
					1#
•	*				
			2:1		
					- Comment
				**	
	A MILL OF THE LAST				- l,

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 P Part II-A Complete if the organization 501(h)).	anization is	exempt under section	n 501(c)(3) and file	ed Form 5768 (election under
	ion belongs to a	n affiliated group (and list in	Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share	_			•	ðe.
3 Check Diff the filing organization	ion checked box	A and "limited control" pro	ovisions apply.		
	s on Lobbying E itures" means a	Expenditures amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opir	nion (grass roots lobbying)	-		
b Total lobbying expenditures to influ		100 NO. 100 NO			•
c Total lobbying expenditures (add lin	_	30 1 5 55 NA			
d Other exempt purpose expenditure					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter					1
If the amount on line 1e, column (a) or		e lobbying nontaxable am			
Not over \$500,000		% of the amount on line 1e			*
Over \$500,000 but not over \$1,000		00,000 plus 15% of the exc			0.
Over \$1,000,000 but not over \$1,50		75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		25,000 plus 5% of the exce			
Over \$17,000,000	\$1,	000,000.			1
j If there is an amount other than zer reporting section 4911 tax for this y	rear?	h or line 1i, did the organiz r Averaging Period Under ion 501(h) election do not	section 501(h)		Yes N
		eparate instructions for li			
The state of the s	Lobbying E	xpenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))	1	×			
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	1		*		
f Grassroots lobbying expenditures	2				

Schedule C (Form 990 or 990 EZ) 2014 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 3

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	or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?	•			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 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	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
2a	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				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		1 1		-
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house-lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		2		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Part		ne 3, is
1	Dues, assessments and similar amounts from members	,	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a		494
Ь	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 exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p			22	
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
instn	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. $\mathbf{T} = \mathbf{I} - \mathbf{A}$, LINE 1:	list); Part I	I-A, lines 1 a	ınd 2 (see	
THE	ORGANIZATION ENGAGED IN RESEARCH AND TRACKING OF	CANDII	DATES 1	FOR	•
PUI	BLIC OFFICE.				
					-

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.is.c.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Inspection

Nan	e of the organization AMERICAN BRIDGE 21	ST CENTURY FOUNDATION	ON	Emp	ployer identification 27-5278(
Pa	rt I Organizations Maintaining Donor Advise			ccou		
	organization answered "Yes" to Form 990, Part IV, lin	e 6.				
	1947	(a) Donor advised funds	(b) Fun	nds and other accou	unts
1	Total number at end of year				7.65	74
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 ad	vised fun	ds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	□ N
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can l	be used o	only		
	for charitable purposes and not for the benefit of the donor of			_		_
_	impermissible private benefit?				Yes Yes	L N
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	, Part IV,	line 7.		***
1		A STATE OF THE STA				
	Preservation of land for public use (e.g., recreation or e	education)	istorically	impo	rtant land area	
	Protection of natural habitat	Preservation of a ce	ertified hi	storic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the for	m of a co	nserv	ation easement on t	the last
	day of the tax year.		i	-	ran e	
•					Held at the End of th	ne Tax Yea
а	Total number of conservation easements			2a		
þ	Total acreage restricted by conservation easements			2b		
C	Number of conservation easements on a certified historic str			2c		
٠d						
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	the organ	ization	n during the tax	
	year >					
4	Number of states where property subject to conservation ea		-			
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements i					L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-		15		
7	Amount of expenses incurred in monitoring, inspecting, and				\$	-
8	Does each conservation easement reported on line 2(d) above					П.,
	and section 170(h)(4)(B)(ii)?				Yes	L No
9	In Part XIII, describe how the organization reports conservati					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the org	janizat	tion's accounting to	or
Do	conservation easements. rt III Organizations Maintaining Collections or	f Art Historical Transuras or	Other	Cimil	ar Accate	
Pa			Other .	3111111	ar Assets.	
_	Complete if the organization answered "Yes" to Form			- 1 to - 1		
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exh		rance of	public	service, provide, in	Part XIII,
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	oublic ser	vice, p	provide the following	g amount
	relating to these items:	•				
	(i) Revenue included in Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X				\$	
2	If the organization received or held works of art, historical tre-		ial gain,	provid	е	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
					_	
а	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X			•	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

-		N BRIDGE 2						27-52			
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, che	ck any of the	following the	ıt are a siç	gnificant	use of its	collectio	n iten	ns
	Public exhibition	<u>.</u>			hange progra						
a	No. of the control of	-	' -	1	nange progra	ams					
þ	Scholarly research	e	•	Other		71115					_
C	Preservation for future generations										
4	Provide a description of the organization's c				75.		W		t XIII.		
5	During the year, did the organization solicit of							_	7	_	1
	to be sold to raise funds rather than to be m								Yes		No
Pai	rt IV Escrow and Custodial Arran		ete if th	ne organizatio	n answered	"Yes" to F	Form 990	, Part IV,	line 9, or	S.	
-	reported an amount on Form 990, Pa					-	x 197 xo 0				
1a	Is the organization an agent, trustee, custod							_	٦	_	٦
_	on Form 990, Part X?					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
	A20 W. N. L. S. C.								Amoun	<u>t </u>	
C	Beginning balance							-			
đ	Additions during the year										
е	Distributions during the year										
f	Ending balance								_	_	_
	Did the organization include an amount on F	Feet conditions and a second control of the conditions and a second conditions are a second conditions and a second conditions are a second conditions and a second conditions are a second condition and a second condition are a second conditions are a second condition are a second conditions are a second conditions are a second condition are a second conditions are a second conditions are a second conditions are a second conditions are a second condition are a second conditions are a second conditions are a second condition are a second conditions are a second conditions are a second condition are a second conditions are a second condition are a second conditions are a second condition are a second condition are a second conditions are a second condition are a seco				Carlo Children	ty?	∟	」 Yes	⊨	No
	If "Yes," explain the arrangement in Part XIII										
Pai	rt V Endowment Funds. Complete										
		(a) Current year	(b)	Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Fou	years	back
1a	Beginning of year balance										
ь	Contributions							9:			
C	Net investment earnings, gains, and losses										
þ	Grants or scholarships										
е	Other expenditures for facilities					- 1					
	and programs									- 12	
f	Administrative expenses				ŭ.					10	
g	End of year balance									7.2	
2	Provide the estimated percentage of the cur	rent year end baland	e (line	1g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
' b	Permanent endowment	%									
C	Temporarily restricted endowment ▶										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	AND ALL DO CONTROL AND	ation th	nat are held a	nd administe	red for the	e organiz	ation			
	by:								i	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations		••••	***************************************	***************************************			••••••			
b	If "Yes" to 3a(ii), are the related organization:									-	
4	Describe in Part XIII the intended uses of the						***************************************	***********			
Par	t VI Land, Buildings, and Equipm		, (1) (I) (I)	i idiida.							
	Complete if the organization answere). Part I	V. line 11a. S	ee Form 990	Part X. li	ne 10.				
	Description of property	(a) Cost or o		1	or other		cumulate	d T	(d) Bool	k valu	
	bescription of property	basis (investr		basis	ACTO SANCO-ANIOCOCK		reciation	٠	(4) 500	· vaiu	· ·
10	Land	7.77		1	,	3561					
	Land										
D	Buildings		_				-7				
	Leasehold improvements			7	0,362.		18,23	34		2,1	28
	Equipment				0,057.		49,61			0,4	
	Other (Oct (1)		V col				Z / U /	-			$\frac{43.}{73.}$
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	A, COIU	min (B), line 1	OC.)						
								Schedule	D (Form	n 990)	2014

432052 10-01-14

Schedule D (Form 990) 2014 AMERICAN BR Part VIII Investments - Other Securities.	IDGE 21ST CE	NTURY FOUNDATION	27-5278038 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		2442	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		<u> </u>	District Feed
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	ost or end-of-year market value
(1)			
(2)		_	
(3)			
(5)	-		* * * * * * * * * * * * * * * * * * *
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" (a)	to Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line	15. (b) Book value
(1)	THE PARTY OF THE P	100000	
(2)			
(3)			
(4)			
(5)			
(6)		- kai	
. (7)			
(8)			
(9)	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	8		> 1
Complete if the organization answered "Yes"	to Form 990, Part IV, line		X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes (2) DUE TO AMERICAN BRIDGE 21	Cm Cm		
Control of	.01	30 005	
(3) CENTURY		38,885.	
(4)		THE STATE OF THE S	
(5)			4
(6)		******	
(7)			
(8)			
(9)	2001	20 005	
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		38,885.	
Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under the control of the control o			

432053 10-01-14 Schedule D (Form 990) 2014

-	dule D (Form 990) 2014 AMERICAN BRIDGE 21ST CENT t XI Reconciliation of Revenue per Audited Financial States	ments With Rev		-5278038 Page 4
_	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	2a		
1	Total revenue, gains, and other support per audited financial statements		1	1,855,500.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	•	
b	Donated services and use of facilities	2b		i
C	Recoveries of prior year grants	2c		ľ
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,855,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5			5	1,855,500.
	t XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements			2,268,136.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		3	
, a	Donated services and use of facilities	2a		
	Prior year adjustments			1
_				l .
d	Other losses Other (Describe in Part VIII.)			
	Other (Describe in Part XIII.)		2e	0
-	Add lines 2a through 2d		3	2,268,136.
3	Subtract line 2e from line 1		<u>3</u>	2,200,130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			2,268,136.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	2,200,130.
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		5 101 101	t X, line 2; Part XI,
	RT X, LINE 2:		*1	·
THE	FOUNDATION REQUIRES THAT A TAX POSITION	BE RECOGN	IIZED OR DE	RECOGNIZED
BAS	SED ON A "MORE LIKELY THAN NOT" THRESHOLD	. THIS APP	LIES TO PO	SITIONS
TAR	KEN OR EXPECTED TO BE TAKEN IN A TAX RETU	DRN. THE FO	UNDATION I	OOES NOT
BEI	LIEVE ITS FINANCIAL STATEMENTS INCLUDE, C	R REFLECT,	ANY UNCER	TAIN TAX
POS	SITIONS. THE FOUNDATION'S IRS FORM 990, F	RETURN OF C	RGANIZATIO	N EXEMPT
FRO	OM INCOME TAX, REMAINS OPEN FOR EXAMINATION	ON BY THE	FEDERAL TA	XING
AUT	CHORITIES, GENERALLY FOR THREE YEARS AFTE	R IT IS FI	LED.	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Doen to Public

Department of the Treasury Internal Revenue Service	► Attach to Form 9				DK-	Open to Public Inspection
Name of the organization	tion about Schedule G (Form 990 or 990-E	EZ) and its	instru	uctions is at www irs o	Fmployer id	dentification number
	ICAN BRIDGE 21ST CEN	NTURY	FC	UNDATION	27-527	
Part I Fundraising Activi required to complete thi	ities. Complete if the organization ans is part.	swered "Y	'es" to	o Form 990, Part IV, I	ine 17. Form 990-	Z filers are not
1 Indicate whether the organization	on raised funds through any of the follo	wing acti	vities.	Check all that apply	•	
a Mail solicitations	e X Solic	itation of	non-g	overnment grants		
b Internet and email solicita	ations f Solic	itation of	gove	mment grants	*	26
c Phone solicitations	g Spec	ial fundra	ising	events		
d X In-person solicitations						
2 a Did the organization have a wri	tten or oral agreement with any individ	ual (includ	ding o	officers, directors, tru		
	90, Part VII) or entity in connection with					
	d individuals or entities (fundraisers) pu	ursuant to	agre	ements under which	the fundraiser is t	o be
compensated at least \$5,000 b	by the organization.		(-)			Ť.
		(iii)	Did		(v) Amount paid	fuil Amount poid
(i) Name and address of individua	al (ii) Activity	have cu	ustody	(iv) Gross receipts	to (or retained by fundraiser	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or con contribu	trol of utions?	from activity	listed in col. (i)	organization
BONNER GROUP, INC 455		Yes	No			1
MASSACHUSETTS AVE #640	FUNDRAISER CONSULTANT		х	1,680,500.	206,18	1,474,313.
					dr.	
	¥				17	
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		+	-		1	
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		+	_			1
Total				1,680,500.	206,187	1,474,313.
3 List all states in which the organ	ization is registered or licensed to solid	cit contrib	ution	s or has been notified	it is exempt from	registration
or licensing.	4811-811-2					

-	W. S. III S. II. S.			BURNEST TO THE		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2014

432081 08-28-14

a	rt I		e organization answered	d "Yes" to Form 990, Par	t IV, line 18, or reported	more than \$15,000
T		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
1		×-	((5) (5)	(Andal mumb m)	col. (c))
2			(event type)	(event type)	(total number)	
ממוממ	1	Gross receipts				
	2	Less: Contributions	8 2			ł
1		71				
+	3	Gross income (line 1 minus line 2)	-			
	4	Cash prizes				
	5	Noncash prizes		¥6		ci.
	6	Rent/facility costs		,		
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
1	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				
		Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or i	eported more than	
Т		\$15,000 on Form 990-EZ, line 6a.	3	(b) Pull tabs/instant		(a) Tabel control (c)
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
		Gross revenue		8		4
t	_	gross revenue		***	· · · · · · · · · · · · · · · · · · ·	
	2	Cash prizes			<u> </u>	
	3	Noncash prizes				
	4	Rent/facility costs		,	***	8
1	5	Other direct expenses				
1		Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
L	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u> </u>	·
a I	s t	er the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes N
		A1	~ · · · · · · · · · · · · · · · · · · ·			
		re any of the organization's gaming licenses re Yes," explain:		eminated during the tax	/ear?	Yes N
		- many contractor				

Schedule G (Form 990 or 990-EZ) 2014 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Page 3
11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a % b An outside facility 13b %
b An outside facility
Enter the hand and addiese of the person who properso the organization a garming special events books and records.
Name
Address >
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name >
Address >
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Description of services provided
to the second se
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
*
(I) NAME OF FUNDRAISER: BONNER GROUP, INC.
12/ 3/2/20 02 10/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
(I) ADDRESS OF FUNDRAISER:
y. y.
455 MASSACHUSETTS AVE #640, WASHINGTON, DC 20001
*
432083 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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Schedule G	(Form 990 or 990-E	AMERICAN Information (continue	BRIDGE	21ST	CENTURY	FOUNDATION	27-5278038	Page 4
Partiv	Supplemental	information (continue	ea)		-			11.00
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Employer identification number 27-5278038

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POLICY CONCERNS. FURTHER, THE FOUNDATION RESEARCHES AND REFUTES CONSERVATIVE POLICIES THAT WE BELIEVE WOULD UNDERMINE OUR NATION'S FUTURE AND EDUCATES THE AMERICAN PEOPLE ON THE RESULTS OF THOSE FINDINGS. FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO SEPERATE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE DISTRIBUTED TO EACH OFFICER AND DIRECTOR. THE CONFLICT OF INTEREST POLICY REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST. IF SUCH DISCLOSURES IS MADE, THE BOARD OF DIRECTORS INVESTIGATES TO DETERMINE IF A CONFLICT OF INTEREST EXISTS: THE INDIVIDUAL HAVING THE POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM THESE PROCEEDINGS.

FORM 990, PART VI, SECTION B, LINE 15:

OFFICER COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. A COMPARISON IS USED OF LEADERS OF OTHER ORGANIZATIONS WITH SIMILIAR QUALITIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION	Employer identification number 27-5278038
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES AVAILABLE FOR INSPECTION AND COPYL	ING OF ALL
DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE.	
·	ē
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION A	AND OVERSIGHT
OF THE AUDIT AND THAT PROCESS HAS NOT CHANGED FROM THE PR	RIOR YEAR.
- SP-V	

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EXHIBIT C

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DLN: 93493153010214

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable AMERICAN BRIDGE 21ST CENTURY FOUNDATION Address change 27-5278038 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Terminated (202) 747-2060 Amended return City or town, state or country, and ZIP + 4 WASHINGTON, DC 20001 Application pending Name and address of principal officer H(a) Is this a group return for BRAD WOODHOUSE affiliates? 455 MASS AVE NW 650 WASHINGTON.DC 20001 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) T Tax-exempt status H(c) Group exemption number Website: ► BRIDGEPROJECT COM K Form of organization Corporation Trust Association Other L Year of formation 2011 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities THE AMERICAN BRIDGE 21ST CENTURY FOUNDATION ADVOCATES PROGRESSIVE SOLUTIONS TO AMERICA'S PUBLIC POLICY CONCERNS FURTHER, THE FOUNDATION RESEARCHES AND REFUTES CONSERVATIVE POLICIES THAT WE BELIEVE WOULD UNDERMINE OUR NATION'S FUTURE AND EDUCATES THE AMERICAN PEOPLE ON THE RESULTS OF Governance THOSE FINDINGS 2 Check this box | fthe organization discontinued its operations or disposed of more than 25% of its net assets Activities & 3 Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 0 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 0 6 Total number of volunteers (estimate if necessary) . . . 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 2.576,800 1,945,000 Ravenue Program service revenue (Part VIII, line 2g) . . . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 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 2,576,800 1,945,000 12) . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 333,250 286,096 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1,094,637 Expenses 567.777 16a Professional fundraising fees (Part IX, column (A), line 11e) . 246,537 244,107 Total fundraising expenses (Part IX, column (D), line 25) \$\int_{519,893}\$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 530,380 999,999 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,677,944 2.624.839 Revenue less expenses Subtract line 18 from line 12 . 898,856 -679,839 80 **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 1,296,004 489,487 21 Total liabilities (Part X, line 26) 298,756 172,078 997,248 22 Net assets or fund balances Subtract line 21 from line 20 Part II 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 2014-05-23 Signature of officer Sign Here BRAD WOODHOUSE PRESIDENT Type or print name and title Print/Type preparer's name MARK HEINITZ Preparer's signature Check V if 2014-06-02

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

Firm's name MARK HEINITZ CPA

Firm's address - 6433 BURWELL ST

Paid

Preparer

Use Only

Firm's EIN

Phone no (703) 924-1245

		ment of Program Ser f Schedule O contains a re				
1	Briefly descri	be the organization's missi	on			
THE	AMERICAN BR	IDGE 21ST CENTURY FO	UNDATION			
-						
2	Did the organi the prior Form	zation undertake any signif 990 or 990-EZ?	icant program serv	ices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," descr	ribe these new services on	Schedule O			2
3		zation cease conducting, o				□ Yes □ No
	If "Yes," descr	ribe these changes on Sche	dule O			
4	expenses Sec		(4) organizations a	re required to report	ee largest program services, as r the amount of grants and allocat	
4a	(Code) (Expenses \$	1,844,359	ncluding grants of \$	286,096) (Revenue \$	
-14					JBLIC POLICY CONCERNS, AND WORKED	TO EDUCATE THE
	AMERICAN PEOF	PLE AND THE NATION'S LEADERS	ON PROGRESSIVE IDEA	NS .		
4b	(Code) (Expenses \$	II	cluding grants of \$) (Revenue \$)
	-					
		-				
	-					
_	(0.1	\ /5		11		
4c	(Code) (Expenses \$	II.	ncluding grants of \$) (Revenue \$)
	-					
	-					
	-					-
4d	Other progra	m services (Describe in Sc	hedule O)			
	(Expenses \$		cluding grants of \$) (Revenue \$)
4e		n service expenses 🕨	1,844,359		÷ ·	10200

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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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Indicated 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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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		No
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		No
2′	id the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Yes

37

No

Part V	Statements	Regarding Other IRS Filings and Tax Complian	ce

	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 1a 10		165	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
)	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
b	by this return	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	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		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
1	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 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
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			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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)			
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.			
j	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
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			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		7

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

	ion A. Governing Body and Management		74	
	Enter the number of voting members of the governing body at the end of the tax		Yes	No
•	year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
	Enter the number of voting members included in line 1a, above, who are independent			
	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		No
	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		No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
		6		N
	Did the organization have members or stockholders?	0		IN
	more members of the governing body?	7a		N
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b		N
	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		N
	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Cod	e.)
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a		N
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization have a written whistleblower policy?	13	Yes	
	Did the organization have a written document retention and destruction policy?	14	Yes	
	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?			
		15a	Yes	
	The organization's CEO, Executive Director, or top management official	T'SG		
	The organization's CEO, Executive Director, or top management official	15b	Yes	
	Other officers or key employees of the organization		Yes	
	Other officers or key employees of the organization		Yes	N
	Other officers or key employees of the organization	15b	Yes	N
	Other officers or key employees of the organization	15b 16a	Yes	N
	Other officers or key employees of the organization	15b 16a	Yes	N
	Other officers or key employees of the organization	15b 16a	Yes	N

▶PILAR MARTINEZ 455 MASSACHUSETTS AVE NW650 WASHINGTON, DC (202)756-4128

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Page 7

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, 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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	not boot thai	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director			Former Highest compensated employee Key employee Officer		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DAVID BROCK DIRECTOR	15 00	х						67,760	60,000	0
(2) TED TRIMPA DIRECTOR	50	х						0	0	0
(3) DAVID BENNAHUM DIRECTOR	50	х						3,938	0	0
(4) RODELL MOLLINEAU PRESIDENT	24 00			х				127,118	0	1,690
(5) BRADLEY BEYCHOK CAMPAIGN DIRECTOR	15 00			х				75,833	0	1,546
				_	_					Farm 000 (2012)

(D)

Reportable

(E)

Reportable

(A)

Name and Title

(F)

Estimated

Form 990 (2012)

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

(C)

Position (do not check

(B)

Average

Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)			week (list any hours					officer stee)		from the	n (W-	from related organizations (V		compens from t	the
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)			organizations below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-M	1150)	2/1099-M15C) 0	relat	ed
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)						-	_						-		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)			*			-	1						+		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)						\vdash	-						+		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)						1	1								
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)															
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)							L						_		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	-				_		_						_		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)					_		_		L				+		
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)					-	\vdash	-				-		+	-	
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	1b	Sub-Total		<u> </u>	<u> </u>	_			<u> </u>				+		
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶1 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual				ection	Α.				Þ				\top		
\$100,000 of reportable compensation from the organization 1 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d	Total (add lines 1b and 1c) .							•		274,649	60,0	100		3,236
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2							d abov	e) w	ho received	more th	an			
on line 1a? If "Yes," complete Schedule J for such individual														Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	- 10 A D I - 10 A - 10	A TOTAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR				, key	emplo	yee,	, or highest o	ompen:	sated employee	3		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organ													N.
Section B. Independent Contractors 1	5		a receive or ac	crue co	mpen	ısatı	• on fr	om an	y unr	related organ	nizațion	or individual for	4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation ULLFIGHT STRATEGIES 1209 S ST NW WASHINGTON DC 20009 CONSULTING ONNER GROUP INC 729 15TH ST NW 3 WASHINGTON DC 20009 FUNDRAISING 120,492 Total number of independent contractors (including but not limited to those listed above) who received more than		services rendered to the organ	nization? If "Yes	," comp	lete S	chea	lule :	l for su	ch pe	erson			5		No
Compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address ULLFIGHT STRATEGIES 1209 S ST NW WASHINGTON DC 20009 CONSULTING ONNER GROUP INC 729 15TH ST NW 3 WASHINGTON DC 20009 PUNDRAISING 131,000 120,492 Total number of independent contractors (including but not limited to those listed above) who received more than	Se	ction B. Independent Co	ntractors												
Name and business address Description of services Compensation ULLFIGHT STRATEGIES 1209 S ST NW WASHINGTON DC 20009 CONSULTING 131,000 ONNER GROUP INC 729 15TH ST NW 3 WASHINGTON DC 20009 FUNDRAISING 120,492 Total number of independent contractors (including but not limited to those listed above) who received more than	1													tax year	
ULLFIGHT STRATEGIES 1209 S ST NW WASHINGTON DC 20009 CONSULTING 131,000 CONSULTING FUNDRAISING 120,492 Total number of independent contractors (including but not limited to those listed above) who received more than	-	N		address							Des				
2 Total number of independent contractors (including but not limited to those listed above) who received more than		IGHT STRATEGIES 1209 S ST NW WAS	HINGTON DC 20009)							ONSULTIN	G			131,000
	BONN	ER GROUP INC 729 15TH ST NW 3 WA	SHINGTON DC 200	09			_			FU	INDRAISI	NG	-		120,492
	Ę												\dashv		
					t not	lımıt	ed t	o thos	e list	ted above) w	ho rece	ived more than	7	1	

		Check if Schedule O contains a response to any question	In this Part VIII . (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(A)(2	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b				
5 6	c	Fundraising events 1c				
ifts, ar A	d	Related organizations 1d				
B. G	e	Government grants (contributions)				
Sign	f	All other contributions, gifts, grants, and 1f 1,945,000	i			İ
but the	g	similar amounts not included above Noncash contributions included in lines				
d O	_	1a-1f \$	1.045.000			
<u> </u>	h	Total. Add lines 1a-1f	1,945,000			
an	2-	Business Code				
Program Serwce Revenue	2a b	***				
م چ	٠	*				
r vic	d					
žš	e	-				
Gran	f	All other program service revenue				
8	g	Total. Add lines 2a-2f ▶				
	3	Investment income (including dividends, interest,				
	١.	and other similar amounts)				
	5	Income from investment of tax-exempt bond proceeds				
	"	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income				
	d	or (loss) Net rental income or (loss)				
	1	(i) Securities (ii) Other				
	7a	Gross amount from sales of				
		assets other than inventory				
	ь	Less cost or other basis and				
		sales expenses				
	d	Gain or (loss) Net gain or (loss)				
		Gross income from fundraising				
Other Revenue		events (not including				
₹ ≳		of contributions reported on line 1c)				
œ.		See Part IV, line 18				
	ь	Less direct expenses b				
ŏ	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities				
	1	See Part IV, line 19			1	
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
		a a				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	C	Allesta				
	d e	All other revenue				
	12	Total revenue. See Instructions	1,945,000			(

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) D include amounts reported on lines 6b, Program service Management and Fundraising 7b, 8D, 9b, and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 286,096 286,096 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 302,170 147,513 58,157 key employees . . 96.500 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 687,713 619,209 68,504 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 48,359 42,842 5,517 0 Payroll taxes 56,395 44,836 6,551 10 5,008 Fees for services (non-employees) Management Legal . 59,163 46,037 7,580 5,546 18,700 14,551 2,396 1,753 Lobbying 244,107 Professional fundraising services See Part IV, line 17 244,107 investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 172.161 169,890 1.817 454 Advertising and promotion . . 12 13 Office expenses 7,005 1,916 5,089 14 Information technology 15 Royalties . . 16 91,777 71,457 11.734 8,586 17 177,437 54,783 13,778 108,876 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 371,900 270,604 72,143 29,153 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 65,250 50,773 8,360 6,117 14,899 11,593 1,909 23 1,397 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) **DUES AND SUBSCRIPTIONS** 14,175 16,844 160 2,509 0 **FUNDRAISING EXPENSES** 3,993 0 3,993 TAXES AND LICENSES 870 0 65 805 C d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 260,587 2,624,839 1,844,359 519,893 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)

_	_	Check if Schedule O contains a response to any question in this Pa	пх		•	(B)
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		910,376	1	36,01
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, direc employees, and highest compensated employees. Complete Part I Schedule L	tors, trustees, k	еу		
		Schedule L			5	
Assets	6	Loans and other receivables from other disqualified persons (as de 4958(f)(1)), persons described in section 4958(c)(3)(B), and containd sponsoring organizations of section 501(c)(9) voluntary employers organizations (see instructions) Complete Part II of Schedule L	ributing employe	ers	6	
6	7	Notes and loans receivable, net			7	
1	8	Inventories for sale or use		+	8	
	9	Prepaid expenses and deferred charges	2 12 4	53,125	9	194,61
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 320	0,419		
	ь			,119 289,550	10c	249,30
	11	Investments—publicly traded securities			11	50-29-20-
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	• •	42,953	15	9,56
	}			1,296,004	16	489,48
-	16	Total assets. Add lines 1 through 15 (must equal line 34)		238,756		
	17	Accounts payable and accrued expenses	• •		17	18,61
	18	Grants payable		60,000	18	60,00
	19	Deferred revenue		-	19	
	20	Tax-exempt bond liabilities			20	
0	21	Escrow or custodial account liability Complete Part IV of Schedul			21	
Sallinger	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
ĕ		persons Complete Part II of Schedule L			22	
٤	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X	of Schedule		25	93,46
	26	D		298,756	26	172,07
	20	Total liabilities. Add lines 17 through 25		290,750	20	(72,07
9		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 a lines 27 through 29, and lines 33 and 34.	na complete			
1	27	Unrestricted net assets		997,248	27	317,40
	28	Temporarily restricted net assets		007,210	28	511,13
:	29	Permanently restricted net assets	• •		29	
	-	Organizations that do not follow SFAS 117 (ASC 958), check here	h ⊏and			1
		complete lines 30 through 34.	r j diku	1		
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other fund			32	
	32	netained earnings, endowneric, accumulated income, of other fund	-			047.40
	33	Total net assets or fund balances		997,248	33	317,40

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)			1 9	45,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	-		24,839
3	Revenue less expenses Subtract line 2 from line 1	3	-		79,839
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments				97,248
6	Donated services and use of facilities	5			
7	Investment expenses	,			
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	0			317,409
Par	t XII Financial Statements and Reporting	_			
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe a separate basis, consolidated basis, or both	d on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both	te			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight o audit, review, or compilation of its financial statements and selection of an independent accountant?	f the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
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	uired	3b		

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DLN: 93493153010214

OMB No 1545-0047

SCHEDULE D

(Form 990)

of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Internal Revenue Service Inspection ► Attach to Form 990. ► See separate instructions. Employer identification number Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Freservation of land for public use (e.g., recreation or education) Freservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b umber of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2dNumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

- 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)?
- 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (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
- If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

i) Assets included in Form 990, Part X

- 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 SFAS 116 (ASC 958) relating to these items
- Revenues included in Form 990, Part VIII, line 1
- Assets included in Form 990, Part X

Pσ	Organizations Maintaining Co	llections of Art	, His	tori	cal Ti	reasu	res, or Ot	her	Similar	Asse	ts (co	ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ct	neck	any of	the follo	owing that a	re a	significan	t use of	ıts	
а	Public exhibition		d	Γ	Loan	or excl	nange progra	ms				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y furthe	er the o	rganızatıon'	s exe	mpt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								lar	Г	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organ	ızatıor		_	s" to Foi	rm 990),	
1a							rother asse	ets n	ot		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		Г	_		A-max		
_	Decimalization belongs						-	-		Amou	int	
c	Beginning balance						-	lc				
d	Additions during the year							id				
e	Distributions during the year							le				_
f	Ending balance							1f			s 8	
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							I	Yes	No
ь	If "Yes," explain the arrangement in Part XII											
Pa	art V Endowment Funds. Complete										15	
1-	Reginning of year halance	(a)Current year	(b)Рпог	year	b (c)1	wo years back	(d)1	hree years t	ack (e)Four y	ears back
1a	Beginning of year balance									+		
	ontributions							_		+		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end baland	e (lın	e 1g,	colum	n (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ▶											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re hel	d and a	dministered	for t	he		Yes	No
	(i) unrelated organizations									3a(i)		
-	(ii) related organizations								• 120	3a(ii)		
	If "Yes" to 3a(II), are the related organization							•		3b		
4	Describe in Part XIII the intended uses of th											
Ра	rt VI Land, Buildings, and Equipme Description of property	ent. See Form 99	0, Pa	(a	Cost o	rother	(b)Cost or of basis (other		(c) Accum		(d) B	ook value
4-	Land			-				-				
	Land		•					-				
	Buildings		•					_				
	Leasehold improvements		•	_				_				
d	Equipment		•					362		11,524		8,838
Tot	her	gual Form 000 D	· V cole	ms /	2) //nc	10(0)	300,	057		59,595		240,462
· ULG	an maa iiiles ta uiiluuuli te rediuliili lu Fillust M	Dual Luilli 330. Pail /	. LUIU		-1. IIIIC	+V(L/.)				400		249,300

Part Viii Investments—Other Securities. See		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1)Financial derivatives		
2)Closely-held equity interests		
Other		
	1	
	1	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related, Se	e Form 990, Part X, line 13	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	1 1	
	1 1	
	1	
Butto / Trase to July 2 trivulan - 1000 Wordington - 1000 Wordingt		
Part IX Other Assets. See Form 990, Part X, II		T and the
(a) Descri	ption	(b) Book value
		1
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5)	
Part X Other Liabilities. See Form 990, Part)	K, line 25.	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability		
Part X Other Liabilities. See Form 990, Part) (a) Description of liability	K, line 25.	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25.	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	
Part X Other Liabilities. See Form 990, Part) (a) Description of liability Federal Income taxes	K, line 25. (b) Book value	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er l	Return
1	Total revenue, gains, and other support per audited financial statements	1	1,945,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,945,000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,945,000
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s pe	Return
1	Total expenses and losses per audited financial statements	1	2,624,839
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
C	Other losses	1	
d	Other (Describe in Part XIII)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,624,839
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,624,839
		_	

Part XIII. Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
Pt X Line 2		THE FOUNDATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR
	,	DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE FOUNDATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TA POSITIONS THE FOUNDATION'S IRS FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, REMAINS OPEN FOR EXAMINATION BY THE FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER IT IS FILED

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DLN: 93493153010214

SChaDULE G (Form 990 or 990-EZ) Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

OMB No 1545-0047

2012

	Revenue Service	Attach	to Form 990 c	or Form 990	-EZ. F See separate instructio	ns.		Inspection
	e of the organization RICAN BRIDGE 219	ST CENTURY FOUNDATIO	N				Employer ident	tification number
							27-5278038	
Pa	rt I Fundraisir	ng Activities. Complete	e if the or	ganızatı	on answered "Yes" to	o Form	990, Part IV,	line 17.
1	Indicate whether th	e organization raised funds	through ar	y of the 1	following activities Che	ck all th	nat apply	
а	Mail solicitation			e	Solicitation of non-	=	-	
b		nail solicitations		f	Solicitation of gove			
d	Phone solicitati			g	Special fundraising	events	5	
	or key employees li	n have a written or oral agre sted in Form 990, Part VII) or entity i	n connec	tion with professional fu	ındraısı	ng services?	Γ Yes Γ N
Ь		highest paid individuals or at least \$5,000 by the orga		undraiser	rs) pursuant to agreeme	nts und	er which the fun	draiser is
(i) Name and address individual or entity (fundraisei		cont	er have dy or rol of	(iv) Gross receipts from activity	(orı	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			contrib Yes	No No				
)NNER GROUP II	FUNDRAISING NC		No	1,557,500		244,107	1,313,393
	**							
Гotа				>	1,557,500		244,107	1,313,393
3	List all states in wh licensing	ich the organization is regis	tered or lid	ensed to	solicit funds or has bee	en notifi	led it is exempt	from registration or

			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events
						(add col (a) through col (c))
			(event type)	(event type)	(total number)	331 (3)7
Revenue	1	Gross receipts				
eve	2	Less Contributions				
~	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
s	5	Noncash prizes				
ense	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
5	9	Other direct expenses .				
ì	10	Direct expense summary Add III	as 4 through 9 in colum	on (d)		(
	10 11	Net income summary Combine I				
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered	l "Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
eneline			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Reveilue	1	Gross revenue	(a) Bingo		(c) Other gaming	col (a) through col
ses Revenue		Gross revenue	(a) Bingo		(c) Other gaming	col (a) through col
			(a) Bingo		(c) Other gaming	col (a) through col
	2	Cash prizes	(a) Bingo		(c) Other gaming	col (a) through col
Direct Expenses Reveilue	2 3 4	Cash prizes	(a) Bingo		(c) Other gaming	
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses			(c) Other gaming	col (a) through col
	2 3 4	Cash prizes	(a) Bingo Yes No	bingo/progressive bingo		col (a) through col
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	「 Yes	Yes	T Yes	col (a) through col
	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	✓ Yes ✓ No s 2 through 5 in column	Yes	「 Yes 「 No	col (a) through col
Direct Expenses	2 3 4 5 6 7 8	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line	Yes No s 2 through 5 in column	F Yes □ No Umn (d)	Г Yes Г No	col (a) through col
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes No s 2 through 5 in column obline lines 1 and 7 in column oblines 1 and 7 in column ob	Yes (d)	Г Yes Г No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Ent Ist	Cash prizes	Yes No s 2 through 5 in column in the lines 1 and 7 in column attended to the lines attended to the lin	Yes (d)	Г Yes Г No	col (a) through col (c))
B C Nrect Expenses	2 3 4 5 6 7 8 Ent Ist If"	Cash prizes	Yes No s 2 through 5 in column bline lines 1 and 7 in co ation operates gaming a	TYes No (d)	Г Yes	col (a) through col (c))
o d a b	2 3 4 5 6 7 8 Ent Is t If " West	Cash prizes	YesNo s 2 through 5 in column bine lines 1 and 7 in co ation operates gaming a gaming activities in ea	T Yes No (d)	☐ Yes No	col (a) through col (c))

part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

MUR728400097

DLN: 93493153010214

OMB No 154!

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

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

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service

Sche e I

(Form 990)

arne of the organization	THOY FOLINDATIO					Employer identifi	cation number
MERICAN BRIDGE 21ST CEN	TURY FOUNDATIO	N				27-5278038	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization main the selection criteria used Describe in Part IV the org 	to award the grants	orassistance?					√Yes No
Part III Grants and Other	er Assistance to	Governments and	Organizations in t	he United States	. Complete if the orga	nization answered	"Yes" to
Form 990, Part IV	/, line 21, for any	recipient that received	more than \$5,000.	Part II can be du	plicated if additional spa	ace is needed.	103 10
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation n (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PROGRESSNOW 1600 UNIVERSITY AVE W ST PAUL,MN 55104	20-8720230	501(c)(4)	261,096				GEN'L SUPPORT
(2) THE AGENDA PROJECT 594 BROADWAY STE 1012 NEW YORK, NY 10012	27-4552853	501(c)(3)	25,000				GEN'L SUPPORT
	-						
	-						
-		-					
2 Enter total number of secti 3 Enter total number of other							

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 Informa	ation.		·		

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Pt I Line 2		THE ORGANIZATION WORKS CLOSELY WITH ITS GRANTEES TO ENSURE THAT PROGRAMS AND
		PROJECTS ARE IN KEEPING WITH ITS OWN MISSION AND GOALS FOR EACH FUNDED
		ACTIVITY ORGANIZATION REPRESENTATIVES KEEP IN REGULAR CONTACT WITH
		GRANTEES TO ENSURE THAT GRANT FUNDS ARE BEING USED TO FURTHER COMMON
		OBJECTIVES

Schedule I (Form 990) 2012

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION **Employer identification number**

27-5278038

Identifier	Return Reference	Explanation
Pt VI, Line 8b		THE ORGANIZATION HAS NO SEPARATE COMMITTEES WITH AUTHORITY
		TO ACT ON BEHALF OF THE GOVERNING BODY
Pt VI, Line 11b		THE ORGANIZATIONS MANAGAMENT AND LEGAL COUNSEL REVIEW FORM
		990 PRIOR TO ITS SUBMISSION WITH THE IRS
Pt VI, Line 12c		THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE DISTRIBUTED
		TO EACH OFFICER AND DIRECTOR THE CONFLICT OF INTEREST POLICY
-		REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST
		IF SUCH DISCLOSURE IS MADE, THE BOARD OF DIRECTORS INVESTIGATES
		TO DETERMINE IF A CONFLICT OF INTEREST EXISTS THE INDIVIDUAL
		HAVING THE POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM
		THESE PROCEEDINGS
Pt VI, Line 15a		OFFICER COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS A COMPARISON
Pt VI, Line 15b		IS USED OF LEADERS OF OTHER ORGANIZATIONS WITH SIMILAR QUALITIES
Pt VI, Line 19		THE ORGANIZATION MAKES AVAILABLE FOR INSPECTION AND COPYING
		ALL DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAILABLE
COST SHARING		THE ORGANIZATION HAS ENTERED INTO A COST SHARING AGREEMENT
ARRANGEMENT		WITH AMERICAN BRIDGE 21ST CENTURY, AN AFFILIATED 527
		ORGANIZATION, TO SHARE EMPLOYEES VIA A COMMON PAYMASTER
		ARRANGEMENT, OFFICE SPACE AND OTHER RESOURCES

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DLN: 93403153010214

Related Organizations and Unrelated Partnerships

MUR728400100

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

OME 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

(Form 990)

SCHEDUL R

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection **Employer identification number**

				27-52780	38		
Part I Identification of Disregarded Entities (Comp	lete if the organization	answered "Yes" to	Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity	_	
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	izations (Complete If the tax year.)	the organization ar	nswered "Yes"	to Form 990, P	art IV, line 34 beca	use it had one	
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public chanty (if section 501	r status L(c)(3)) (f) Direct control entity	(13) controll entity?	lled
(1) THE AMERICAN INDEPENDENT 1825 CONNECTICUT AVE NW 605 WASHINGTON, DC 20009 33-1137541	NEWS INVESTIGATION & DISSEMINATION	DC	501(C)(3)	LINE 7	NA	Yes No	_

Name address and FIN of		(b)	(c)	(d)	(e)	(f)	(g)	(1	1	(i)	_ G	/, I	(k)
(a) Name, address, and EIN of related organization	¥	Primary activi	domicile domicile (state or foreign country)	entity	Predominant income(related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		iging	Percent
					514)			Yes	No		Yes	No	
								-					
			-										
			-										
									-				
			-										
Identification of Related Org line 34 because it had one or m	ganizations Taxa ore related organi	able as a Corp zations treated	oration as a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon an ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigi country)	1	(d) Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)		total Share e of-	(g) of end- year sets		(h) ercentage wnership	Section (b) (contribute of the contribute of the	n 512 13) olled	
		,						_			Yes		No
					_		_		+-			_	\vdash
												The state of	

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed 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)	1b		No
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
		1.4		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
P	Reimbursement paid to related organization(s) for expenses	1р		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh			
	(a) (b) (c) (d Name of other organization Transaction type (a-s)		involved	E

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtion allocations	57	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	9	(k) Percentag ownersh
			311,	Yes	No			Yes	No		Yes	No	
									-			7	i
						2							
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									-		-	-	
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Additional Data

Return to Form

Software ID: 12000225

Software Version:

EIN: 27-5278038

Name: AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Schedule R (Form 990) 2012

Page 5

Part VIII Supplemental Informati	on
----------------------------------	----

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

EXHIBIT D

HAND DELIVERED

FEC MAIL CENTER 2015 JUN -5 PM 2:31.

Correct the Record		(Specially)
If registered, FEC ID:		•
Today's Date:		
6/2/15	(X)	
		Q.
Federal Election Commission 999 E Street, N.W.	9.	. 3
Washington, D.C. 20463		8

To Whom It May Concern:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raised in unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Elizabeth Cohen

, Treasurer

1503 143 1000

HAND DELIVERED

FEC

Use

Only

STATEMENT OF **ORGANIZATION**

2015 JUN -5 PM 2:31

FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. orrect the Record 455 Massachusetts ADDRESS (number and street) Suite 600 (Check if address ashington is changed) DC ZIP CODE CITY STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) operations@correctrecord.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE **FEC IDENTIFICATION NUMBER** IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Elizabeth Cohen Type or Print Name of Treasurer 06 03 2015 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1**

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 02/2009)

F	EC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		Limination
Candi Party	date Affiliatio	on Office State President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Pal
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
	4	Membership Organization Trade Association Cooperative
	4	In addition, this committee is a Lobbyist/Registrant PAC.
(1)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or pa committee. (i.e., nonconnected committee)
*		In addition, this committee is a Lobbyist/Registrant PAC.
9	*	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fund	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
20 2	2.	FEC ID number
		The state of the s
	3.	FEC ID number

FEC Form 1 ((Revised 02/2009)	Page 3
Write or Type Commit	ittee Name	
Correct the	e Record	STATE ZIP CODE STATE ZIP CODE Undraising Representative Leadership PAC Sponsor and position of the person in possession of committee N.W. STATE ZIP CODE STATE ZIP CODE Ohone number 202 - 747 - 2060 Urer of the committee; and the name and address of
6. Name of Any Con	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
None		
ШШШ		
Mailing Address		
		шшш
		لــــا-لـــ
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
7. Custodian of Reco	cords: Identify by name, address (phone number optional) and position of the person in pos	session of committee
books and records.		1.06
IE	Elizabeth Cohen	
Full Name	455 Massachusetts Avenue, N.W.	
Mailing Address	Suite 600	لللللا
		1
	[V435, m.]9(0)] [2500	لـــــا-لـــــا
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202 - 74	17 2060
	e name and address (phone number optional) of the treasurer of the committee; and the na gent (e.g., assistant treasurer).	me and address of
Full Name of Treasurer	Elizabeth Cohen	
Mailing Address	455 Massachusetts Avenue, N.W.	
Mentily Addices	Suite 600	
2,	Washington DC 2000	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202 - 74	7 _ 2060

FEC Form 1 (Revised	0.2/2009)		Page 4
	•		E iso
Full Name of Designated Agent Daniel	Wessel		السنتينيا
Mailing Address	455 Massachusetts Ave	nue, N.W.	ليتستني
	Suite 600	111111111	لىنىسى
	Washington city	DC	20001 -
Title or Position Assistant Treasy	rer, , , , , , , , , , ,	Telephone number 202	2 _ [747] _ [2060]
91 g	* **		
Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e		which the committee deposits t	unds, holds accounts, rents
_[Amalg	amated Bank		
Mailing Address .	1825 K Street, N.W.		<u> </u>
		unina	لتتبيين
*	Washington	PCI	20006
- A	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		• .
L			لتثبيبنيا
Mailing Address	- برسستسسا		<u> </u>
			ليثنننيي
it)	ببيينين	لبا لبتبت	لــــا-لـنـــا
	CITY	STATE	ZIP CODE

Hand Delivered

Federal Election Con ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
• .	
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
	6/5/15
(3/2015)	DATE PREPARED

EXHIBIT E

** PUBLIC DISCLOSURE COPY **

Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(n)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Information about Form 990 and its instructions is at www irs Inspection and ending JUN 30, 2014 A For the 2013 calendar year, or tax year beginning JUL 1, 2013 C Name of organization D Employer identification number Check if AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Number and stroot (or P.O. hox I mail is not delivered to street address) Room/sulte E Telephone number 6TH FI 202-747-2060 455 MASSACHUSETTS AVENUE, NW 3,334,429. City or town, state or province, country, and ZIP or foreign postar code G Grees receipts \$ WASHINGTON, DC 20001 H(a) is this a group return F Name and address of principal officer: BRAD WOODHOUSE Yes X No for subo:dinates? SAME AS C ABOVE H(b) Are st subordinates included? Yos No "No," attach a list. (see instructions) J Website: ▶ BRIDGEPROJECT.COM H(o) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 2011 M State of legal domicile: DC Part I Summary Briefly describe the expenication's mission or most significant activities: THE AMERICAN BRIDGE 21ST CENTURY FOUNDATION ADVOCATES PROGRESSION SOLUTIONS TO AMERICA'S PUBLIC 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) Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of Individuals employed in calendar year 2013 (Part V, line 2a) G Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), and 12 12 0. b Net unrelated business taxable income from Form 990-T, line 34 O. **Prior Year Current Year** 8 Contributions and grants (Part VIII, I're 1h) 1,945,000. 3,334,429. 9 Program: service revenue (Part VIII, Inc 2g) n. 0. 0. O. 10 Investment income (Part VIII, column (A), ines 3, 4, and 7d) O. 11 Other revenue (Part Viil, column: (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1.945.000. 3,334,429. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... Grants and similar amounts paid (Part IX, column (A), lines 1-3) 286,096. 55,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,094,637. 15 Salaries, other compensation, employee banefits (Part IX, column (A), lines 5-10) 1,358,507. 15 Salaries, other compensation, State (A), line 11e)
16a Professional fundraising fees (Part IX, column (A), line 11e)
545,571. 244,107. 377,375. 999,999. 17 Other expenses (Part IX. column (A), lines 11a-11d, 11f-24e) 1,288,410. 3,079,292. 18 Total expenses. Add Free 13-17 (must equal Part IX, co.umn (A), inc 25) 2,624,839. -679,839. 255,137. 19 Rovenue less exponses. Subtract line 18 from line 12 Beginning of Current Year End of Year 489,487. 20 Total assets (Part X, line 16)" 869,647. * a.v. 297,101. 172,078. 21 Total liabilities (Part X, line 26) 317,409. 572.546 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | 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. Signature of officer Sian 5/15/15 BRAD WOODHOUSE, PRESIDENT Hore Type or print name and the Print/Type preparer s name Preparar's signature MATTHEW JOHNSON 05/14/15 MATTHEW JOHNSON Paid Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.C. Preparer 52-1711839 Firm's address 7910 WOODMONT AVENUE, SUITE 500 Use Oaly BETHESDA, MD 20814 Phone no. (301) 986-0600 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No Form 990 (2013) 332001 10-29-13 LHA For Paparwork Reduction Act Notice, see the separate instructions.

	1990 (2013) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Pag
Pa	rt III Statement of Program Service Accomplishments
-	Chock if Schodule O contains a response or note to any line in this Part 'll
1	Brilly cescribe the organization's mission: THE AMERICAN BRIDGE 21ST CENTURY FOUNDATION MISSION IS TO COMPARE AND
	CONTRAST PROGRESSIVE AND CONSERVATIVE SOLUTIONS TO AMERICA'S PUBLIC
	POLICY CONCERNS AND TO EDUCATE THE AMERICAN PEOPLE AND THE NATION'S
	LEADERS ON THE RESULTS OF THAT RESEARCH.
2	
2	the prior Form 990 or 990-E2?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, If any, for each program service reported.
40	(Code:) (Expenses 2, 115, 614 · Incircling grants of \$ 55,000 · ;) (Revenue \$
	THE ORGANIZATION ADVOCATED AND RESEARCHED PROGRESSIVE SOLUTIONS TO
	AMERICA'S PUBLIC POLICY CONCERNS, AND WORKED TO EDUCATE THE AMERICAN
	PEOPLE-AND THE NATION'S LEADERS ON PROGRESSIVE TO DEAS.
	An Males
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	* * * * * * * * * * * * * * * * * * *
	· · · · · · · · · · · · · · · · · · ·
4b	(Good.) (Frances 8
40	(Good) (Revenue 8) (Revenue 8)
	* *
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	7 · N
	· · · · · · · · · · · · · · · · · · ·
	X '89'
	*. :
40	(Cade:) (Expenses 6 1 vineluding grants of \$) (Percrant 6
Art	
4d	

27-5278038

Page 3

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

	Form	1990 (2013) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278 of IV Checklist of Required Schedules	038	P	age 3
J	Pa	TIV Checklist of Required Schedules		Yes	No
	1	le the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		168	140
		If "Yes," complete Schedulc 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 Schodule C, Part I	3		x
	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>	\vdash	
	•	during the tax year? If "Yes," complete Schedule C, Part II	4	N/	A
	5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
		similar amounts as delined in Revenue Procedure 98-197 // Yes," complete Schadule C, Part III	5	-	X
	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation passement, including easuments to preserve open space,	-6	-	^
	7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
		Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-	-	
	8	Schedule D, Part III	8		x
	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
		-amounts not listed in Part-XI 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	•	X
	11	!! the organization's enswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
		as applicable.			
	8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI	11a	x	
	b	Did the organization report an emount for investments - other securities in Part X; line 12 that is 5% or more of its total		-	_
		assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11h		X
	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 167 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			
		Port X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
		Did the organization report an amount for other liabilities in Part X, liné 25? If "Yes," complete Schedule D, Part X	11e		X
	f				
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	116	X	
	12n	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		SCHOOLE C, Fals Maid Mi	12n	Х	
	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
		If "Yes," and if the organization answered "No" to line 12a, then completing Schedulo D, Parts XI and XII is optional	12b		X
	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yos," complete Schedule E	13		X
	140	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	D	Did the organization have apprenate 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			
				1	
	112	or more? If "Yes," complete Schedule F; Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	_	<u>x</u>
	15	foreign expeniention? If "Yes " complete Schedule E. Burte II and III.			v
	18	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	X
	10	or for fore gn individuals? !! "Yes," complete Scherkrie F, Parts III and IV	ا 🗻 ا		X
	17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	
		column (A), Inca 6 and 11e? If "Yes," complete Schedule G, Part I	17	x	
	18	Did the organization report more then \$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
4	20n	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
-	b	If "Yes" to ino 20s, did the organization attach a copy of its audited financial statements to this return?	20b		

For	1990 (2013) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278	138	Ī	age 4
Pa	rt IV; Checklist of Required Schedules (continued;			
21	Did the organization report review \$5,000 of grants or other assistance to any decreasic organization or		Yos	No
	government or Part X, column (A), line 1? If 'Yes," complete Schedulo I, Parts I and II	121	x	ĺ
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part X, column (A), line 27 // "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 hand 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	240		x
h	Did the organization invest any proceeds of tex-exempt bonds beyond a temporary period exception?	24b	 —	
	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		
	Dio the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	241		_
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization ongage in an excess benefit transaction with a disqual-fied person during the year? If "Yes," complete Schedule L, Part I	25 ₈		х
—b	-is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	· ·	_	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes," complete Schedule L. Part I	25b		X
26-	Did the organization report any amount on Part X, the 5, 8; or 22 for receivables from or payables to any current or		_	=
	former of floors, directors, trustees, key employees, highest compensated employees, or disqueified persons? If so, complete Schedule L, Part I	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substant a			-
TA-	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV	J	_	<u> </u>
	instructions for applicable fling thresholds, conditions, and exceptions):			
8	A current or former officer, director, trustee, or key employee? If "Yos," complete Schedule L. Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schodule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		i	۱
	director, trustee, or direct or Indirect owner? If "Yos," complete Schodule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedulo M	30		x
31	Did the organization liquidate, terminate, or disnolve and coase operations? If "Yes," complete Schodule N, Part I	31		x
32	Did the organization soll, exchange, dispose of, or transfer more than 25% of its net assets?!/ 'Yes,' complete Schedule N, Part II	32		x
33	Dic the organization own *C0% of an ontity disregarded as separate from the organization under Regulations sections 30*.7701-2 and 301.7701-3? If *Yes, * complete Schedulo R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable ontity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, Mie 1	34		X
15a	Did the organization have a controlled entity within the meaning of section 5°2(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of suction 512(b)(13)? If "Yes," complete Schedule R. Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	N/	A A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yos," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		Ţ	
-	Note. All Form 990 filers are required to complete Schedulo C	38	X	2013)

	990 (2013) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278	038	P	age !
Pa	<u> </u>	1		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
to	Enter the number recorded 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 1b 0			ı
G	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı
-	(gembling) winnings to prize winners?	le	х	
2n	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.			
24	fi'ed for the calendar year ending with or within the year covered by this return			ı
h	If at least one is reported on line 2s, citd the organization file all inquired federal employment tax returns?	2b		l
	Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
2-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		lх
	If "Yos," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule Q	3h	_	_^
	Proposition 1	30		_
48	At any time during the calendar year, did the organization have an interest in, or a signature or other outhority over, a			١.,
_	financial account in a foreign country (such as a bank account, securities account, or other financial account?	40		X
Ь	If "Yes," enter the name of the foreign country:		1	
	See instructions for it ing requirements for Form TD F 90-22.1, Report of Foreign Bank and Firstnoial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	6a		X
—ь-	Did any taxable party-notify the organization that it was or is a party-to-a prohibited tax-shelter transaction?	-6b-		-X-
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
_6n	Docs the organization have annua_oross receipts that are normally greater than \$1,00,000, and old the organization solicit			
	any contributions that were not tax deductible as chartable contributions?	6a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tex decuctiole?	6b	X	
7	Organizations that may receive deductible contributions under section 170(e).			Г
a	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	D'd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 82827	7c		Х
d	ti "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?	70		X
-	Did the organization, during the year pay premums, directly or indirectly, on a personal benefit contract?	71		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	N/	
h	If the organization received a contribution of cars, boats, airplanes; or other vehicles, did the organization file a Form 1098-C?	71	N/	
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Old the supporting N/A			-
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at eny time during the year?	a		
	Sponsoring organizations maintaining donor advised funds.	-	_	
-		۱. ا		
	Did the organization make any taxable distributions under section 4966? N/A	94	-	_
10 10	Did the organization make a distribution to a coror, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	96		
10	Section on (cg/) organizations. Calef.			
	initiation loss and capital contributions included on Part VIII, line 12 N/A 10s	1	ĺ	
	Gross receipts, included on Form 990, Part VIII, tine 12, for public use of club facilities		- 1	
11	Section 501(e)(12) organizations. Enter:	1 [
2	Gross Income from members or shareholders N/A 11a			
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1	
	amounts due or received from them.)	1 1		
	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in Feu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		\neg	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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		- 1	
	organization is licensed to issue qualified health plans		- 1	
c	Enter the smount of reserves on hand13c	1 1	- 1	
140	Did the association recess one or recents for indeed to aclose any face during the two years.	14a	-	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-	Λ.
-	1 Total Title E Title E Title E Title E Title E E E E E E E E E E E E E E E E E E E	Form		

_	Check if Schedule O contains a response or note to any line in this Part VI			X,
ec	tion A. Governing Body and Management		_	_
			Yes	No
13	Enter the number of voting members of the governing body at the end of the tax yearininin	4		l
	If there are material differences in voting rights among members of the governing body, or if the governing			Ī
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ĺ
-	Enter the number of voting members included in line 1s, above, who are independent	1		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			۱
	officer, director, brustco, c: key employee?	5		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			١
	of officers, directors, or trustees, or key employees to a management company or other person?	3	_	X
4	Oid the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware curing the year of a significant diversion of the organization's assota?	5	_	X
6	Did the organization have members or stockholders?	6		X
7a				l
	more members of the governing body?	7a		X
_b	Are any governance decisions of the organization reserved to for subject to approval by members, stockholders, or	<u> </u>	_	
	persons other than the governing body?	7b		X
8				
- 8	-The governing body? Each committee with authority to act on behalf of the governing body?	-An -	X	==
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	is there any officer, director, trustoo, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing audicas? If "Yes," provide the numes and addresses in Schadule O	8		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	No
	Did the organization have local chapters, branchos, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, all listes,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to a limembers of its governing body before filing the form?	11a	X	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
20	Did the organization have a written conflict of interest policy? If "No," go to line 13	120	X	
b	Were officers, directors, or trustees, and key employees recurred to disclose annually interests that could give rise to conflicts?	12b	Х	
C				
	in Schedule O how this was done 2.7.7	12c	X	
3	Did the organization have a written whistlehlower policy?	13	X	
4	Did the organization have a written document retantion and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
4	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
бa	Did the organization investin, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to avaluate its participation			
	in joint venture arrangements under app!lcable federal tax law, and take steps to saleguard the organization's	1	1	
_	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	evailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schoolule O)			
	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd finan	cial	
9	statements available to the public during the tax year.			
9	statements available to the poolic during the tax year.			

Form 990 (2013) AMERICAN	BRIDGE	2.3	เรา	. (EN	m	TRY	FOUNDATION	27-5278	038 Page 7
Part VII Compensation of Officers, I				s, l	Koy	E	npl	oyees, Highest Co	ompensated	
Employees, and Independer	it Contract	ors	•							
Check if Schedu'e C contains a respe			_	_	-	-	_		gereso naventura	<u></u>
Section A. Officers, Directors, Trustoes, Key										
1s Complete this table for all passons required to	7.5			-						
 List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compense List all of the organization's current key entertained List the organization's five current highest of able compensation (Box 5 of Form W-2 and/or Box 	sation was pak ployees, if any ompensated e ox 7 of Form 10	d. /. Se mpl 099-	e In	strui s (o C) o	ction ther f mo	than	r de n en	finition of "key employe officer, director, trusted \$103,000 from the orga	e." s, or key emptoyee) wh nization and any relate	o received report- ad organizations.
 List et of the organization's former officers reportable compensation from the organization a List al of the organization's former directo 	na any re-eted ira or trustoes	org the	eniz t rec	elve	ns. ed, ir	· the	cat	oucity as a former direc		
more than \$10,000 of reportable compensation in List persons in the following order: individual trus and forme: such persons.	tees or directo);er	reti	utio	L.U, I	n:st	ecs;	officers; key employee		id employees:
Check this box if neither the organization n		Orga	anize	_		rpe	nsat			
" (A) Name and Title	(B) Average hours per	bor	nat è	POS heck es pe	1004	Then	h es	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated Amount of
	Weck (list any			==	-	-	=	from	from related organizations	other
	hows for related organizations below	SCHOOL SUPPLE OF CHECK	DESCRIPTION OF THE PROPERTY OF	Officer .	Cry employee	Action (coperated	A Januari	organization. (W-2/1099-MISC).	(W-2/1099-MISC)	(roin the organization and related organizations
(1) DAVID BROCK	10.00	투	12	P	-	==	-			
TREASURER/CHAIRMAN		x	1		13		!	80,097.	0.	0.
(2) TED TRIMPA	0.50		Г		<u> </u>					
DIRECTOR		x						0.	0.	0.
(3) DAVID BENNAHUM	0.50		1		.,	٠,	•			
SECRETARY		X				Ŀ	L	0.	0.	0.
(4) BRADLEY WOODHOUSE	16.00				١.				_	
PRESIDENT		_	L	X	·	L	L	45,833.	0.	72.
(5) EDHARD VALE	24.00	ļ	·-	χ̈́		1		107 (01		0.405
VICE PRESIDENT	16.00	7.5	Ŀ	X		\vdash	_	107,681.	0.	2,437.
(6) JESSICA MACKER	16.00	1 "	:	x				64,336.	0.	2 624
CHIEF OPERATING OFFICER (7) PILAR MARTINES	8.00	7	-	_	 	H	\vdash	04,330.		3,624.
CHIEF FINANCIAL OFFICER	. 6.00	Ľ		х				25,950.	0.	1,674.
	1 1	1				1				
./ š		1	1		Г	Н	1			
· · · · · · · · · · · · · · · ·		1								
The state of the s			П			П				
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Form 990 (2013)

Name end title	Average hours per week	par	.101 C	da ce da cer documento Dosin	SON (than d s hod	-	Reportable compensation	sation comportration			
	(list any hours for related organizations bo'ow lare)	wer chartes	but pickent fresht			Inglish composition	Parties	from the crganization (W-2/1099-MISC)	from related organizations (W-27:009-MISC)	сотре	n the Zation elatec	
						Ц						
								,3				
		L						4.9	•			
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•			_				7		•		- 1 - 0	
			-					7 , 2 , Sr.				
							•	3.				
	-	П			5	,		,				
		П	T				1					
th Sub-total c Total from continuation sheets to Part VI	1 Section A			~~;	*****		×	323,897.	0		807	
d Total (add lines 1b and 1c)						١ ا	>	323,897.	- 0		807	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1												
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3												
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	x	
5 Did any person listed on line 1s receive or a rendered to the organization? If "Yes," com	ccrue compe	nsati	on fi	rom	any	UNI	elat	ed organization or indiv		5	x	
Section B. Independent Contractors : 1 Complete this table for your five highest co.	-40-								\$100,000 of comper	sation from		
the organization. Report compensation for										(C)	•	
Name and business ONNER GROUP, 455 MASSACE		ÀÚ	/R	-1	64	10	1	Description of	services	Сэтрепва	lion	
ASHINGTON, DC 20001								FUNDRAISING		332,	342	
						_	_					
							_					
		-			_	_	_,					

	Check if Schedule O contains a response or note to any	Total revenue	Related or exempt function revenue	Unrotated business revenue	Revenue oxcuded From tax under sections 512-514
1 a	Fedurated campaigns 1a				
b	Membership dues		\		}
C	Fundraising events		1 1		
d	Related organizations1d]	1 1		1
C	Government grants (contributions) 19		1 /		l
f	All other contributions, g.fts, grants, and	1	1		
	similar amounts not included above If 3,334,429	•			
9	Noncest contributions included in lines 14-11; \$	2 224 420			1
h	Total, Add lines 18-11	5,334,479.			
	Business Coo	10		76	
2 a			+-	•	
D		·	. 7		
d.					
0			7		
•	All other program service revenue	1 2			
	Total. Add lines 2a-21				-
3	Investment Income (including dividends, interest, and	1.5			
	other aimilar amounts)	17,10.			
4	Income from invastment of tax-exempt band proceeds				
5	Royalties	11 /			
	(i) Real (ii) Personal	-	1		
	Gross rents	-			
	Loss: rental expenses	-			
	Rental Income or (foss)	-			
	Net rental income or (loss)	' '			+
7 a	Gross amount from sales of (i) Securities (ii) Other assots other than inventory	-			
	Less: cos; or other basis	, ,	1 1		i
-	and sales expenses				1
c	Gain or (loss)	7	1 1		ĺ
	Net gain or (loss)	7			
8 a	Gross Escores from fundraising events (not 1)				
	including \$		1 1		
	contributions reported on line 1c). See 2				1
	Part IV, iino 18				
b	Less: direct expensesb				1
	Net income or (.oss) from fundinging events	83			
9 a	Gross income from garning activities. See				
U	Part IV, line 19a	-			
	Lass: direct expenses b	_	1		1
	Not income or (loss) from gaming activities	•			
0 8	Gross sales of inventory, loss returns	1	i		
	and allowances a a b	-	1 1		1
	Not income or (loss) from sales of inventory	7	1		1
-	Miscellaneous Revenue Business Cod	do			
1 a	printed Out	7	1 1		
ь					
c					
-					

27-5278038 AMERICAN BRIDGE 21ST CENTURY FOUNDATION Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comclete column (4). Check If School e Q contains a response or note to any line in this Part IX LX. खा Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 75, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 55,000 55,000 prosnizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, I no 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ... Benefits paid to or for members 5 Compensation of current officers, directors, 256,165 /63,323 trustees, and key employees 331,502. 12,014. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons pescribed in section 4958(c)(3)(B) 79,972 880-,-604-800-,-063-569-Other-salaries and-wages Pension plan accruats and contributions (include section 40 (k) and 403(h) employer contributions) . 55,,294. -- -2-7083-241 -57-,-618-. 9 — Other employee penefits — _____ 6,988. 88,783. -81,466. 329. Fees for services (non-employees): a Management 2,095. 125,869. 127,964: c Accounting Lobbying 377,375 377,375. Professiona-fundralsing services. See Part V, inc 17 investment inanogement fees Other. (If line 11g amount exceeds 10% of line 25, 417,425. 18,780. 29,000. 388,425. column (A) amount, list line 11g expenses on Sch O.) 18,780. 18,296. Advertising and promotion 12 20,884. 2,010. 578. Office expenses..... 13 Information technology Royalties 67,273 60,615. 6,658. Occupancy 16 194,937. 73,626. 37,817. 83,494. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials :: 225,207. 101,343. 56,302. 67,562. Conferences, conventions, and meetings 19 20 Payments to aff.liates 21 6,499. 59,167. 65,666. Depreciation, depletion, and amortization-22 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 "re 24e expenses on Schedule O.) 140,062. 140,062. LIST SERVICES DUES AND SUBSCRIPTIONS 5,217. 5,276. 59. 4,936. 1,586. 3,350. All other expenses 418,107. 3,079,292. 2,115,614. Total functional expenses. Add fines 1 through 24s 25 Joint costs. Complete In.s. ine only # the organizatio:: reported in column (B) joint costs from a combined educational campaign and fundrassing solicitation. Check here > Flollowing SOP 98-2 (ASC 958-720 Fo:m 990 (2013) 332010 10-20-13

1 ^	Balance Sheet Check of Schedule O contains a response or note to any line in this Part X		VIII 2000 100 100 100 100 100 100 100 100 10	
	Check a Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
•	Cash - non-interest-bearing	36,017.	1	652,984
2	Savings and temporary cash investments	1.0	2	
3	Pladosa and grants receivable, net	0.	3	
4	Accounts receivable, net	0.	4	7,500
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Port II of Schedule I.	Wales	5	
6	nans and other roce vebies from other disqualified persons (as defined under		•	
"	section 4958(I)(1)), persons described in section 4958(c)(3)(3), and contributing	1	1	
	employers and sponsoring organizations of section 501 (c)(8) voluntary		- 1	
	employees' beneficiary organizations (see instr). Complote Part II of Sch L	* <i>j</i>	6	
7	Notes and loans receivable, net		7	
a	inventories for sale or uso		8	
9	Prepaid expenses and delerred charges	194,610.	9	0
_	- Land-buildings-and-equipment-cost or other			
	hasis Complete Part V: of Schadule D 10a 320, 419.			100 000
l i	Loss accurateted democration 10b 136,785.	· 249,300.	10e	183,634
11		5 - 1751 - · · ·	11-	
12	Investments - other socurities. See Part IV, fine 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Mangible assets	7	14	
15	Other assets. Soo Part IV, the 11	9,560.		25,529
18	Total assets. Add lines 1 through 15 (must equal line 34)	489,487.		869,647
17	Accounts physbic and accreed expenses	18,610.	17	297,101
18	Grants payable	60,000.	18	0
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account fability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		1	
	key employees, highest compensated employees; and disquatified persons.		1 1	
	Complete Part II of Schedule L		22	
23	Secured morrgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24 .	
25	Other liabilities (including federal income tax, payables to related third		1 1	
	parties, and other liabilities not included on lines 17:24), Complete Part X of		1	
1	Schedule D	93,468.		0
26	Total liabilities, Add lines 17 through 25	172,078.	26	297,101
	Organizations that follow SFAS, 117 (ASC 958), check here		1 1	
ł	complete lines 27 through 29, and lines 33 and 34.	24.5	1 1	F00 046
27	Unrestricted net ascets	317,409.		572,546
28	Temporar ly restricted "et assets	0.	-	
29			29	
1	Organizations that do not follow SFAS 117 (ASC 958), check here			
1	and complete lines 30 through 34.			
30			30	
31	Pald-in or capital surplus, or land, building, or equipment fund	200-200	31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or func balances	317,409.		572,546
	Tota 'abilities and net assets/fund balances	489,487.	34	869,647

	rt XI Reconciliation of Not Assots Check if Schedule O contains a response or note to any Fno in this Part XI				二
1	Total revenue (must aqual Part VIII, column (A), Inc 12)	1.1	3,3	34,	429.
2	Total expenses (must equal Part IX, column (A), line 25)		3,0	79,	292.
3	Revenue less expenses. Subtractions 2 from line 1	3	2.	55,	137.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		3	17,	409.
5	Not unrealized gains (losses) on investments	. 5			
В	Donated services and use of facilities	6			
7	Investment expenses				
В	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
0	Not assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, co'umn (B))	10	5	72,	546.
ar	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XI'				\mathbf{x}
1	Accounting method used to prepare the Form 990: Cash X Accrual C Other		_ [1	
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain it Schedu		20		×
l Za	If the organization changed its method of accounting from a prior year or checked "Other," expirin it. Schedules the organization's financial statements compiled or reviewed by an independent accountant? //				X
	If the organization changed its method of accounting from a prior year or checked "Other," explain it. Scheduler the organization's financial statements compiled or reviewed by an independent accountant? //	red on a	==	-	X
b	If the organization changed its method of accounting from a prior year or checked "Other," explain it. Schedulers the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box helow to indicate whether the financial statements for the year were compiled or review separate basis. Separate basis. Consolidated basis. Both consolidated and separate basis. If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. X Separate basis. Consolidated basis. Both consolidated and separate basis.	rale basis,	==	-	<u>x</u>
b	If the organization changed its method of accounting from a prior year or checked "Other," explain it. Scheduler the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis. Separate basis. Consolidated basis. Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis. Consolidated basis. Both consolidated and separate basis if "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	rate basis,		x	X
b c	If the organization changed its method of accounting from a prior year or checked "Other," explain it. Scheduler the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check is box below to indicate whether the financial statements for the year were compiled or review separate basis. Consolidated basis. Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis. Consolidated basis. Both consolidated and separate basis. If "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process change the tax year, explain in Selection process change the tax year.	rale basis, the audit,		x	X
b c	If the organization changed its method of accounting from a prior year or checked "Other," explain it. Scheduler the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis. Consolidated basis. Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis. Consolidated basis. Both consolidated and separate basis. If "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process change the tax year, explain in S As a result of a foderal oward, was the organization required to undergo an audit or audits as set form in the	rale basis, the audit, chedule C. Single Aud		x	X
b	If the organization changed its method of accounting from a prior year or checked "Other," explain it. Scheduler the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check is box below to indicate whether the financial statements for the year were compiled or review separate basis. Consolidated basis. Both consolidated and separate basis. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: X Separate basis. Consolidated basis. Both consolidated and separate basis. If "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process change the tax year, explain in Selection process change the tax year.	rale basis, the audit, chedule C. Single Aud		x	-

** PUBLIC DISCLOSURE COPY **

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

Osperiment of the Treasury Internet Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irx.gov/lorm990.

2013

Name of the organization

Employer identification number

	MERICAN BRIDGE 21ST CER	NTURY FOUNDATION	27-5278038
Organization typo(check	(one):		
Filers of:	Section:	*	
Form 990 or 990-EZ	S01(c)(4) (onter number) organiz	ation	
	4947(a)(1) nonexempt charitable true	st not treated as a private foundation	
	527 political organization	,*	
Form 990-PF	501(c)(3) exempt private foundation	7.2	,)
	-4947(a)(1)-nonexempt-eharitable-tru	st-treated as a private foundation-	
	501(c)(3) taxable private foundation	-27	
			
	is covered by the Goneral Rule or a Special		
Note. Only a section 501	c)(7), (8), or (10) organization can check boxes	s for both the General Rule and a Specia	Rule. Sen instructions.
		· · · · · · · · · · · · · · · · · · ·	
General Rule		<i>(</i>)	
Y Caran amenina	ion filing Form 990, 990-EZ, or 990-PF that rec	ind distant the year SE 000 or many (
	ים 'ete Parta I and II.	sayod, draing the year, \$5,000 or more (i	in inches or property) norn any one
COMMINDED. COM	peerata i alta ii.	10 Mg	
Special Rules	**	W.	
		7	
For a section 50	1(c)(3) organization filing Form 990 or 990-EZ (that met the 33 1/2% support test of the	regulations under sections
	O(b)(1)(A)(vi) and received from any one contri		
of the amount or	(i) Form 990, Part VIII, line 1h, or (ii) Form 990	0-EZ, line 1, Complete Parts I and II.	
	W. W.		
	1(c)(7). (8), or (10) organization filing Form 990		
	ns of more than \$1,000, for use exclusively for		educational purposes, or
the prevention o	cruelty to children or animals. Complete Part	ts I, II, and III.	
Company Street	(a)(7) (B) or (10) projection to the Form 000	as 000 E7 that send in a force and a send	and the state of t
	(c)(7), (8), or (10) organization filing Form 990 use exclusively, for religious, charitable, etc., p		
	cked, onter here the total contributions that w		
	complete any of the parts unless the General		
			The state of the s
religious, charita	ble, etc., contributions of \$5,000 or more duri	***************************************	
_			
Caution. An organization	that is not covered by the General Rule and/	or the Special Rules does not file Scheck	ulo B (Form 990, 990-EZ, or 990-PF),
Caution. An organization		or the Special Rules does not file Scheck box or line H of its Form 990-EZ or on it	ulo B (Form 990, 990-EZ, or 990-PF),

Schedule 8 (Form 99 Name of organization	0, 990-EZ, or 990-PF) (2013)		Page 2 Employer identification number
	RIDGE 21ST CENTURY FOUNDATION		27-5278038
	butors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(n) No.	(b) Name, oddress, und ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s;	Porson X Payro I Noncash (Complete Part II for noncash constributions.)
(a) No.	(b) Name, address, and ZIP + 4	∴(c) Total contributions	(d) Type of contribution
		125,00	Person X
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		<u>)</u> s 500,00	Person X Payroll
(a) No.	(b) Namo, address, and ZiP + 4	(c) Total contribution	(d) Typo of contribution
4	10. 11. 11.	\$150,00	Person X
(a) No.	(b) Namo, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
5	*	s5,00	Porson X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		s250,00	Person X Payroll Noncash (Complete Part II for

J23462 10-24-13

Sc: edulo B (Form 890,-998-EZ, cr 990-PF) (2013)

Martie or est	an ization			emp:gy	er identification numbe:
	CAN BRIDGE 21ST CENTURY FOUNDATION			27	-5278038
Part I	Contributors (see instructions). Use dupl cate copies of Part I II additions	Space is n			
(a) No.	(b) Namo, address, and ZIP + 4	Total	(c) contribution	15	(d) Type of contribution
7		s1		00.	Person X Payroll
(s) No.	(b) Namo, addrons, and ZIP + 4	Total	; (c) 1 contributio	ns '	(d) Type of contribution
8		_ <u>*</u>			Person X
		s	·400,0		Noncash (Complete Part II for noncash contributions
(a) No.	(b) Namo, address, and ZIP + 4	Tola	(c) I contributio	na	(d) Typo of contribution
9		5	14.0	20.	Person X Payroli C Noncash C (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZIP + 4	Tota	(c) I contributio	ns	(d) Type of contribution
10		s	25,0	00.	Person X Payroll
(a) No.	(b) Namo, address, and ZIP + 4	Tota	(c) I contributio	ns .	(d) Type of contribution
_11		s	30,0	00.	Person X Psyroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Namo, address, and ZIP + 4	Tota	(c) d contributio	ns.	(d) Type of contribution
		s	15,0	00.	Person X Preyroll Monash (Complete Part II for noncush contributions

373452 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

AMERICAN B	RIDGE 21ST CENTURY FOUNDATION		27-5278038
	ibutors (see instructions). Use dupficate copies of Part I if	edditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Typa of contribu
19		s200,000	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, oridress, ann ZIP + 4	(c) Total contributions	(d) Type of contribut
		- · · · · · · · · · · · · · · · · · · ·	Person Payroll Noncesh (Complete Part I! for noncesh contribution
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribut
		s	Person Phyroli Noncash (Complete Part II for noncash contribution
(a) Na.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		s	Person Phyroli Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
	,	s	Person Payroli Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, nidross, and ZIP + 4	(c) Total contributions	(d) Typo of contributi
_		s	Person Payroli Noncash (Complete Part il for

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 3 Name of organization Employer identification number AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncesh property give: Datu received (see instructions) Part I (a) (c) No. (d) FMV (or estimate) Date received from Description of noncash proporty given (see instructions) Part I (a) (c) No. (d) FMV (or estimate) Date received from Description of noncash property given (see instructions) Port I (a) (c) No. (d) FMV (or estimate) Date received from Description of noncash proporty given (see instructions) Part I No. FMV (or estimate) **Date received** fram Description of noncash property given (see Instructions) Part I Schedule 8 (Form 990, 990-EZ, or 990-PF) (20:3)

323453 10-24-13

irt III	N BRIDGE 21ST CENTURY Exclusivoly religious, charitable, etc., lade year. Complete columns (a) through (e) and to the total of exclusivoly resploys, charitable, at Use duplicate copies of Part ill if addition	vidual contributions to section 501(c)(/ the following tine entry. For organizations ic., contributions of \$1,000 or less for th	27-5278038), (8), of (10) organizations that total more than \$1,000 tor to completing Part III, enter by year. ((new phiatrostay text))
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =		(e) Transfer of gift	
-	Transforce's namo, address, a		Relationship of transferor to transferoe
No.			
om art I	(b) Purpose of gift	(c) Use of gift	:(d) Description of how gift is held
- -	Transferce's name, address, a	(c) Transfer of gift	Relationship of transferor to transferse
No. om art I	Transferce's name, address, a	(c) Transfer of gift	;
No. om art I	(b) Purpose of gift	(e) Transfer of gift and ZIP + 4 (a) Use of gift	Relationship of transferor to transferse
No. om ort I	(b) Purpose of glit Transforce's name, address, a	(e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferse
No. om art I	(b) Purpose of glift Transforce's name, address, a	(e) Transfer of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is hold
art I	(b) Purpose of gift Transforce's name, address, a	(e) Transfer of gift (o) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is hold Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yos," to Form 990,
Pert IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11c, 11f, 12s, or 12b.

Attach to Form 990.

CMH NO. 1545-0047

Manage	Agreerou Service Information about Solicidule D (Form	n 990) and its instructions is at water	is gov/tom990 inapoc	LIOIT
Lection		ST CENTURY FOUNDATIO		038
Par	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	ls or Accounts-Complete if	the
	organization answered "Yes" to Form 990, Part IV, Inc.			
		(a) Donor advised (uncls	(b) Funds and other eco	ounts
1	Total number at end of year			
2	Aggregate contributions to (during york)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			W.
5	Did the organization inform all deriors and denor advisors in w	willing that the assets held in donor adv	ised funds	
	tire the organization's property, subject to the organization's	exclusive legal control?	/ Yes	□ N
6	Did the organization inform all grantees, donors, and donor at	dvisors in writing that grant fungs can b	e usea anly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos		
	impermissible private benefit?			N
_	rt II Conservation Easements. Complete II :he org			
_1-	-Purpose(s) of conservation ensurements held by the organization	on (check-al-timt-apply).	7	
	Preservation of land for public use (e.g., recreation or ec	ducation) $igsquare$ Presurvation of an 1	istorically important land area	
	Protection of natural lubitat	Proservation of a ce	rtilled historic structure	0.0
	Preservation of open space			
2	Complete lines 2s through 2d if the organization held a qualific	ed conservation contribution in the form	n of a conservation easement on	tho last
	day of the tax year.	••		
			Held at the End of I	the Tax Yes
	Total number of conservation easements			
b	Tota: acreage restricted by conservation easements	•	2b :	
C	Number of conservation easements on a certified historic stru	ucture included in (a)	20	
	Number of conservation easements included in (c) acquired a		TOTAL SECTION OF THE	***************************************
	fisted in the National Register		24	
3	Number of conservation easements modified, transferred, rek	cosed, extinguished, or terminated by t	he organization during the tax	
	year ▶	3		
	Number of states where proporty subject to conservation eas		•	
	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation essements a	ho:ds?	Yes	
	Staff and vounteer hours devoted to monitoring: inspecting,			
	Amount of expenses incurred in monitoring, inspecting, and e			_
	Does each conservation easement recorted on line 2(d) above			-
	and section '70(n)(4)(B)(ii)?			L_J No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describe	s rue ordanismos s acconitad t	or .
	conservation easements.			or .
	conservation ensements. † III Organizations Maintaining Collections of	Art, Historical Treasures, or		or.
Par	conservation enservents. till Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 6	Art, Historical Treasures, or (Other Similar Assets.	
Par	conservation easements. It III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 1 if the organization elected, as permitted under SFAS 118 (AS)	Art, Historical Treasures, or (990, Part IV, line 8. C 958), not to report in its revenue state	Other Similar Assets.	o! art,
Par 1a	conservation ensements. It III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form 9 If the organization elected, as permitted under SFAS 118 (ASI historical treasures, or other similar assets held for public exhibits.	Art, Historical Treasures, or (990, Part IV, line 8. C 958), not to report in its revenue state inklon, education, or research in further	Other Similar Assets.	o! art,
Par 1a	conservation ensements. It III Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form to If the organization elected, as permitted under SFAS 118 (ASI historical treasures, or other similar assets held for public exhibits exit of the footnote to its financial statements that describe	Art, Historical Treasures, or 6 890, Part IV, line 8. C 958), not to report in its revenue state bloken, education, or research in further pas these Items.	Other Similar Assets. ment and balance sheet works or rance of public service, provide, i	of art, n Part XIII,
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Par 1a	conservation ensements. It iii Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form of the organization elected, as permitted under SFAS 118 (ASI historical treasures, or other similar assets held for public exhibit the cryanization elected, as permitted under SFAS 116 (ASI treasures, or other similar assets held for public exhibition, edirecting to these items:	Art, Historical Treasures, or 6990, Part IV, line 8. C 958), not to report in its revenue state token, education, or research in further best these items. C 958), to report in its revenue stateme furtherance of price in furtherance in furtherance of price in furtherance in furthera	Other Similar Assets. ment and balance sheet works of rance of public service, provide, in the and balance sheet works of an aublic service, provide the following	of art, n Part XIII, t, historica ng amount
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theoule D (Form 990) 2013 AMERTCA	N BRIDGE 2							
3 Using the organization's accusition, access								
(check all that apply):	Art and Arter Ideas	na, orno-tally t	O. 0 10 -01	-Distrib	, a o.g.			7111001119
a Public exhibition	d	Loan	or exchau	nge programs	ſ			
b Scholarly research		Cther						
c Preservation for future generations	-							
Provide a description of the organization's or	ofactions and avoid	n how three few	other the	ovannite:ion's	everno	t numosa in F	Part XIII	
5 During the year, did the organization soficit of								
to be sold to raise funds ratine than to be ma							Yes	
Part IV Escrow and Custodial Arran	gements. Comple	ASSESSMENT OF THE PERSON NAMED IN COLUMN	THE PERSON NAMED IN	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED AND POST OFFICE ADDRESS OF THE OWNER, WHEN PERSON NAMED AND PERSON NAMED AND POST OFFI ADDRESS OF THE OWNER, WHEN PERSON NAMED AND POST OFFI ADDRESS OFFI ADDRES				-
In is the organization an agent, trustee, custod		tions for contain	h, diana a	ne other areas	e not los	hylad		
		211					Yes	П.
on Form 990, Part X?					··j····· -	**********	L. TOE	ши
b If "Yes," explain the arrangement in Part XIII	and complete the lo	dowing table:						
				25			Amoun	<u>t </u>
c Beginning balance					200	1c		
d Additions during the year						1d		
Distributions during the year						1e		
f-Ending-balance-	***************************************					-11-		
a Did the organization include un amount on F	orm 990, Part X, line	217			<i></i>		Yea	⊢ ™
b If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation has	been pr	rovided in Par	XIII .			
art V Endowment Funds. Complete i	the organization ar					•		
	(a) Current year	(b) Prior yo	cer (ć) Two years b	ack (d)	Three years ba	tck [e] Fou	r years bac
a Beginning of year balance								
b Contributions					_1			
c Net investment earnings, gains, and losses								
d Grants or scholarships		7						
o Other expenditures for facilities		٠.	7					
and programs	•						i	
f Administrative expenses	•• ••							
g End of year balauce								
Provide the estimated percentage of the cur	root was and holon	e /hre 'o co	errer (a)*	heid an				
	· • · · · · · · · · · · · · · · · · · ·	e (ic.oy, oo.	J P. (0),	rigina do.				
	n/ ' \	-79						
b Permanent endowment ▶	"	7						
c Temporarily restricted endowment	- 76							
The percentages in incs 2a, 2b, and 2c sho.								
In Are there endowment funds not in the posse	segiati of A in Otamis	ation that are	nes cen	adnynistered	i for the	organization		
by:								Yes No
(i) unrolated organizations	<u></u>			***********			3e(i)	
(li) related organizations	· y						3a(ii)	
b if "Yes" to 3a(ii), are the related organizations	s listed as requireo o	on Schedule R					3b	
Describe in Part XIII the intended uses of the		owment funds			1007000			
art VI Land, Buildings, and Equipm			A STATE OF THE STA	8.38	25			
Complete If the organization answere	d "Yes" to Form 990	, Part IV, line	11a. Sec					
Description of property	(a) Cost or o basis (investi) Cost or basis (ot			mulated clation	(d) 800i	k value
						2 - 2 - 1		
a Land		77.4		2/20				
		.						
b Buildings			``					
a Land b Buildings c Leasehold improvements			20	.362.	1	7,179.		3 187
b Buildings				,362.		7,179. 9,606.		3,183 0,451

	DGE 21ST CE			27-52780 38 Page
Part VII Investments - Other Securities. Complete if the organization answered "Yes" to	e Feet 000 Best IV In	a Lib. Can Earn 000	Darl V See 12	
(n) Description of security or category (natural or rows of security)	(b) Book value	(c) Melhoc of	valuntion: Cost	ur end-cf-year market value
1) Financ al derivat vos				Contract Const.
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(FI)			•	
Fotal. (Co., (3) must equal Form 990, Pari X, col. (8) line 12.) ▶		1		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to (a) Description of investment	o Form 990, Part IV, lin (b) Book value	e 11c. See Form 990	Part X, no 13	or end-of-year market value
	(D) DOOK ASINO	(c) Metriog of	Valuation: Cos	t or end-or-year markot value
(1) (2)	*****			
(3)		1 > -		
_(4)		77. 3		
(5)		1		
(6;		1.5		
(i)				
101	: •			
(8)			_	
(9)		7		
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
(9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	- /- /- /- /- /- /- /- /- /- /- /- /- /-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	'Dag V inn 15	
(9) Fotel. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete If the organization answered "Yes" to		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Part X, line 15	
(8) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete If the organization answered "Yes" to (a) □	- /- /- /- /- /- /- /- /- /- /- /- /- /-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Part X, line 15	(b) Book value
(8) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete If the organization answered "Yes" to (a) □		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Part X, time 15	
(8) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete If the organization answered "Yes" to (a) □	o Form 990, Part IV, ile escription	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, Part X, line 15	
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(9) Intel. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Intel. (Column (b) must equal Form \$90, Part X, col. (B) line Part X Other Liabilities. (3) (3) (4) (5) (6) (7) (8) (8)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3); (4) (5) (6) (7) (8) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (10)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(9) fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. (a) Complete if the organization answered "Yes" to (a) Description of liability (1) Federa' Income taxes (2) (3)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(B) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. " Complete if the organization answered "Yes" to (a) Description of liability (1) Federa' Income taxes (2) (3) (4)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(B) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. (Complete if the organization answered "Yes" to (a) Description of liability (1) Federa' Income taxes (2) (3) (4) (5)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(9) Stel. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) D	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(B) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form \$90, Part X, col. (B) line Part X Other Liabilities. Yes" to (a) Description of liability (1) Federa' Income taxes (2) (3) (4) (5) (6) (7)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(B) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Y Complete if the organization answered "Yes" to (a) Description of liability (1) Federa' Income taxes (2) (3) (4) (5) (6) (7) (8)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value
(9) Stal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form \$90, Part X, col. (B) line Part X Other Liabilities. Yes" to (a) Description of liability (1) Federa' Income taxes (2) (3) (4) (5) (6) (7)	o Form 990, Part IV, in lescription	o 11d. See Form 990		(b) Book value

Schodule D (Form 990) 2013

³³²⁰⁵³ 09-25-13

Schedule D (Form 990) 2013 AMERICAN BRIDGE 21ST CENT		27-5	278038 Page 4
Part Xi Reconciliation of Revenue per Audited Financial Statem		Return	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
1 Total revenue, gains, and other support per audited financial statements		11	3,334,429.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1-1	1 }	
a Net unrealized gains on investments		-i	
b Donated services and use of facilities		- 1	
c Recoveries of prior year grants	2c	- 1	
d Other (Doscribe in Part XIII.)		۱ ـ ا	
e Add ines 2a through 2d		2e	3,334,429.
3 Subtract line 20 from line 1		. 3	3,334,429.
4 Amounts included on Form 990, Part Vill, fine 12, but not on line 1:	1 1	1 1	
a Investment expenses not included on Form 990, Part VIII, the 70		- 1	
b Other (Describe in Part XIII.)		40	0.
c Add lines 4a and 4b Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			3,334,429.
Part XII Reconcillation of Expenses per Audited Financial State	ments With Expenses of	Retu	m.
		i itetu	••••
Complete if the organization answered "Yes" to Form 990, Part IV, line 12 1 Total expenses and losses per audited financial statements		Til	3,079,292.
2 Amounts included on line-1 but not on Form 990, Part JX, line 25:	1	-	31013,433.
a Constact Services and use of facilities	2a	\neg	
	""	-	
b Prior year acijustments c Other josses	V 26. 4	- I	
d Other (Describe in Par. XIII.)	3.24	-1 1	
o Add lines 2a through 2d		20	0 -
3 Subtract line 2e from the 1			3,079,292.
4 Amounts included on Form 980, Part IX, line 25, but not on line 1;		-	370.3,232.
a Investment expenses not included on Form 990, Part VIII, line 70	امدا	1 1	
b Other (Describe in Part XIII.)		- 1	
c Add lines 4a and 4b		7 4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			3,079,292.
Part XIII Supplemental Information.	***************************************	. 1 - 1	1212122
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	art IV. lines 1b and 2b; Part V. fir	e 4: Part	X. Ine 2: Part XI
lines 2d and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any at			
19 Y			
<i>y</i> . 7			
PART X, LINE 2:			
N. 1885.			
EXPLANATION: THE FOUNDATION REQUIRES THAT A	TAX POSITION BE	REC	OGNIZED OR
?s.)	4		
DERECOGNIZED BASED ON A MORE LIKELY THAN N	OT" THRESHOLD. T	HIS	APPLIES TO
POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A TAX RETURN. TE	E FO	UNDATION
141			
DOES NOT BELIEVE ITS FINANCIAL STATEMENTS I	NCLUDE, OR REFLE	CT,	ANY
	7. 70714 000		
UNCERTAIN TAX POSITIONS. THE FOUNDATION'S I	RS FORM 990, RET	URN	OF
ADALUTEL BURNER WAS THE TOTAL THE PARTY OF T			O
ORGANIZATION EXEMPT FROM INCOME TAX, REMAIN	S OPEN FOR EXAMI	NATI	ON BY THE
FEDERAL TAXING AUTHORITIES, GENERALLY FOR T	HKEE YEARS AFTER	IT.	IS FILED.
	····		

SCHEDULE G (Form 900 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 890-FZ. line 6s.

2013

Ceparament of the Treasury		organization ente	ered more than a attach to Form 9	\$15,000 90 or Fo	on Fo rm 99			Open To Public
Vame of the organization	▶ Information	about Schadulo G (Form 990 or 990-E	Z) and Its	Instru	ctions is at www irs o	novitorm 990	Inspection ientification number
Part Fundrals	AMERICA Ing Activities	N BRIDGE Complete if the				UNDATION Form 99C, Part IV, I	27-527	8038
tednates to	complete this pa				det			···
	ons email solicitation		o Soilcl	tation of	non-8	Check all that apply overnment grants riment grants		
c X Phone solicit d X In-person sol	lcitations		-	ia' fundra	_			
2 a Did the organization key employees lists b if 'Yes,' list the ten compensated at lea	ad in Form 990, F highest paid inc	Part Vil) or ent ty l: lividuals or entitle	n connection with	orofess	nnc'	undraising services?	, (XΩ) λ	1447
(i) Name and address or entity (fund	For individual		Activity	iurion have o or con contrib	estructure.	(19) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser fisted in col. (i)	(vi) Amount paid to (or retained by) organization
OWNER-GROUP INC	455 —			Yes	· No		**************************************	
ASSACHUSKTTS AVE I		FUNDRAISING	*C-10		X	3,179,000.	377,37	5. 2,801,625.
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					>	3,179,000.		
 List all stetes in while or licensing. 	th the organization	on is registered o:	icensed to solid	it contrib	out ons	or has been not fie	a It is exempt from	n registration
		*****	~					
		237		-				
17.								
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

SEE PART IV FOR CONTINUATIONS

Schedule G (Louis 880 of 880-ES) 5013

09-12-13

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total evenus (add col. (a) through col. (c))
		(even: type)	(event type)	(total number)	oos. (c)j
Revenue	_				
É	1 Gross receipts				
	2 Less: Contributions				
				1	
-	3 Gross income (fine 1 minus fine 2)	 			
	4 Casi: prizes				
		1		1 1	
_	5 Noncash prizes				
2563	President President				2000
Expenses	8 Rent/feci ity costs				
D.	7 Food and beverages				
Direct		_	.7 "	,	
	8—Entertainment				
1	Other direct expenses	ot 0 in only man (cf)			
- 1	11 Not income summary. Subtract line 10 from				
2	rt III Gaming. Complete if the organization	answered "Yes" to For	m 990, Part IV, line 19, o	reported more than	
	\$15,000 on Form 990-EZ, line 6a.	•			
Hevenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
퇸	1 Gross revenue	1	,		
	2 Cesh prizes	N. 9	1		
		/ /			
5	3 Noncash prizes				· · · · · · · · · · · · · · · · · · ·
	3 Noncash prizes	40, 0	1	1	1
Direct Expe	4 Rent/facility costs				
DESCE EXPE	4 Rent/facility costs	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Usect Expe		1	6 L Yes %	Yes 9	6
Direct Expenses	4 Rent/facility costs 5 Other direct expenses	1	6 Yes %	Yes9	6
Prest Expe	4 Rent/facility costs 5 Other direct expenses 0 Volunteer labor	Yes9	No No	No No	6
Prest Expe	4 Rent/facility costs 5 Other direct expenses	Yes9	No No	No No	6
Direct Expe	4 Rent/facility costs 5 Other direct expenses 0 Volunteer labor 7 Direct expense summary. Add lines 2 through	Yes 9	No	No No	6
Prest Expe	4 Rent/facility costs 5 Other direct expenses 0 Volunteer labor	Yes 9	No	No No	6
9	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization open	Yes 9 No 7 from line 1, column (d) ates gaming activities:	No No	No No	
9 0	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state(s) in which the organization opens the organization incensed to operate gaming a	Yes 9 No No 7 from line 1, column (d) rates gaming activities:	No No	No No	
3	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (s) in which the organization open	Yes 9 No No 7 from line 1, column (d) rates gaming activities:	No No	No No	
3	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state(s) in which the organization opens the organization incensed to operate gaming a	Yes 9 No No 7 from line 1, column (d) rates gaming activities:	No No	No No	
3 a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state(s) in which the organization opens the organization incensed to operate gaming a	Yes 9 No No 7 from line 1, column (d) rates gaming activities: activities in each of these	No No states?	No No	
9 a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through the state (a) in which the organization open is the organization floensed to operate garring a "No," explain:	Yes 9 No No 7 from line 1, column (d) rates gaming activities: activities in each of these	No No states?	No No	' Yes No

Schedule G (Form 990 or 990-EZ) 2013 AMERICAN BRIDGE	21ST CENTURY FOUNDATION 27-52780 38 Page
11 Coes the organization operate gaming activities with nonmembers?	L Yes □ N
12 Is the organization a grantor, beneficiary or trustee of a trust or a me	
to administer charable gaming?	☐ Yos ☐ N
13 Indicate the percentage of gaming activity operated in:	m
a The organization's facility	
b An outside facility 14 Enter the name and address of the parson who prepares the organi	
the indicate may be process of the brase, and brebares the order	THE CHES ROLL MANAGERS GAD 100 COCKERS
Namo 🕨	
Address >	
15a Does the organization have a contract with a third party from whom	the organization receives gaming revenue? Yes N
bill "Yes," enter the amount of garning revenue received by the organ	ization > \$, and the amount
of gaming revenue retained by the third party > \$	
e If "Yes," enter name and address of the third party:	- .y
	×
- Nano->	
	· · · · ·
Address .	
6 Gaming manager Information:	***
Name >	
Common presents assured to the D. C.	
Gaming manager compensation ▶ \$	· · ·)
Description of services provided	7
Description of survices by CAIGRO	
and the second second	
☐ Director/offcor ☐ Employee ☐	Independent contractor
Li Discloron Cr Li Employee	niospender compactor
7 Mandatory distributions	
a is the organization required under state law to make chantable distr	thurlons from the coming proposes to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be dis-	*** ****** ****** *** *****************
organization's own exempt activities during the tex year > \$	
	aired by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b,
15c, 16 and 17b, as applicable. Also complete this part to	
CHEDULE G, PART I, LINE 2B, LIST OF	TEN HIGHEST PAID FUNDRAISERS:
У	
•	
I) NAME OF FUNDRAISER: BONNER GROUP	INC
I) ADDRESS OF FUNDRAISER:	
55 MASSACHUSETTS AVE #640, WASHINGT	ON, DC 20001
	The state of the s
132083 08-17-13	Schadule G (Form 990 or 990-EZ) 201

SCHEDULE I

Constituent of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at print as applicament

ONB No 1545-0047

2013
Open to Public

Inspection

Name of the organization Employer identification number 27-5278038 AMERICAN BRIDGE 21ST CENTURY FOUNDATION Part General Information on Grants and Assistance 1 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 criteris used to sward the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization analyzed "Yes" to Form 990, Part IV, line 21, for any (f) Method of recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Description of (h) Purpose of grant 1 (a) Name and address of organization (c) IRC section (d) Amount of (a) Amount of (b) EIN valuation (book: FMV, appraisal. non cash assistance or assistance or government if applicable cash grant non-cash assistance :: other MEDIA MATTERS ACTION NETWORK FAIR MARKET 455 MASSACRUSETTS AVE. NW. 6TH FLOO GENERAL OPERATIONS GRANT 0 VALUE 30,000 WASHINGTON, DC 20001 77-0646754 501(C)(4) SOUTHERN PROGRESS ACTION FUND FAIR MARKET 8445 FRANKLIN AVE O WATUE GENERAL OPERATIONS GRANT 46-3227371 501(C)(4) 25,000 LOS ANGELES, CA 90069 Enter total number of section 501(c)(3) and government organizations tisted in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 980. Schedule I (Form 990) (2013)

332101

Part III Grants and Other Ass	AMERICAN BRI sistence to individuate in te ted if additional space is ne	he United States, Com	plate if the organi	ration answered "Yes	* to 1 orm 990.	Part IV, line 22.	27-5278038 Page
(a) Type of gran		(b) Number of	(c) Amount of	(d) Amount of non-	(a) Metho	d of valuation appraisal, other)	(f) Description of non-cash assistance
		recipients	cash grant	cash assistance	(DOOK, FMV,	appraisal, other)	
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Part IV Supplemental Inform	ation. Provide the informati	on required in Part I, line		n (b), and any other a	dditional inten	mation.	
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SCHEDULE O

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

emplete 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.

2013 Open to Public

Department of the Treasury Internal Revenue Service

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

inspection

Name of the organization

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Employer identification number 27-5278038

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POLICY CONCERNS. FURTHER, THE FOUNDATION RESEARCHES AND REFUTES

CONSERVATIVE POLICIES THAT WE BELIEVE WOULD UNDERMINE OUR NATION'S

FUTURE AND EDUCATES THE AMERICAN PEOPLE ON THE RESULTS OF THOSE

FINDINGS.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: THE ORGANIZATION HAS NO SEPERATE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL REVIEW THE FORM 990 PRIOR TO ITS SUBMISSION WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE CONFLICT OF INTEREST POLICY IS REQUIRED TO BE DISTRIBUTED TO EACH OFFICER AND DIRECTOR. THE CONFLICT OF INTEREST POLICY REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICT OF INTEREST. IF SUCH DISCLOSURES IS MADE, THE BOARD OF DIRECTORS INVESTIGATES TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. THE INDIVIDUAL HAVING THE POTENTIAL CONFLICT OF INTEREST IS EXCLUDED FROM THESE PROCEEDINGS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: OFFICER COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. A COMPARISON IS USED OF LEADERS OF OTHER ORGANIZATIONS WITH SIMILIAR

QUALITIES.

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

Schedule O (Form 990 or 990-EZ) (2013)

Page
Employer identification number 27-52780 38
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Schedule Q (Form 990 or 890 EZ) (2013)	Page
Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION	Employer Identification number 27-5278038
TOTAL EXPENSES	204,504
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	417,425
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE	
AND OVERSIGHT OF THE AUDIT AND THAT PROCESS HAS NOT CHANG	GED FROM THE
PRIOR YEAR.	/
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EXHIBIT F

Image# 201608319023763237

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

PAGE 1 / 1062

									Office Use Or	nly	
1.	NAME O COMMIT	F TEE (in full)	TYPE O	R PRINT	▼	Example: If to		12FE4M5			
Α	mericar	Bridge 21st	Centur	у	- 1a - 12 tan 12 10 10					1	
			111	111	1 1 1 1			1 1 1			
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•			Suite	650	1. F F F	E E E E E			1 1 1 1 1	1	
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	repo	rted. (ACC)		1 1 1							
2.	FEC IDE	NTIFICATION NU	JMBER	•	CITY	k	5	STATE A	ZIP	CODE A	
	C	00492140			3. IS TI REP		NEW (N) OR	* (A	MENDED)		
4.	TYPE C	OF REPORT	F	lonthly eport	Feb 20	(M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)	
	(a) Quar	terly Reports:		ue On:	Mar 20	(M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
		A 11 4 F			Apr 20	(M4)	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)	
		April 15 Quarterly Report (Q	(c)) 12-Da	av	Primary (12P)	General	(12G)	Runoff (12R)	
		July 15 Quarterly Report (Q		PRE-	Election						
		October 15		Repo	rt for the:	Convention	on (12C)	Special	(12S)		
		Quarterly Report (Q3) January 31						D = D I $Y = Y = Y$		he	
		Year-End Report (Y	E)		Election on		and hard harmen		State of		
		July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d	POST	r-Election	General (General (30G)		30R)	Special (30S)	
		Termination Report (TER)		Report for the:				YYYY	in t	in the	
		(· - · · /	Į,		Election o	n	السال		Sta	te of	
5.	Covering	Period 07		01	y y y y 2015	throug	h 12	31	2015	Ÿ	
Los	ertify that I	have examined th	is Renor	and to	the best of my	knowledge at	nd belief it is true	e, correct an	d complete		
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Sig	nature of T	reasurer Rodei	ll Mollinea	и		[Electroni	cally Filed] Di	ate 08	31	2016	
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NO	TE: Submis	sion of false, errone	eous, or i	ncomplete	e information m	ay subject the	person signing th	is Report to t	he penalties of	2 U.S.C. §437g.	
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	Us On								Rev. 1	2/2004	
FE6/	AN026										

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Bridge 21st Century Report Covering the Period: 07 2015 To: 12 2015 From: **COLUMN A COLUMN B** This Period Calendar Year-to-Date Cash on Hand 381849.80 January 1, 2015 Cash on Hand at 1415879.39 Beginning of Reporting Period..... 4167895.64 10464054.60 (c) Total Receipts (from Line 19) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 10845904.40 5583775.03 6(a) and 6(c) for Column B) 4892681.87 10154811.24 Total Disbursements (from Line 31)..... 8. Cash on Hand at Close of Reporting Period 691093.16 691093.16 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 1645.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> **Federal Election Commission** 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name	
American Bridge 21st Centur	1

Y Y Y Y 12 31 2015 Report Covering the Period: From: 07 01 2015 To: **COLUMN A** COLUMN B **L** Receipts **Total This Period Calendar Year-to-Date** 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1567050.00 5995860.00 (i) Itemized (use Schedule A)..... 1088.00 (ii) Unitemized 2463.16 (iii) TOTAL (add 5998323.16 1568138.00 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 765000.00 1372977.38 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 7371300.54 2333138.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 Party Committees..... 0.00 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 1834731.28 3092704.97 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 Political Committees..... 0.00 17. Other Federal Receipts 49.09 (Dividends, Interest, etc.)..... 26.36 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) 0.00 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))... 0.00 0.00 19. Total Receipts (add Lines 11(d), 4167895.64 10464054.60 12, 13, 14, 15, 16, 17, and 18(c))....... 20. Total Federal Receipts 4167895.64 (subtract Line 18(c) from Line 19)▶ 10464054.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

_		IL Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Ope	erating Expenditures: Allocated Federal/Non-Federal		
	(a)	Activity (from Schedule H4)		
		(i) Federal Share	0.00	0.00
		(ii) Non-Federal Share	0.00	0.00
	(b)	Other Federal Operating		THE RESERVE AND ADDRESS.
		Expenditures	4792681.87	10046833.86
	(c)	Total Operating Expenditures		4004000000
		(add 21(a)(i), (a)(ii), and (b))▶	4792681.87	10046833.86
22.	-	nsfers to Affiliated/Other Party	0.00	0.00
) 2		nmitteestributions to	0.00	0.00
. J.	Fed	eral Candidates/Committees	400000 00	107977.38
2002	and	Other Political Committees	100000.00	10/9/1.30
24.		ependent Expenditures	0.00	0.00
25	Con	e Schedule E) ordinated Party Expenditures	0.00	0.00
-0.	(2 L	J.S.C. §441a(d))	0.00	0.00
	(use	Schedule F)		0.00
0.0			0.00	0.00
26.	Loa	n Repayments Made	0.00	0.00
		w 1	0.00	0.00
		ns Madeunds of Contributions To:	0.00	
	(a)	Individuals/Persons Other	0.00	0.00
		Than Political Committees	0.00	0.00
	a.v	Delitical Darty Committee	0.00	0.00
	(b)	Political Party Committees	0.00	0.00
	(c)	Other Political Committees	0.00	0.00
		(such as PACs)	3.00	0.00
	(A)	Total Contribution Refunds		
	(d)		0.00	0.00
		(add Lines 28(a), (b), and (c))▶	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
29.	Oth	er Disbursements	0.00	0.00
JJ.	Oul	er Distriction	0.00	0.00
en.	Fod	eral Election Activity (2 U.S.C. §431(20))		
, U.		Allocated Federal Election Activity		
	(4)	(from Schedule H6)		
		(i) Federal Share	0.00	0.00
		N - 272-7		
		(ii) "Levin" Share	0.00	0.00
	(b)	Federal Election Activity Paid Entirely		
	,-,	With Federal Funds	0.00	0.00
	(c)	Total Federal Election Activity (add		
	(-)	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
				for the first tent of the firs
1.	Tota	d Disbursements (add Lines 21(c), 22,		
		24, 25, 26, 27, 28(d), 29 and 30(c))	4892681.87	10154811,24
	- ,		4002001.01	1010101124
32.	Tota	al Federal Disbursements		
		otract Line 21(a)(ii) and Line 30(a)(ii)		
		1 Line 31)	4892681.87	10154811.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	2333138.00	7371300.54
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2333138.00	7371300.54
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4792681.87	10046833.86
7. Offsets to Operating Expenditures (from Line 15, page 3)	1834731.28	3092704.97
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2957950.59	6954128.89

Image# 201608319023764298

SCHEDULE D (FEC Form 3X) PAGE 1062 OF 1062 (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 **Excluding Loans** numbered line) **x** 10 NAME OF COMMITTEE (In Full) American Bridge 21st Century A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Credit Card Expenses TD Bank Mailing Address 605 14th St NW City State Zip Code DC Washington 20005-2007 Transaction ID: VQXGA9H6Z42 Outstanding Balance Beginning This Period 27007.07 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 27007.07 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Direct Mail** MailPOW! Mailing Address 779 Shasta St City State Zip Code 95991-4530 CA Yuba City Outstanding Balance Beginning This Period Transaction ID: VQXGA9H6Y15 1645.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 1645.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Outstanding Balance at Close of This Period Payment This Period Amount Incurred This Period 1645.00 1) SUBTOTALS This Period This Page (optional)..... 1645.00 2) TOTALS This Period (last page this line number only)...... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 1645.00 ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

EXHIBIT G

Form 990

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)

OMB No 1545-0047

	Treasury Service	► The organization	may have to use a copy of this ret	um to satisfy sta	ate reporting re	equirements		Inspection		
For the 20	011 calendar y	ear, or tax year begin	ning Jul 1	, 2011, an	d ending	Jun 30		, 2012		
Check if apple	cable C N	ame of organization AME	RICAN BRIDGE 21ST	CENTURY	FOUNDA'	TION D E	nployer (de	ntification Number		
X Address	change D	oing Business As				2	7-527	8038		
Name d	hange N	umber and street (or P O box	if mail is not delivered to street addr)		Room/suite	E Te	E Telephone number			
Initial ret	tum 455	MASSACHUSETT	650	(202) 747-2060						
Termina	ted C	ty, town or country		State ZIF	P code + 4					
X Amende	nd return WAS	HINGTON		DC 2	0001	G Gr	G Gross receipts \$ 2,576,800.			
\Box		ame and address of principal	officer) Is then a group i				
	4574.40	WOODHOUSE 455 MASS	AVE NW #650 WASHINGT	ON DC 2	0001 H(b)) Are all affiliates		Yes		
Tax-exem	-	01(c)(3) X 501(c) (4		947(a)(1) or	527	If 'No,' attach a	iist (see ins	structions)		
Website		EPROJECT.COM		1.7.7.7.7.1) Group exemple	n number	-		
Form of or		orporation Trust	Association Other	L Year	r of Formation	2011		legal domicile DC		
	Summary	inportation 1 1 tout	/ Carrier	12.00	or ronnador	2022	in duite o	riogai connuie DC		
		organization's mission	or most significant activities	THE	AMERICAN	BRIDGE :	21ST C	ENTURY FOUNDAT		
AD' FOU	VOCATES PI UNDATION R R NATION'S	ROGRESSIVE SOI ESEARCHES AND FUTURE AND E	UTIONS TO AMERICATE CONSERVATION THE AMERICATES THE	A'S PUBL IVE POLIC AN PEOPL	IC POLI CIES TH LE ON TH	CY CONC AT WE BE IE RESUL	ERNS. LIEVE IS OF	FURTHER, TH		
2 Che			discontinued its operations of					C.		
		THE RESIDENCE AND ADDRESS OF THE RESIDENCE	ng body (Part VI, line 1a).							
b l		•	of the governing body (Part V					 		
6 Tota		The Approximation of Section (1997) and the S	alendar year 2011 (Part V, lır cessarv)				6			
7a Tota			rt VIII, column (C), line 12				78	 		
			m Form 990-T, line 34							
1383					T	Prior Y		Current Year		
B Con	Inbutions and o	rants (Part VIII, line 1h)				,000.	2,576,80		
9 Proc	_	The second secon	g)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27370700		
			lines 3, 4, and 7d)		All the second second second second					
11 Othe			5, 6d, 8c, 9c, 10c, and 11e)		_					
		and the control of th	nust equal Part.VIII. column (_	891	,000.	2,576,80		
	mounts paid (Part IX,		38	,000.	333,25					
				70						
15 Sala	Benefits paid to or for members (Part IX, column (A), fine 4) Salanes, other compensation, employee benefits (Part IX, column (A), line 55-10) Professional fundamental for (Part IX and Part IX and							567,77		
					202 20 202		,046. 1,237.	246,53		
16a Prof	-16	(D-AIV	nd (D), line 25)	JK.	473		,,,,,,,	210,55		
D TOLE	ai iundraising ex	penses (Part IX, colun	in (e),-line-25)	422,	473.					
			11000024N, U.I	· · · ·			,606.			
			ual Part IX, column (A), line 2	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			,889.			
19 Rev	enue less expe	nses Subtract line 18	from line 12				,111.	898,85		
§					В	leginning of Cu				
				* * * */* · *			,768.	1,296,00		
21 Tota	al liabilities (Part	X, line 26)	******			184	,438.	298,75		
22 Net	assets or fund t	palances Subtract line	21 from line 20			535	,330.	997,24		
art II S	ignature Blo	ock //								
der penalties of	penury, I declare the	than officer) is based on all in	including accompanying schedules and increasion of which preparer has any k	d statements, end nowledge	d to the best of r	my knowledge an		true, correct, and		
	H WALL	des				Date	,			
	Signature of off	EPISA			P	RESIDEN'	r			
ign	. 1	ODHOUSE me and title								
ign lere	BRAD WO	me and title	Preparer's signature	Da	ate	Check	x a	PTIN		
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- - - - - - - - - -	Other program	m services (Descr		ule O)	\$) (Revenue		

Page 3

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

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If Yes, 'complete Schedule I, Parts I and II	21	<u>x</u>	
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 8	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a		v
	complete Schedule K if 'No,'go to line 25	24a		Х
•	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		
25 &	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		х
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's lax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		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? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
DAA		F	000 /	2044

Part V Statements Regarding Other IRS Filings and Tax Compliance	27-3278038		age 5
Check if Schedule O contains a response to any question in this Part V			
Shock if ochequie of contains a response to any question in this Fait V 111111111		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	al 5	163	140
	b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and rep	portable gaming		
(gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	1c		
ments, filed for the calendar year ending with or within the year covered by this return	a 0	ł	
		-	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·		v
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u>x</u>
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	- X - X		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial account.)			х
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		1	
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>x</u>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			_x_
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the solicit any contributions that were not tax deductible?		х	
b If Yes, did the organization include with every solicitation an express statement that such contribution not tax deductible?	ns or gifts were	x	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g services provided to the payor?			1
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Form 8282?			
V	d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			
g If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899		
as required?			
Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceed holdings at any time during the year?	organizations. Did the ss business		
9 Sponsoring organizations maintaining donor advised funds.	7 Pr. 1995 Pr. 1976 1975		
a Did the organization make any taxable distributions under section 4966?	9a	ı	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Infliation fees and capital contributions included on Part VIII, line 12	al		i
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10			
11 Section 501(c)(12) organizations. Enter		- 1	
a Gross income from members or shareholders	al		
b Gross income from other sources (Do not net amounts due or paid to other sources against 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			
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.			
a is the organization licensed to issue qualified health plans in more than one state?		1	
Note. See the instructions for additional information the organization must report on Schedule O			
And the second of the second o			1
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	b		j
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule C) 14b		

Form	990 (2011) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038		P	Page 6
Pa	t VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v, and	for	100
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	n		
	Schedule O. See instructions.			. X
Sac	Check if Schedule O contains a response to any question in this Part VI	• • •		· [A]
Sec	ation A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	-	res	NO
16	If there are material differences in voting rights among members			× 0
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1	b 1	
	Enter the number of voting members included in line 1a, above, who are independent			1
				1
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		х
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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 8	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	_		
	members of the governing body?	7 a		X
1	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
o	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
0	the following			. 9
	The governing body?	8a	Х	
t	Each committee with authority to act on behalf of the governing body?	8 b		X
9	Is there any officer, director or 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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
t	of 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?.	10Ь		
11.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	_
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		79
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х	
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give use		-	
	to conflicts?	12b	Х_	_
•	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
k	of 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		-
17				_
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for nu	blic	
18	inspection Indicate how you make these available. Check all that apply	ioi pu	DIIC	
	Own website Another's website X Upon request	2		
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	le to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	12.0		
	PILAR MARTINEZ 455 MASSACHUSETTS AVE NW#650 WASHINGTON DC 20001 (20	<u>[2]</u>		
BAA	TEEA0106 01/23/12	Form	990 ((2011)

Form 990	(2011)	AMERICAN	BRIDGE	21ST	CENTURY	FOUNDATION	27-5278038	Page 7
Part VII		pensation o pendent Cor		, Direc	tors, Trus	stees, Key Employe	es, Highest Compensated Employees	, and
	Check	if Schedule O c	contains a re	sponse t	o any questio	on in this Part VII		∴□
Section	A. Of	ficers. Direc	tors. Tru	stees.	Key Empl	ovees, and Highest	Compensated Employees	

- - 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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
- 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) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/fustee)						(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	adividi el lesser or director	mahini teochiliani	Offi 🖦	Any amployee	High est commensated employee	Furner	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) DAVID BROCK DIRECTOR	8.00	х						29,277.	0.	0
(2) TED TRIMPA DIRECTOR	0.50	х	L					0.	0.	0
(3) DAVID BENNAHUM DIRECTOR	0.50	х						0.	0.	0
(4) RODELL MOLLINEAU PRESIDENT	8.00			х				43,741.	0.	600
(5) BRADLEY BEYCHOK CAMPAIGN DIRECTOR	8.00			х				36,880.	0.	432
_(6)										
_(T)										
(8)										
(9)										
(10)	-						\Box			
(11)	1									
(12)										
(13)										
(14)				-						

Form 990 (2011) AMERICAN BRIDGE 21ST CENT								TT	27-527803			Page
Part VII Section A. Officers, Directors, Trus	(B) (Average hours officer and a director/trustee)		one i an ee)	(D) Reportable compensation from the organization	(E) Reportable	(F) Estimated amount of oth		i her				
	per waek (deschole e hours for related organi- zations in Sch O)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-21099-MISC)	related organizations (W-2/1099-MISC)	01	from the rganization and relater ganization	on d
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total	Α.				٠.	• •	>	109,898.	0.		1,0	32.
d Total (add lines 1b and 1c)							► elve	109,898. d more than \$100,0	0. 00 of reportable co	mpensa		32.
from the organization											Yes	No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indiv	trustee, Idual	key	emp	oloye	e, a	r hig	hes	t compensated emp	oloyee	. 3		x
For any individual listed on line 1a, is the sum of report the organization and related organizations greater than such individual	\$150.0	1007	If Y	'es' c	moc	olete	Scl	hedule J for		. 4		х
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If Yes, com	pensati	on fr	om a	any i	ınre	lated	org	anization or individ	ual			х
Section B. Independent Contractors 1 Complete this table for your five highest compensated compensation from the organization Report compensation.	indeper	nden	t cor	ntrac	tors	that	rec	eived more than \$1	00,000 of	oor	16	
(A) Name and business address		010	Caic	iidai	Juc		unig	(B)		(C) ensatio	n
The second section of the second section section sections and the second section secti	SHIN	GTO	N	DC	2	00	09	FUNDRAISING			60,8	
		_	_	_								
2 Total number of independent contractors (including but		iled	to th	050	liste	d ab	ove) who received mor	e than	1		
\$100,000 in compensation from the organization >	1	_			_	-						

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Total revenue. See instructions ≥ 2,576,800 .

Form 990 (2011) AMERICAN BRIDGE 21ST CENTURY FOUNDATION
Part IX | Statement of Functional Expenses

27-5278038

Page 10

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)

Do n	Check if Schedule O contains a respect include amounts reported on lines (b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
_	Grants and other assistance to governments		expenses .	Acuerar exheuses	expenses
•	and organizations in the United States See				
_	Part IV, fine 21	333,250.	333,250.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22		10.100		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
•	Compensation of current officers, directors, trustees, and key employees	213,671.	148,674.	8,368.	56,629
	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 salanes and wages	238,322.	207,923.	30,399.	0
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	77,498.	65,317.	8,262.	3,919
	Payroll taxes	38,286.	30,167.	3,483.	4,636
11	Fees for services (non-employees)				
	Management				
	Legal	67,430.	0.	67,430.	0
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	246,537.			246,537
	Investment management fees				
	Other	244,504.	227,981.	16,523.	0
12	Advertising and promotion	9,355.	9,355.	0.	0
	Office expenses	24,302.	225.	24,077.	0
	Information technology	4,827.	3,274.	1,403.	150
	Royalties				
	Occupancy	61,222.	50,921.	6,202.	4,099
	Travel	47,952.	969.	1,237.	45,746
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			2,20,10	
19	Conferences, conventions, and meetings				
20	Interest				10-34-30
21	Payments to affiliates				
22	Depreciation, depletion, and amortization -	5,288.	4,384.	520.	384
	Insurance	3,181.	0.	3,181.	0
	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)				
	FUNDRAISING EXPENSES	60,373.	0.	0.	60,373
b	OTHER ADMINISTRATIVE EXPENSES	1,946.	0.	1,946.	0.
c					
d					
e	All other expenses	1			-1
	Total functional expenses. Add knes 1 through 24e	1,677,944.	1,082,440.	173,031.	422,473
	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	į.			
0	SOP 98-2 (ASC 958-720)				

Form 990 (2011) AMERICAN BRIDGE 21ST CENTURY FOUNDATION
Part X Balance Sheet

27-5278038

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	(A) Beginning of year		(B) End of year
Cash – non-interest-bearing	707,335.	1	910,376
Savings and temporary cash investments		2	
Pledges and grants receivable, net		3	
Accounts receivable, net		4	
Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
		6	
Notes and loans receivable, net		7	
Inventones for sale or use		8	
Prepaid expenses and deferred charges		9	53,125
a Land, buildings, and equipment cost or other basis			
	12 472	40-	200 550
	12,433.		289,550
Constitution of the consti			
		_	
		_	
			40.053
CONTRACTOR CONTRACTOR SERVICE SERVICE S	B10 B60		42,953
		_	1,296,004
· · · · · · · · · · · · · · · · · · ·	155,977.	_	238,756
1915 Marie 1915 1915 1915 1915 1915 1915 1915 191			60,000
The state of the s		21	
highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Secured mortgages and notes payable to unrelated third parties		23	
Unsecured notes and loans payable to unrelated third parties		24	
The state of the s	28,461.	25	
Total llabilities. Add lines 17 through 25	184,438.	26	298,756
Organizations that follow SFAS 117, check here > X and complete lines			
27 through 29 and lines 33 and 34.			
Unrestricted net assets	535,330.	27	997,248
Temporanly restricted net assets		28	
See Control of the Co		29	
lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
		31	
Paid-in or capital surplus, or land, building, or equipment fund			
Paid-in or capital surplus, or land, building, or equipment fund			
Paid-in or capital surplus, or land, building, or equipment fund	535,330.	32	997,248
	Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Linvestments — publicly traded secunities Investments — publicly traded secunities Investments — program-related See Part IV, line 11 Intangible assets Other assets See Part IV, line 11 Intangible assets Other assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here Imporantly restricted net assets. Temporantly restricted net assets. Permanently restricted net assets. Permanently restricted net assets. Permanently restricted net assets.	Cash — non-interest-bearing . 707, 335 . Savings and temporary cash investments . 707, 335 . Pledges and grants receivable, net	Cash — non-interest-bearing. 707, 335. 1 Savings and temporary cash investments 2 Pledges and grants receivable, net

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	-5278038		Pa	ge 12
Part XI Reconciliation of Net Assets				_
Check if Schedule O contains a response to any question in this Part XI			• • •	. X
4. Tabel assessed from the serial Book (III) askessed (A), box 42)	1 . 1	2 57		00
1 Total revenue (must equal Part VIII, column (A), line 12)	1-1-	2,57		
2 Total expenses (must equal Part IX, column (A), line 25)		1,67		
3 Revenue less expenses Subtract line 2 from line 1			8,8	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).			5,3	
5 Other changes in net assets or fund balances (explain in Schedule O)	. 5	-43	6,9	38.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (β)).	. 6	99	7,2	48.
Part XII Financial Statements and Reporting				/41===D
Check if Schedule O contains a response to any question in this Part XII				٠П
			Yes	No
1 Accounting method used to prepare the Form 990			1	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	11-57		1	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b Were the organization's financial statements audited by an independent accountant?		2b	х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aureview, or compilation of its financial statements and selection of an independent accountant?	dıt,	2 c	x	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued or separate basis, consolidated basis, or both	a			
X Separate basis Consolidated basis Both consolidated and separate basis	1	1	ł	
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	9 	3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 Ь		
BAA		Form	990 (2	2011)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2011 ► Complete if the organization is described below.

Open to Public

OMB No 1545-0047

Internal Revenue Service	Attach to Form 990 or Form 990-EZ.	See separate instr	ructions.	Inspection
_	es,' to Form 990, Part IV, line 3, or Form 990-		olitical Campaign Activ	ities), then
	ns Complete Parts I-A and B Do not complete			
	ection 501(c)(3)) organizations: Complete Parts I	-A and C below Do no	t complete Part I-B	
Section 527 organizations C				
	'es,' to Form 990, Part IV, line 4, or Form 990			
The state of the s	ns that have filed Form 5768 (election under se	, ,,	er and total and the second and the	
Part II-A	ns that have NOT filed Form 5768 (election und		20 - 124-70, 54 145 145 157 157 157 157 157 157 157 157 157 15	Palacement ■ Bay on Proceed
 Section 501(c)(4), (5), or (6) 	es,' to Form 990, Part IV, line 5 (Proxy Tax) o organizations Complete Part III	r Form 990-EZ, Part \	/, line 35a (Proxy Tax),	then
Name of organization			Employer identifica	
	T CENTURY FOUNDATION		27-527803	
	organization is exempt under secti			zation.
The state of the s	organization's direct and indirect political camp			
and the second s			The state of the s	5,089.
	** *** * * * * * * * * * * * * * * * *			0
Part I-B Complete if the	organization is exempt under secti	on 501(c)(3).		
The second of the second secon	cise tax incurred by the organization under sect			
	cise tax incurred by organization managers und			
3 If the organization incurred	a section 4955 tax, did it file Form 4720 for this	year?		· · · Yes No
4 a Was a correction made? .	* * * * * * * * * * * * * * * * * * * *		******	. Yes No
b If 'Yes,' describe in Part IV	000			
Part I-C Complete if the	organization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	
7.50	expended by the filing organization for section 52			5,089.
	ng organization's funds contributed to other orga			0.
	nditures Add lines 1 and 2 Enter here and on f			5,089.
	le Form 1120-POL for this year?			
5 Enter the names, addresse organization made paymen amount of political contribute	s and employer identification number (EIN) of all ts. For each organization listed, enter the amou lions received that were promptly and directly de al action committee (PAC). If additional space is	I section 527 political on the paid from the filing of divered to a separate p	organizations to which the organization's funds Also political organization, suc	e filing enter the
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
BAA For Paperwork Reduction Act I	Notice, see the Instructions for Form 990 or 990-EZ.		Schedule C (Fo	rm 990 or 990-EZ) 2011

Part II-A Complete if the section 501(h	ne organizat	ion is exempt under se		27-527 d filed Form 5768 (e	
	_	ongs to an affiliated group (and share of excess lobbying ex		ated group member's nam	ne,
B Check ► I if the filing	organization che	ecked box A and 'limited contro	' provisions apply		
(The term 'e		bying Expenditures eans amounts paid or incum	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure:	s to influence pu	blic opinion (grass roots lobbyi	ng)		
		egislative body (direct lobbying			
c Total lobbying expenditures	s (add lines 1a a	and 1b)			
d Other exempt purpose exp	enditures				
e Total exempt purpose expe	enditures (add lir	nes 1c and 1d)			
f Lobbying nontaxable amou	int Enter the am	nount from the following table in			
If the amount on line 1e, colum	ın (a) or (b) is	The lobbying nontaxable a	mount is		
Not over \$500,000	., .,	20% of the amount on tine 1e		1	
Over \$500,000 but not over \$1,00	00.000	\$100,000 plus 15% of the excess	over \$500,000	1	
Over \$1,000,000 but not over \$1,		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$1		\$225,000 plus 5% of the excess of			
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable amo	ount (enter 25%	of line 1f)			
=		, enter -0			
Subtract line 1f from line 1c				-	
j If there is an amount other section 4911 tax for this ye	than zero on eitl	her line 1h or line 1i, did the org	ganization file Form 472	0 reporting	Yes No
(Some	organizations t colur	4-Year Averaging Period U hat made a section 501(h) ele nns below. See the instruction	nder Section 501(h) ection do not have to c ons for lines 2a throug	complete all of the five h 2f.)	
	Lo	bbying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures			404		
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					
f Grassroots lobbying expenditures			- 7	21.11.27	200 000 57) 504

Schedule C (Form 990 or 990-EZ) 2011 AMERICAN BRIDGE 21ST CENTURY FOUNDATION		-5278	
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d Forn	n 5768
5 - A Maria A	(a)	(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	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			
a 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?			
J Total Add lines 1c through 1i		_	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b if 'Yes,' enter the amount of any tax incurred under section 4912		_	
c if 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)	, or	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			. 1
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carry over lobbying and political expenditures from the pnor year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	(c)(5) R (b)	, or se Part I	ection II-A, line 3, is
1 Dues, assessments and similar amounts from members		1	11-14-01
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year		2a	
b Carryover from last year		2 Ь	
c Total		2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information			
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A; a Also, complete this part for any additional information			
Pt I-A Line 1 THE ORGANIZATION PAID FOR A NEWSPAPER ADVERTISEMENT	:		
	h a dada	C /F	- 000 000 E7\ 2014

Schedule C (Form 990 or 990-EZ) 2011 AMERICAN BRIDGE 21ST CENTURY FOUNDATION Part IV Supplemental Information (continued)	27-5278038	Page 4
Part IV Supplemental Information (continued)		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) . . . Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Part II Conservation Easements, Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held 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 Tax Year 2h c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items: 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 SFAS 116 (ASC 958) relating to these items

. . . ▶\$

Schedule D (Form 990) 2011 AMER:	ICAN BRIDG	SE 21ST CENTU	RY FOUNDATION	27-527	8038		Page 2
Part III Organizations Mainta	ining Collec	ctions of Art, His	storical Treasures,	or Other Similar Ass	ets (co	ntinu	ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, ar	nd other records, chec	ck any of the following tha	t are a significant use of its	s collection	n	
a Public exhibition		d 🔲 Loa	n or exchange programs				
b Scholarly research		e [Oth	er				
c Preservation for future genera	tions						
4 Provide a description of the organi Part XIV	zation's collecti	ons and explain how t	they further the organization	on's exempt purpose in			
5 During the year, did the organization assets to be sold to raise funds rate	ther than to be r	naintained as part of I	the organization's collection	on?	Yes		No
Part IV Escrow and Custodia line 9, or reported an a	Mount on Fo	ents. Complete it irm 990, Part X, li	the organization and the 21.	swered 'Yes' to Form	990, Pa	irt IV,	Ġ.
1 a Is the organization an agent, truste included on Form 990, Part X?	ee, custodian, o	r other intermediary fo	or contributions or other as	ssets not	Yes	Γ	No
b if 'Yes,' explain the arrangement in	Part XIV and o	omplete the following	table			_	
		_		11-11-11-11-11-11-11-11-11-11-11-11-11-	Amount		
c Beginning balance				1c			
d Additions during the year				1d			
e Distributions during the year				18			
f Ending balance				1f			
2 a Did the organization include an arr					Yes		No
b If 'Yes,' explain the arrangement in							-
Part V Endowment Funds. Co	omplete if the	organization and	swered 'Yes' to Form	990, Part IV, line 10	•		
	(a) Current ye				_	ur years	back
1 a Beginning of year balance							
b Contributions		0					
c Net investment earnings, gains, and losses							
d Grants or scholarships					1		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current v	ear end balance (line	1g. column (a)) held as				
a Board designated or quasi-endowr		*	·				
b Permanent endowment	*						
c Temporarily restricted endowment	•	*					
The percentages in lines 2a, 2b, a	nd 2c should ed	ual 100%					
3 a Are there endowment funds not in	the reserve	of the executation th	et are hold and administra	and for the			
organization by	the possession	or the organization to	iat are neid and administe	ied for die	[7	Yes	No
(i) unrelated organizations					. 3a(ı)		
(ii) related organizations					. 3a(ii)		
b if 'Yes' to 3a(ii), are the related org	anizations lister	d as required on Sche	edule R?		. 3b		
4 Describe in Part XIV the intended							
Part VI Land, Buildings, and							- 00
Description of property		(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Bo	ook val	lue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment			20,362.	5,869.		14.	493.
e Other	-		275,057.				057.
otal. Add lines 1a through 1e (Column		Form 990 Part Y co					550.
AA	Toy most oquar	, r an x, uo	ionin (D), into To(o) / · ·		dule D (Fo	_	
				SCHOOL	ふいに ピ げじ	# HI 33	U) 20

Schedule D (Form 990) 2011 AMERICAN BRIDG Part VII Investments — Other Securities.		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(0,700	Cost or end-of-year market value
(1) Financial derivatives		THE RESERVE TO THE PARTY OF THE
(2) Closely-held equity interests	-	The second second
(3) Other		
(A)		
(B)		7.7
(D)		
(E)		
(F)		
(G)		
(H)		
JQ		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)		
Part VIII Investments - Program Related.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		7,50
(2)		
(3)		
(4)		
(5)		
(6)		- W-15
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13 Part IX Other Assets. See Form 990, Part	X line 15	
	a) Description	(b) Book value
(1)		
(2)	* 41 COMP - 10 C	
(3)		
(4)	in the second se	
_(5)		
(6)		~ · · · · · · · · · · · · · · · · · · ·
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15)	
Part X Other Liabilities. See Form 990, P		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)		

76,800. 77,944. 98,856. 98,856. 76,800.
98,856. 98,856. 98,856. 76,800.
98,856. 98,856. 76,800.
98,856. 76,800.
76,800. 76,800.
76,800.
76,800.
6,800.
76,800.
6,800.
6,800.
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77,944.
77,944.
7,944.
77,944.
1,744.
<u>n.</u>
<u>M</u>
<u>M</u>
<u>M</u>

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Schedule D (Form 990) 2011 Part XIV Supplementa	AMERICAN BI	RIDGE 21ST C	ENTURY FOUND	ATION	27-5278038	Page 5
Part XIV Supplementa	Information (continued)				
~						
						

BAA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name o	Name of the organization Employer identification number							
AME	AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038							
Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part								
1								
а	Mail solicitations			е	Solicitation of non-gi	ovemme	ent grants	
b	X Internet and email solicitations			f	Solicitation of govern	nment gi	rants	
c	X Phone solicitations			g	Special fundraising of	_		
d	X In-person solicitations			-,				
2a	Did the organization have a written employees listed in Form 990, Part	or oral agreemer VII) or entity in o	nt with any onnection	individual (with profess	including officers, directorsional fundraising service	ors, trus es?	tees or key	X Yes No
b	If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	viduals or entities organization	(fundrais	ers) pursua	nt to agreements under	which th	e fundraiser is to	be
(1)	Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	(Iv) Gross receipts from activity	(v) Ar (or i	mount paid to retained by)	(vi) Amount paid to (or retained by)
	of contributions?					aiser listed in olumn (i)	organization	
			Yes	No				
		1)		1	
1	BONNER GROUP INC	FUNDRAISING		x	2,576,800.		246,537.	2,330,263.
_	Zorii Ziro	1.01.01.101.10			2/3:0/3001		210,0071	2,000,200.
3								
4								
5								
6								
7								
8								
9								
10								
Total					2,576,800.		246,537.	2,330,263.
3	List all states in which the organizat or licensing					notified		
544	California							
	Colorado							
	Florida							
	Massachusetts							
	Now York							
	Virginia							
15								
3.								
- 12								

		List events with gross receipts great	ter than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
RE			(event type)	(event type)	(total number)	unough column (c))
REVENUE	1	Gross receipts				
Ĕ	2	Less Chantable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
0 1 0	6	Rent/facility costs				
DIRECT	1	Food and beverages				
	′					
EXPERSES	8	Entertainment				
SES	9	Other direct expenses				1
		Direct expense summary Add lines 4 throu				
-	11	Net income summary Combine line 3, colu	mn (d), and line 10 .			<u> </u>
Pa	T 111	Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a.	ion answered Yes	to Form 990, Part IV	, line 19, or reporte	ed more than
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming
GE>#ZJE			(a) Bingo	bingo/progressive bingo	(e) Calci gaming	(add column (a) through column (c))
E					*	anough delamin (-)/
Ē	1	Gross revenue	1		1	
	-	Ologgic terring				
_	1	CIOSS TOTOLIUS T. T. T. T. T. T. T. T. T. T. T. T. T.				ř
E	2	Cash pnzes				
EXP	2					
EXPENSE	2 3	Cash pnzes				
EXPENSES	3 4	Cash pnzes				
EXPENSES	3	Cash pnzes				
EXPENSES	3 4 5	Cash pnzes	Yes%	Yes%	Yes %	
EXPENSES	3 4 5	Cash pnzes	No	No	No	
EXPENSES	3 4 5	Cash pnzes	gh 5 in column (d)	No	No No	
EXPENSES	3 4 5	Cash pnzes	gh 5 in column (d)	No	No No	
EXPENSES 9	3 4 5 6 7 8	Cash pnzes	gh 5 in column (d) es 1, column (d) and lin	No	No No	
9	3 4 5 6 7 8 Ente	Cash pnzes	No gh 5 in column (d) es 1, column (d) and lin ates gaming activities	No	No No	
9	3 4 5 6 7 8 Enter	Cash pnzes	No gh 5 in column (d) es 1, column (d) and lin ates gaming activities ctivities in each of thes	No	No P	. Yes No
9	3 4 5 6 7 8 Enter	Cash pnzes	No gh 5 in column (d) es 1, column (d) and lin ates gaming activities ctivities in each of thes	ne 7	No P	. Yes No
9	3 4 5 6 7 8 Ente	Cash pnzes Non-cash pnzes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through the gaming income summary Combine line er the state(s) in which the organization operate organization licensed to operate gaming and o, explain.	No gh 5 in column (d) es 1, column (d) and lin ates garning activities ctivities in each of thes	No ne 7	No P	. Yes No
9	3 4 5 6 7 8 Enter 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cash pnzes Non-cash pnzes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add lines 2 through the state(s) in which the organization operate organization licensed to operate garming and o, explain: The any of the organization's gaming licenses in the companion of the organization of the organization of the organization's gaming licenses in the companion of the organization of the organization's gaming licenses in the companion of the organization of the	No gh 5 in column (d) es 1, column (d) and lir ates garning activities ctivities in each of thes	No ne 7	No P	Yes No

	dule G (Form 990 or 990-EZ) 2011 AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Pag	e 3
11	Does the organization operate gaming activities with nonmembers?)
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer chantable gaming?	>
13	Indicate the percentage of gaming activity operated in	
		ક
		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name >	_
	Address •	
15 a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
t	If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the amount	
	of gaming revenue retained by the third party > \$	
•	If 'Yes,' enter name and address of the third party	
	Name ►	
	Address ►	
16	Gaming manager information	
	Name >	
	Gaming manager compensation \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the	
	state gaming license?	ı
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year.	
Par		_
_		_
		_
_		-
		_
		_
		_
_		_
_		_
		_
BAA	TEEA3703 05/20/11 Schedule G (Form 990 or 990-EZ) 20	111

SCHEDULE I (Form 990)

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

2011

Department of the Treasury Internal Revenue Service Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Open to Public inspection

Name of the organization						Employer identifi	cation number
AMERICAN BRIDGE 21ST CENTU						27-52780	38
Part I General Information on G	rants and Assis	stance					
 Does the organization maintain records the selection criteria used to award the 	s to substantiate the grants or assistance	amount of the grants	or assistance, the grantee	s' eligibility for the gran	ts or assistance, and		X Yes No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assista							
Form 990, Part IV, line 21 f)U.
Part II can be duplicated if a			1			· · · · · ·	···· • • • • • • • • • • • • • • • • •
1 (a) 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
(1) PROGRESSNOW 1600 UNIVERSITY AVE W							
ST PAUL MN 55104	20-8720230	501(c)(4)	293,250.				COMMUNICATIONS
(2) NAT'L COUNCIL OF LA RAZA 1126 16TH ST NW #600 WASHINGTON DC 20036	86-0212873	501(C)(4)	40.000.				PROGRAM
(3)							
(4)							
(E)			1				
(6)					<u> </u>		
(7)							
(8)							
2 Enter total number of section 501(c)(3)	and government are	Sanzakone katad in th	ne line 1 table		L		
3 Enter total number of other organization				M 10/12 126 21 1			
BAA For Paperwork Reduction Act Notice				TEEA3901			dule I (Form 990) (2011)

Schedule I (Form 990) (2011) AMERICAN BRII	OGE 21ST CENTU	RY FOUNDATION			-5278038	Page 2
Part III . Grants and Other Assistance to Part III can be duplicated if addition	Individuals in the nal space is neede	United States. Co	omplete if the organi	zation answered 'Yes' to	Form 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1						
2						
3			-			
4						
5					1X.	
6						
7		1				
Part IV Supplemental Information. Comp	plete this part to pr	ovide the information	on required in Part I,	line 2, and any other add	ditional information	
				IRE THAT PROGRAMS A	ND	
ACTIVITY. ORG	ANIZATION REP	RESENTATIVES K	EEP IN REGULAR	CONTACT WITH		
GRANTEES TO EN	SURE THAT GRA	NT_FUNDS_ARE_B	EING USED TO FU	IRTHER COMMON		
OBJECTIVES.						
BAA					Schedule I (Form 990	(2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

AMERICAN BRIDGE 2	1ST CENTURY FOUNDATION	27-5278038
Pt VI, Line 8b	THE ORGANIZATION HAS NO SEPARATE COMMITTEES WITH	AUTHORITY
	TO ACT ON BEHALF OF THE GOVERNING BODY.	
Pt_VI, Line 11a_	THE ORGANIZATION'S MANAGAMENT AND LEGAL COUNSEL	REVIEW FORM
	990 PRIOR TO ITS SUBMISSION WITH THE IRS.	
Pt VI, Line 12c	THE CONFLICT OF INTEREST POLICY IS REQUIRED TO	BE DISTRIBUTED
	TO EACH OFFICER AND DIRECTOR. THE CONFLICT OF	INTEREST POLICY
	REQUIRES DISCLOSURE OF ANY POTENTIAL CONFLICT OF	INTEREST.
	IF SUCH DISCLOSURE IS MADE, THE BOARD OF DIRECTO	ORS INVESTIGATES
	TO DETERMINE IF A CONFLICT OF INTEREST EXISTS.	THE INDIVIDUAL
	HAVING THE POTENTIAL CONFLICT OF INTEREST IS EXC	CLUDED FROM
	THESE PROCEEDINGS.	
Pt_VI, Line 19	THE ORGANIZATION MAKES AVAILABLE FOR INSPECTION	AND COPYING
	ALL DOCUMENTS REQUIRED TO BE MADE PUBLICLY AVAIL	ABLE.
Pt_XI	LINE 5: OTHER CHANGES IN NET ASSETS:	
	RECORD PRIOR YEAR GRANT PAYABLE (40	00,000)
	RECORD PRIOR YEAR ACCOUNT PAYABLE	36,938)
	TOTAL OTHER CHANGES IN NET ASSETS (43	66,938)
	DURING THE JUNE 30, 2011 FISCAL YEAR, THE FO	DUNDATION REPORTED
	\$400,000 OF CONTRIBUTION INCOME FROM A DONOR WHO	HAD SPECIFIED
	THAT THE FUNDS WERE TO BE DISTRIBUTED TO OTHER O	ORGANIZATIONS
	IN ACCORDANCE WITH THE DONOR'S INSTRUCTIONS. THE	E FOUNDATION
	HAD NO VARIANCE POWER OVER THE FUNDS AND, THERE	FORE, SHOULD
	NOT HAVE RECORDED THE \$400,000 AS CONTRIBUTION	NCOME.
	THE \$400,000 SHOULD HAVE BEEN RECORDED AS GRANTS	PAYABLE.
	\$36,938 PAID DURING THE JUNE 30, 2012 FISCAL	YEAR FOR PROFESSIONAL
	FUNDRAISING SERVICES SHOULD HAVE BEEN PECOPDED A	S AN EXPENSE AND

Schedule O (Form 990 or 9	90-EZ) 2011	Page 2
Name of the organization	21ST CENTURY FOUNDATION	Employer identification number 27 - 52 78 03 8
AMERICAN BRIDGE	ZISI CENTURI FOUNDATION	127 3270030
	CORRESPONDING LIABILITY FOR THE JUNE 30, 2011 F	ISCAL YEAR.
COST SHARING	THE ORGANIZATION HAS ENTERED INTO A COST SHARIN	G AGREEMENT
ARRANGEMENT	WITH AMERICAN BRIDGE 21ST CENTURY, AN AFFILIATE	0 527
	ORGANIZATION, TO SHARE EMPLOYEES VIA A COMMON P	AYMASTER
	ARRANGEMENT, OFFICE SPACE AND OTHER RESOURCES.	
AMENDED RETURN	FORM 990 IS BEING AMENDED TO REFLECT THE FOLLOW	ING ADJUSTMENTS
	RESULTING FROM THE ISSUANCE OF FINAL AUDITED FI	NANCIAL STATEMENTS
	FOR THE JUNE 30, 2012 FISCAL YEAR:	
	RECORD JUNE 30, 2011 ACCOUNT PAYABLE	(36, 938)
	REDUCE JUNE 30, 2012 PREPAID EXPENSES	(33,813)
	REDUCE JUNE 30, 2012 ACCOUNTS PAYABLE	(81,250)
	REDUCE JUNE 30, 2012 GRANT EXPENSE/PAYABLE (140,000)
	THE FORM 990 PARTS AND SCHEDULES THAT HAVE BEEN	AMENDED ARE:
	PARTS I, III, IX, X, XI AND SCHEDULES C, D, G,	<u>I, 0.</u>
	THE OFFICE ADDRESS AND CONTACT INFORMATION HAS	ALSO BEEN UPDATED.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2011

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Name of the organization

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

Employer identification number

27-5278038

Rart 1 Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

Name, address, and EIN of disregarded entity	Primary ac	tivity Legal don or foreign	nicile (state n country)	Total income End	-of-year assets D	rect contro entity	
(1)							
(2)							
(3)							
Part II Identification of Related Tax-Exempt One or more related tax-exempt organization (a) Name, address, and EIN of related organization	rganizations (Complete tions during the tax year. (b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	' to Form 990, Part I' (e) Public charity status (if section 501(c)(3))		Sec 51	(g) 12(b)(13) ed entity
(1) AMERICAN INDEPENDENT NEWS NETWORK 1825 CONNECTICUT AVE NW #605						Yes	No
WASHINGTON, DC 20009 33-1137541	NEWS INVESTIGATION & DISSEMINATION	DC	501 (C) (3)	LINE 7	N/A		l x
(2)							
(3)							
<u> </u>							\vdash

AMERICAN BRI	DGE 215	T CENTURY F	OUNDATION						27-52	7803	8	Page 2
f Related Organ	nizations	Taxable as a F	Partnership (Cor	mplete if the org	anization answ	ered 'Y	'es' to	Form 9	90, Par	t IV, li	ne 34	
(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	Dispi	opor- nate itions?	amoun 20 of S	t in box chedule -1	Gene mana parti	ral or iging ner?	(k) Percentage ownership
										3		
it had one or m	ore related	organizations	treated as a corp	poration or trust	during the tax	/ear)			to Form		Part	
N of related organiz	ation	Primary activit	Legal domicile (state or foreign country)		Type of entity (C corp, S corp, or trust)	Share o	of lotal i	ncome		end-of	-year	(h) Percentage ownership
		-							-			
		-				v						
			TEEA5002 0	5/24/11					Sc	hedule	R (For	n 990) 201°
1 2	f Related Orga ne or more rela (b) Primary activity f Related Orga it had one or m a) N of related organiz	f Related Organizations one or more related organications (b) Primary activity f Related Organizations it had one or more related a) N of related organization	f Related Organizations Taxable as a Fine or more related organizations treated (b) Primary activity Primary activity f Related Organizations Taxable as a (it had one or more related organizations a) Nof related organization Taxable as a (it had one or more related organizations (b) Primary activity	reactivity (b) (c) Legal domicile (state or foreign country) f Related Organizations Taxable as a Corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations treated as a corporation or 1 it had one or more related organizations.	F Related Organizations Taxable as a Partnership (Complete if the organization or more related organizations treated as a partnership during the tax of the primary activity (a) (b) (c) (c) (c) (d) (c) (d) (c) (c) (d) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	f Related Organizations Taxable as a Partnership (Complete if the organization answers or more related organizations treated as a partnership during the tax year.) (c) Primary activity Complete FRelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yene or more related organizations treated as a partnership during the tax year.) (b) Chorect (state or foreign country) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRelated Organizations Taxable as a Corporation or Trust (Complete if the organization assets) FRELATED TOTAL STATES TOTAL	FRelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to me or more related organizations treated as a partnership during the tax year.) (e) Priedminant (e) Predominant (e) Share of total income (enter assets) (g) Share of total income (enter assets) (e) Predominant (e) Share of total income (enter assets) (e) Share of to	FRelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form Some or more related organizations treated as a partnership during the tax year.) Primary activity Complete if the organization answered 'Yes' to Form Some or more related organizations treated as a partnership during the tax year.) Primary activity Complete if the organization answered 'Yes' to Form Some or more related organizations treated as a corporation or Trust (Complete if the organization answered 'Yes' it had one or more related organizations treated as a corporation or trust during the tax year.) A of related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' it had one or more related organizations treated as a corporation or trust during the tax year.) A of related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' it had one or more related organizations treated as a corporation or trust during the tax year.) A of related Organizations Primary activity Primary activity Legal domoid (state or foreign country) Complete if the organization answered 'Yes' it had one or more related organizations treated as a corporation or trust during the tax year.) A of related Organizations Primary activity Legal domoid (state or foreign country) Complete if the organization answered 'Yes' it had one or more related organizations treated as a corporation or trust during the tax year.) A of related Organizations Primary activity Legal domoid (state or foreign country) Complete if the organization answered 'Yes' it had one or more related organizations Primary activity Primary activity Complete if the organization Primary activity Primary activi	FRelated Organizations Taxable as a Partnership (Complete if the organization answered Yes' to Form 990, Partner or more related organizations treated as a partnership during the tax year.) Complete Compl	f Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, If the organization answered 'Yes' to Form 990, P	Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 me or more related organizations treated as a partnership during the tax year.)	

Part V	Fransactions With Related Organizations	(Complete if the organization answered	'Yes' to Form 990	, Part IV, line 34, 35	5, 35a, 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 related org	ganizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1 a		X
b Gift, grant, or capital contribution to related organization(s)		1 b		X
c Gift, grant, or capital contribution from related organization(s)	errenen e e e e e e e e e e e e e e e e	1c		X
d Loans or loan guarantees to or for related organization(s)		1 d		X
e Loans or loan guarantees by related organization(s)		1 e		X
f Sale of assets to related organization(s)		11		x
g Purchase of assets from related organization(s)		1 g		Х
h Exchange of assets with related organization(s)		1h		X
I Lease of facilities, equipment, or other assets to related organization(s)				Х
J Lease of facilities, equipment, or other assets from related organization(s)		11		x
k Performance of services or membership or fundraising solicitations for related organization(s)				X
I Performance of services or membership or fundraising solicitations by related organization(s)				х
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				Х
n Sharing of paid employees with related organization(s)				х
o Reimbursement paid to related organization(s) for expenses	V P V T V P T T T T T T T T T T T T T T	10		·x
				x
q Other transfer of cash or property to related organization(s)		1q		x
r Other transfer of cash or property from related organization(s)		1r		X
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, in	cluding covered relationships and transaction thresholds			
(a)	(b) (c)	(d)	
(a) Name of other organization	Transaction Amount involved Me	thod of amount	detern	nınıng ed
(2)				
(3)				
_(4)				
(5)				
(6)				
BAA TEEA5003 05/24/11	Schedule	R (For	m 990) 201

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(related, unre- lated, excluded from tax under	501(organiz	partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	Dispr	h) ropor- nate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	
(2)													
						-							
						. 100							
						15. (0. 3.74)							

Part VII	Supplemental Information Complete this part to provide additional information for responses to questions of	n Schedule R	Page 5
	Complete this part to provide additional information for responses to questions o (see instructions).		
~			

TEEA5005 05/25/11

Schedule R (Form 990) 2011

AMERICAN BRIDGE 21ST CENTURY FOUNDATION

27-5278038

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

FOUNDATION RESEARCHES AND REFUTES CONSERVATIVE POLICIES THAT WE BELIEVE WOULD UNDERMINE OUR NATION'S FUTURE AND EDUCATES THE AMERICAN PEOPLE ON THE RESULTS OF THOSE FINDINGS

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

California	11
Colorado	
Florida	
Massachusetts	
New York	
Virginia	

EXHIBIT H

Form **990**

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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Inte	nal Re	venue Service	► ⊺	he organization	may have to	use a copy of th	is return to satisfy	state reporti	ng requirem	ents.		Inspecti	on
A	For	the 2011 cald	endar year, or tax	year beginn	ing Mar	2	, 2011,	and endin	g Jun	30		2011	
В	Check	if applicable	C Name of organi	zation AMEI	RICAN B	RIDGE 21	ST CENTUR	Y FOUN	DATION	D Employ	er Identif	Ication Number	,
		Address change	Doing Business							D\$256 111	52780	38	
		Name change		reet (or PO box	if mail is not de	hvered to street a	ıddr)	Room/s	uite	E Telepho			
		ndraf return	700 13TH					600		tarraneous		4-1747	
			City, town or co				State	ZIP code + 4		1202	2/ 05	9-1/4/	
	-	Terminated		200									
		Amended return	WASHINGTO	-			DC	20005				891,0	
	U'	Application pendin	The second secon							a group return		657	es X No
-			BRADLEY BEYCH	_		00 WASHI		20005		affiliates inclui attach a list (i		ctions) UY	es No
1	Tax	x-exempt status	501(c)(3)	X 501(c) (4) (insert no)	4947(a)(1) or	527		•		,	
3	We	ebsite: > N	/A						H(c) Group	exemption nur	mber -		
K	For	m of organization	X Corporation	Trust	Association	Other >	LY	ear of Formati	on 201	1 Ms	tate of leg	al domicile I	DC
Pa	art I	Summ	ary										
_	1		ribe the organizati	on's mission	or most sig	nıficant activi	ties: TH	E PRIMA	ARY MI	SSION (OF AM	ERICAN	BRIDGE
			NTURY FOUNI										
Š	1		NS TO AMER										
Ë	1		AND THE NAT										
IL ctivities & Governance	2		oox > If the								sets.		
Ŏ	3		roting members of										3
9	4	Number of i	ndependent voting	members of	the govern	ing body (Pa	art VI, line 1b)				4		2
뾽	5	Total numb	er of individuals en	nployed in ca	ilendar year	2011 (Part	V, line 2a)				5		0
₩	6	Total numb	er of volunteers (e:	stimate if nec	essary)						6		0
ZN AG			ted business reve								7 a		
<u>. </u>	t	Net unrelate	d business taxabl	e income froi	m Form 990	0-T, line 34 .					7 b		
4									P	rlor Year		Current	Year
P 6	8	Contribution	s and grants (Part	t VIII, line 1h))							89	1,000.
Revenue	9	Program se	rvice revenue (Par	rt VIII, line 2g)		• • • • • • • •						
2 ۾	10	Investment	ncome (Part VIII,	column (A), i	ines 3, 4, a	nd 7d)							
	11		ue (Part VIII, colui										
<u> </u>	12		ue – add lines 8 th									89	1,000.
Ses.	13	Grants and	similar amounts pa	aid (Part IX, o	column (A),	lines 1-3) .			,			3	8,000.
3	14	Benefits pai	d to or for member	rs (Part IX, o	olumn (A), I	ine 4)							
\$	15	Salanes, ot	ner compensation,	employee be	enefits (Par	t IX, column	(A), lines 5-10))	(d)			2	7,046.
Expenses	162		I fundraising fees		-								4,237.
Ë	l .		_										1/2011
ă			Ising expenses (P					8,924.			-		
	17		ises (Part IX, colu	2.00									6,387.
	18	Total expen	ses Add lines 13-	17 (must equ	ial Part IX,	column (A), li	ine 25)				_	35	5,670.
_	19	Revenue le	ss expenses. Subt	tract line 18 f	rom line 12							53	5,330.
8									Beginnin	g of Curren	t Year	End of	Year
Assats (Belance	20	Total assets	(Part X, line 16)	· · · · · · · · · · · · ·			-	٠ . وتحاسمت				71	9,768.
50	21	Total habiliti	es (Part X, line 26)			CEIVED					18	4,438.
žž	22	Net assets	or fund balances. S	Subtract line	21 from line	20		- Jol				53	5,330.
Pa	art II	Signate	ıre Block			×21	์ขา 11 อลาอ	192					
Und	or pena	ities of penury, I d	eclare that have exami arer (other than officer)	ined this return, ii	ncluding accor	Danying schedul	es and statements,	and to the bes	t of my know	ledge and beh	ef, it is tru	e, correct, and	
com	plete D	Declaration of prep	arer (other than officer)	is based on all in	formation of wh	ich preparer has	any knowledge	* A	-				
	- 10	D 1	J. Mill			7.			0	5/15/1	2		
Sig	an	Signi	ture of officer						Da	ite			
He	re	▶ BR	ADLEY BEYCH	юк					CAMPA	AIGN DI	RECT	OR	
			or print name and title										
1		Print/Type	preparer's name		Preparer's sig	nature		Date		Check X	1 F	TIN	
Pa	101		HEINITZ		MARK HI	RINITZ		05/15/	12	self-employe	- 6	0006121	9
70.00	ıa epar			HEINITZ,				100/10/	-	Son uniploye	- 15	3000121	
	e Oi	alse I		BURWELL						Comin City	F4	17/17/0	
		Firm's add	-	The state of the s	01		WA 2215	0				1741749	
· ·		IDC diament		GFIELD		lana mata	VA 2215		Name of the	Phone no	(703	Course -	lament.
wa	y ine	IND DISCUSS D	his return with the	preparer sno	wn above?	lane instinc	uons)					X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/05/11

13 Form 990 (2011)

-	4 e	a Total program service expenses ► 108,178.		For	m gan	(2011)
-					_1	
	40					
-	4	1 Other program services. (Describe in Schedule O.)				
	4 c	c (Code) (Expenses \$ including grants of \$) (Re	evenue \$_			—)
-	-				_	
	4 b	o (Code:) (Expenses \$ including grants of \$) (Re	evenue \$_)
_						
		PEOPLE AND THE NATION'S LEADERS ON PROGRESSIVE IDEAS.	- -			
		AMERICA'S PUBLIC POLICY CONCERNS, AND WORKED TO EDUCATE THE AMERI	CAN			
		THE ORGANIZATION ADVOCATED AND RESEARCHED PROGRESSIVE SOLUTIONS T				
	4 a	a (Code:) (Expenses \$ 108,178. including grants of \$ 38,000.) (Re				0.)
_						
		Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	or grants and	allocation	s to	
	4		s measured t	y expens	es.	
	~	If 'Yes,' describe these changes on Schedule O.			لت	
	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	\mathbf{x}	No
		If 'Yes,' describe these new services on Schedule O.				NU
	2	Did the organization undertake any significant program services during the year which were not listed on the p Form 990 or 990-EZ?		Yes	\mathbf{x}	No
-	_	Did the exposuration undertake any similificant program and the distribution that were not had an the	-los			
		See Form 990, Page 2, Part III, Line 1 (continued)				
		21ST CENTURY FOUNDATION IS TO COMPARE AND CONTRAST PROGRESSIVE AN	D CONSE	RVATIV	E	
		THE PRIMARY MISSION OF AMERICAN BRIDGE				
1	1	Briefly describe the organization's mission:				
LE		Check if Schedule O contains a response to any question in this Part III				хΠ
1		Statement of Program Service Accomplishments	21-521	3036		age 2
-		1990 (2011) AMERICAN BRIDGE ZIST CENTURY FOUNDATION	////	11142		"MUD"

Part IV. Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 3 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 X 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, 6 Х 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' complete Schedule D, Part III. 8 X 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 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes,' complete Schedule 11a 11 b Х c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VIII 11 c X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X... 11 e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. X 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 X b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . 13 X 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States?... 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 or more? If Yes, 'complete Schedule F, Parts I and IV 14b X 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 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X 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 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 20 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20 b

Part IV Checklist of Required Schedules (continued) YAS No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If Yes, complete Schedule I, Parts I and II 21 X 22 X 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 23 Х 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?..... 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? . . 24d 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Schedule L. Part I X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II. 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If Yes,' complete Schedule L, Part III 27 X 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . . 28a X b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV...... 28b Х 28c X Did the organization receive more than \$25,000 in non-cash contributions? If Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N. Part I... 31 X 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 X Was the organization related to any tax-exempt or taxable entity? If Yes, 'complete Schedule R, Parts II, III, IV, and V, X 35a X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2 36 37 X 38

BAA

Form 990 (2011)

Check If Schedule Q contains a response to any question in the Pert Y 1 a Enter the number of Porties W-20 included in inter 16. Enter 4- if not applicable	Part V Statements Regarding Other IRS Filings and Tax Compliance			
1 a Enter the number reported in Box 3 of Form 1096. Enter -0-I not applicable	Check if Schedule O contains a response to any question in this Part V			No
b Einter the number of Forms W-2G included in time 1a. Enter o-V in or applicable	1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\Box	168	NO
c Did the organization comply with backup withbotding rules for reportable peyments to vendors and reportable gamining deninging withings to prize winners? 2 a Einer the number of employees reported on Form W-3. Trassmitts of Wage and Tax State. 2 b If all less one is reported on line 22, did the organization file all required Sederal employment tax returns? 2 b If all less one is reported on line 22, did the organization file all required Sederal employment tax returns? 2 b If Yes has it filed a Form 990-T for this year? If No. provide an explanation in Schedule O. 3 a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 a Did the organization have unrelated business goes income of \$1,000 or more during the year? 3 a At any time during the celenter year, did the organization have an interest in, or a significant control to the organization have an interest in, or a significant control to the organization for the significant handles of the organization for the provided to e-file (see instructions) 3 a Vas the organization party to a prohibited tax shelts transaction at any time during the tax year? 5 a Vas the organization party to a prohibited tax shelts transaction at any time during the tax year? 5 a Vas the organization party to a prohibited tax shelts transaction at any time during the tax year? 5 a Vas the organization or the organization that It was or is a party to a prohibited tax shelter transaction? 5 b Vas the organization has an anual gross receipts that are normally grosser than \$100,000, and did the organization Sederal Prohibited Sederal Prohibited tax shelts transaction and party for goods and services provided to the payor. 5 a Vas the organization have annual gross receipts that are normally grosser than \$100,000, and did the organization sederal payor and the organization for payor and the organization for payor and the organization for payor and the payor. 5 a Vas the organization sederal payor and the payor and the payor and the payor		4 I		
2a Eiter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field of the calefact year ending with or within the year covered by this return. 2 b If a least one is reported on Inne 2a, did the organization file all required federal employment tax returns? 3 b If Ye's has it flied a Form 990-1 for this year? If No.' provide an explanation in Shedule O. 3 b If Ye's has it flied a Form 990-1 for this year? If No.' provide an explanation in Shedule O. 3 b If Ye's has it flied a Form 990-1 for this year? If No.' provide an explanation in Shedule O. 3 b If Yes, 'enter the name of the foreign country. 4 a At any time during the calendary year, did the organization have an interest in, or a siparature or other authority over, a financial account in a foreign country. 5 a let if Yes, 'enter the name of the foreign country. 5 a let Yes, 'enter the name of the foreign country. 5 a let Yes in the financial Accounts. 5 a Was the organization have understand the year and a state transaction at any time during the tax year? 5 a let Yes, 'enter the name of the foreign country. 5 b Lix of If Yes,' to lim 5 c or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction? 5 b Lix of If Yes,' to lim 5 c or 5b, did the organization has the was or is a party to a prohibited tax sheller transaction? 6 a Does the organization have annual gross needipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 a Did yes the organization has were not tax deductible? 6 b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b If Yes,' did the organization include with every solicitation and party for goods and services provided to the payor. 7 b If Yes,' did the organization include with every solicitation and party for goods and services provided to the payor. 8 c organization services and payor soli	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
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14a Did the organization receive any payments for indoor tanning services during the tax year?				1
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	int:VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below	v, 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			V
Sol	ction A. Governing Body and Management	• • •		. IVI
Sec	Clion A. Governing Body and Management		Yes	No
4	a Cotor the sumber of unting members of the sourceme hady at the end of the tay year.	25-31-	1:05	Set St.
	a Enter the number of voting members of the governing body at the end of the tax year	2	SANS	
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	機器		
	- Market		002	
	b Enter the number of voting members included in line 1a, above, who are independent	130		1
2	officer, director, trustee or key employee?	2	niesz.	X
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		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	76		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	*27.5		ill w
·	the following.	7.5	536	٠٠٠٠٠١
1	a The governing body?	8a		X
	b Each committee with authority to act on behalf of the governing body?	86		X
9	Is there any officer, director or 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		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			-
000	CHOIL B. 1 Oncies (11115 Section D requests information about policies not required by the internal nevertice code.)		Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10a	103	X
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their			
	operations are consistent with the organization's exempt purposes.	10b	- V	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		T MUC.
	b Describe in Schedule O the process, If any, used by the organization to review this Form 990.	1000000	ELCE LA	可於例
-	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	х	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		х	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	x	
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13	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?.	12a 12b 12c 13 14	x	X
13 14 15	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12a 12b 12c 13 14	x x	
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13 14 15	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	12a 12b 12c 13 14	x x	X X
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13 14 15	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the	12a 12b 12c 13 14 15a 15b	x x	X X X
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13 14 15 16 Sec	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give use to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶	12a 12b 12c 13 14 15a 15b 16a	x x	X X X
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13 14 15 16 Sec 17 18	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give nies to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filled Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply. Own website Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available turning the tax year	12a 12b 12c 13 14 15a 15b 16a	x x	X X X
13 14 15 16 Sec 17 18	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year	12a 12b 12c 13 14 15a 15b 16a	x x	X X X
13 14 15 16 17 18 19 20	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. b Were officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers of key employees of the organization if 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial stalements available turning the tax year	12a 12b 12c 13 14 15a 15b 16a	X X X	X X X

Form 990 (2011)	AMERICAN	BRIDGE	21ST	CENTURY	FOUNDATION	27-52780
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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compansation
	(describe hours for related organiza- tions in Schedule O)	andwich si frances	Institutional frustee	Officer	key employee	Highest compensated employee	ਟੌਕਨ ਜ਼ਿਵਾ	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DAVID BROCK DIRECTOR	2.00	х						6,000.	0.	0
(2) TED TRIMPA DIRECTOR	0.50	х						0.	0.	0
(3) DAVID BENNAHUM DIRECTOR	0.50	х						0.	0.	0
(4) BRADLEY BEYCHOK CAMPAIGN DIRECTOR	4.00			х				7,500.	0.	0
(5) RODELL MOLLINEAU PRESIDENT	4.00			х				0.	0.	0
<u>(6)</u>										
(7)										7000
_(9)										
(10)										
(11)										
(12)				200						
(13)										
(14)				-21-						

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Form	n 990 (2011) AMERICAN BRIDGE 21ST CENTURY FO	27-5278038 Page 9					
Pa	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	891,000.					
PROGRAM SERVICE REVENUE	2 a b c d e f All other program service revenue g Total. Add lines 2a-2f						
OTHER REVENUE	Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties. (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss). d Net rental income or (loss). T a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses. c Gain or (loss). d Net gain or (loss). 8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c). See Part IV, line 18. a b Less: direct expenses. Net income or (loss) from fundraising events.						
	9 a Gross income from gaming activities. See Part IV, line 19						
	12 Total revenue. See instructions	891,000.					

Part X 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 res	sponse to any question if (A)	(B)	(C)	(D)
Do no 6b, 7b	t include amounts reported on lines , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
a	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	38,000.	38,000.		
	Grants and other assistance to individuals in the United States. See Part IV, line 22	38,000.	38,000.		
3 0	Grants and other assistance to governments, rganizations, and individuals outside the United States. See Part IV, lines 15 and 16				
	enefits paid to or for members				
5 C	Compensation of current officers, directors, ustees, and key employees	13,500.	8,625.	375.	4,500.
d	Compensation not included above, to isqualified persons (as defined under ection 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 C	Other salaries and wages	11,270.	9,007.	503.	1,760.
е	rension plan accruals and contributions include section 401(k) and section 403(b) imployer contributions).				1 111
	Other employee benefits				
10 P	'ayroll taxes	2,276.	1,566.	75.	635.
	ees for services (non-employees):			5 *	
	Management				
	egal	54,688.	0.	54,688.	0.
	ccounting				
	obbying			power state and the same of	
	rofessional fundraising services. See Part IV, line 17	94,237.	DESCRIPTION OF THE SECOND		94,237.
	nvestment management fees		03 580	00 411	1.50
	Other	44,151.	23,572.	20,411.	168.
	dvertising and promotion		25,494.	0.	0.
	Office expenses		0.	753.	0.
	nformation technology		405.	0.	0.
	toyalties				
	Occupancy				
17 T	ravel	65,729.	1,079.	0.	64,650.
е	Payments of travel or entertainment expenses for any federal, state, or local subject officials and the state of the state				1110
19 C	conferences, conventions, and meetings [
20 Ir	nterest				
21 P	ayments to affiliates				
22 D	epreciation, depletion, and amortization	581.	430.	23.	128.
80.0 00 % 886	nsurance				
ir o	Other expenses Itemize expenses not overed above (List miscellaneous expenses in line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	FUNDRAISING EXPENSES	2,846.	0.	0.	2,846.
-	OTHER EXPENSES	1,740.	0.	1,740.	0.
6					
ď			WILL ALL THE COLUMN TO THE COL		·····
e A	dl other expenses				
	otal functional expenses. Add lines 1 through 24e.	355,670.	108,178.	78,568.	168,924.
26 J	oint costs. Complete this line only if ne organization reported in column (a) ont costs from a combined educational ampaign and fundraising solicitation.				
_	Check here ► if following			1	
s	OP 98-2 (ASC 958-720)				

Part X Balance Sheet (A) Beginning of year (B) End of year 1 707,335. 2 3 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 7 8 9 13,014. 581. 10 c 12,433. 11 12 12 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 719,768. 16 16 17 17 155,977. 18 Grants payable..... 18 19 19 20 20 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 23 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 28,461. 26 0 . 26 184,438. Organizations that follow SFAS 117, check here > | | and complete lines 27 through 29 and lines 33 and 34. 27 28 28 29 29 Q R Organizations that do not follow SFAS 117, check here X and complete lines 30 through 34. 30 535,330. 30 31 31 32 32 0. 33 535,330. 33 34 34 0 719,768. BAA Form 990 (2011)

Form 9	90 (2011) AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-52/8038		Pa	ige 12
Part .				_
	Check if Schedule O contains a response to any question in this Part XI	<u></u>	• •	
1 T	otal revenue (must equal Part VIII, column (A), line 12)	89	1.0	00.
	otal expenses (must equal Part IX, column (A), line 25)	7.5. 7.00		70.
	tevenue less expenses. Subtract line 2 from line 1			30.
	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			
5 (Other changes in net assets or fund balances (explain in Schedule O)			
6 N	let assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, olumn (B))	53	5,3	30.
	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			. П
			Yes	No
1 A	ccounting method used to prepare the Form 990		10	
	the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O.			
2aV	Vere the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b۷	Vere the organization's financial statements audited by an independent accountant?	2 b		Х
c II	'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, eview, or compilation of its financial statements and selection of an independent accountant?	2 c		
	the organization changed either its oversight process or selection process during the tax year, explain a Schedule O			
d li	Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a eparate basis, consolidated basis, or both:			
[Separate basis Consolidated basis Both consolidated and separate basis			
3 a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single audit Act and OMB Circular A-133?	3 a		х
b li	Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit r audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
BAA		Form	990 (2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer Identification number

AMERICAN BRIDGE 21ST CENTURY FOUNDATION 27-5278038 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) . . . Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? 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?....... Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held 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 Tax Year 2 a 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIV, 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to these items 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 SFAS 116 (ASC 958) relating to these items:

Screedie D (Form 990) 2011 Antak.						~	21-321			rage z	
Pantill Organizations Mainta	ining Colle	ctions	of Art, Histo	orical	reasures, or	Other S	similar Ass	sets (c	ontinu	эa)	
 Using the organization's acquisition items (check all that apply) 	n, accession,	and other	records, check	any of t	he following that a	are a signıf	icant use of its	s collect	on		
a Public exhibition											
b Scholarly research											
c Preservation for future genera											
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.											
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											
Escrow and Custodia line 9, or reported an a	I Arrangen	nents. (Complete if the	he org	anization ansv	vered 'Ye	es' to Form	990, F	art IV	,	
1 a Is the organization an agent, truste included on Form 990, Part X?	ee, custodian,	or other in	termediary for o	contribu	itions or other ass	ets not		Yes	Г	No	
b If 'Yes,' explain the arrangement in							,		_	-	
			-					Amoun	t		
c Beginning balance						. 1c					
d Additions during the year						. 1d					
e Distributions during the year						. 1e					
f Ending balance						. 1f					
2 a Did the organization include an arr	nount on Form	990, Part	X, line 21?					Yes		No	
b If 'Yes,' explain the arrangement in	Part XIV.										
Part V Endowment Funds. Co	Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.										
	(a) Current	year	(b) Prior year		(c) Two years back	(d) Th	ree years back	(e) F	our years	back	
1 a Beginning of year balance											
b Contributions									45		
c Net investment earnings, gains, and losses											
d Grants or scholarships											
e Other expenditures for facilities and programs							2000				
f Administrative expenses											
g End of year balance											
2 Provide the estimated percentage	of the current	year end	balance (line 1g	, colum	n (a)) held as.						
a Board designated or quasi-endown	ment >		*								
b Permanent endowment	- 8										
c Temporanly restricted endowment	•		_ %								
The percentages in lines 2a, 2b, a	nd 2c should e	equal 1009	%.								
3 a Are there endowment funds not in organization by.	the possessio	n of the o	rganization that	are hel	d and administere	ed for the		ſ	Yes	No	
(I) unrelated organizations								. 3a(I)			
(II) related organizations								. 3a(II)			
b If 'Yes' to 3a(ii), are the related org								. 3b			
4 Describe In Part XIV the intended	uses of the org	ganization	's endowment f	unds.							
Park VI Land, Buildings, and	Equipment	. See F	om 990, Pa	rt X, li	ne 10.						
Description of property			or other basis restment)	(b) ba	Cost or other asis (other)		umulated ciation	(d) l	Book va	lue	
1 a Land											
b Buildings											
c Leasehold improvements											
d Equipment					13,014.		581.		12,	433.	
e Other		A STATE OF THE STA							77757507		
Total. Add lines 1a through 1e. (Column	(d) must equa	al Form 99	90, Part X, colur	nn (B),	line 10(c))	• • • • •		dula D /		433.	
							Care		-ame on	2 1 2 2 2 1 1 T M	

Part VII Investments — Other Securities. S		
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		- 1000 i - 100
(D)		
(E)		
(F)		
(G)		
(H)		
<u>(I)</u>		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) .		
Part VIII Investments - Program Related. S	See Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation:
(4)		Cost or end-of-year market value
(1) (2)		
(3)		
(4)		
(5)		
(6)		2007
(7)		
(8)		1 1039/1
(9)		1.0.0
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).		
Part IX Other Assets. See Form 990, Part X	(, line 15.	
	Description	(b) Book value
(1)		NIS 5000
(2)		
(3)		
(4)	11 11 11 11 11 11	
(5)	********	
(6)		14.5
(7) (8)		The state of the s
(9)		31/4 m - 41 A
(10)	250 400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	
Part X Other Liabilities. See Form 990, Pa		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AMERICAN BRIDGE 21ST CENTUR	Y PAC 28,461.	
(2)	20,401.	
(3)	20,401.	
(4)	20,401.	
(4) (5)	20,401.	
(4) (5) (6)	20,401.	
(4) (5) (6) (7)	20,401.	
(4) (5) (6) (7) (8)	20,401.	
(4) (5) (6) (7) (8) (9)	20,401.	
(4) (5) (6) (7) (8) (9) (10)	20,401.	
(4) (5) (6) (7) (8) (9)		

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Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV.)	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ref	
1 Total revenue, gains, and other support per audited financial statements	_~
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recovenes of pnor year grants	P.
d Other (Describe in Part XIV.)	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	1
b Prior year adjustments	E
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV.)	
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9. Part III, lines 1a and 4; Part IV, lines 1b a Part V, line 4; Part X, line 2, Part XI, line 8, Part XIII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part any additional information.	ınd 2b; o provide

Schedule D	(Form 990) 2011	AMERICAN	BRIDGE 21ST	CENTURY	FOUNDATION	27-5278038	Page 5
Part XIV	Supplementa	I Information	BRIDGE 21ST (continued)				
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