

.Form **990** 

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### **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)

<b>20</b> 11

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OMB No 1545-0047

	tment of the T al Revenue Se	reasury rvice The organization may have to use a copy of this return to satisfy state reportin	a requirements.	2. Open to Public -
		1 calendar year, or tax year beginning , 2011, and ending		· · · · · · · · · · · · · · · · · · ·
_	Check if applic			Identification Number
ľ	Address c		94-3	153687
l	Name cha		E Telephone	
l		San Francisco CA 9/129		561-6373
	Terminate		415-	501-0575
	Amended		G Gross rec	eepts \$ 10,633,04
I	Applicatio		(a) Is this a group return t	
1			(b) Are all affiliates includ	ied? Yes
	Tax-exempt		If 'No,' attach a list (s	ee instructions)
	Website:		(c) Group exemption num	abar 🕨
<u> </u>	Form of orga			ate of legal domicile _CA
` Påi	t J 💭 Si	mmary	11 177 <u>6</u>   111 512	
- T		y describe the organization's mission or most significant activities <u>Sponsors</u>	programe and	makes grants
				_ makes grants_
2	DIA	mote a healthy and just society.		
Ē				
Activities & Governance	2 Chec	this box  If the organization discontinued its operations or disposed of more	e than 25% of its n	et assets.
ž		er of voting members of the governing body (Part VI, line 1a)		3
0		er of independent voting members of the governing body (Part VI, line 1b)	_	4
	5 Total	number of individuals employed in calendar year 2011 (Part V, line 2a)		5
	6 Total	number of volunteers (estimate if necessary)		6
۲	7a Total	unrelated business revenue from Part VIII, column (C), Ine 120 C PEN IE		7a
$\rightarrow$	<b>b</b> Net u	nrelated business taxable income from Form 990-T, line 34 RECEIVED		7b
			Prior Year	Current Year
		ibutions and grants (Part VIII, line 1h) NOV 1 4 2012	° (21,131,06	
Ĩ I	-	an service revenue (Part VIII, inte 2g)	<u> </u> ທ	61,5
Anuavan	10 Inves	tment income (Part VIII, column (A), lines 3, 4, and 7d)	그뜨 70	)3. 4
Ċ	11 Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10, GDEN. U		22,4
_	12 Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)?	<u> </u>	
	13 Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)	<u>11,837,71</u>	<b>18.</b> 5,565,9
	14 Bene	fits paid to or for members (Part IX, column (A), line 4)		
	15 Salar	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,265,19	<u>92. 1,507,7</u>
Expenses	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total	fundraising expenses (Part IX, column (D), line 25) ►	•	
ן ב		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,754,32	27. 2,288,8
		• • • • • • •		
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,857,23	
-+	19 Reve	nue less expenses. Subtract line 18 from line 12	-1,725,47	
8	20 Takal	eccele (Dert Y, June 16)	Beginning of Current	
		assets (Part X, line 16) liabilities (Part X, line 26)	6,906,42	
Į			711,39	
		ssets or fund balances Subtract line 21 from line 20	6,195,02	28. 7,465,6
		gnature Block		
omt	olete Declarat	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to th on of preparer tother than officer) is pased on all information of which preparer has any knowledge	te best of my knowledge a	and belief, it is true, correct, an
		MARANIA KIAN	1/8/	12_
ig ler	n ľ	Signature of officer	Date Date	
12	e I	AMANDA KETON, TREASURER		
101		Type or print name and title		
iel		runt/Type preparer's name Preparer's signature ( , ) Date ,	/ Chaek	_ PTIN
iel		International and the second s	Check	ff Finn
				i <b>1</b>
		( 10/29 Vaneda 10/29	12 self-employed	
Pai Pre	d parer ⊧	Irm's name Crosby & Kaneda, CPAs		
Pai Pre	d parer ⊧	Irm's name  Crosby & Kaneda, CPAs Iol 29 Intro Standard S	Firm's EIN	· N/A
Pai Pre Jse	d parer e Only	<pre>wrm's name * Crosby &amp; Kaneda, CPAs * 1611 Telegraph Ave Ste 318 Oakland, CA 94612-2151</pre>	Firm's EIN	N/A (510) 835-2727
Pai Pre Jse	d parer e Only the IRS d	Irm's name  Crosby & Kaneda, CPAs Iol 29 Introvis address Iol 29	Firm's EIN	· N/A

Forn	n 990 (2011) The Advocacy Fund	94-3153687	Page 2
Pa			
	Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u> </u>
• 1	Briefly describe the organization's mission:		
	See Schedule 0		
	Did the organization undertake any significant program services during the year which were not listed of	n the prior	
2	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O		NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ervices? Yes X	No
3	If 'Yes,' describe these changes on Schedule O		NO
4	Describe the organization's program service accomplishments for each of its three largest program service	uces as measured by expe	ncac
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a others, the total expenses, and revenue, if any, for each program service reported	mount of grants and allocat	ions to
4:	a (Code: (Expenses \$ 8,595,146. including grants of \$ 5,565,910.) (I	Revenue \$ 61,5	500.)
	THE FUND SUPPORTS THE PROMOTION OF ACTIVITIES THAT ENGAGE THE PU	BLIC AND ADVOCATE	FOR
	SOLUTIONS BEFORE POLICY-MAKERS. THE FUND ALSO SUPPORTS ORGANIZAT		
	THAT ADVOCATE FOR STRONGER DEMOCRATIC INSTITUTIONS, SOCIAL AND E	NVIRONMENTAL JUST	ICE,
	AND POLICY REFORMS.	<u>-</u>	
41	b (Code) (Expenses \$ including grants of \$) (I	Revenue \$	)
	*-*		
4	c (Code <sup>,</sup> ) (Expenses \$ including grants of \$) (I	Revenue \$	)
4	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	_)	
4	e Total program service expenses ► 8, 595, 146.		

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	The Advocacy	
ParkIV Chec	klist of Required	Schedules

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`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 (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .	5		<u>x</u>
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		<u>x</u>
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		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		<u>x</u>
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
2	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	<u>11 a</u>	X	
t	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	<u>11 b</u>		<u>x</u>
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	<u>11 c</u>		<u>x</u>
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		x
	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	11f	X	
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	x	
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
	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		<u>X</u>
ł	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 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		<u>x</u>
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
	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
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L
BAA	TEEA0103L 01/23/12	Form	990 (	(2011)

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Yes No

_	1990 (2011) The Advocacy Fund 94-315368	7	F	age 4
Par	t IV Checklist of Required Schedules (continued)	r		
` 01			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	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	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	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
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).			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>    X    </u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
	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		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 Schedule N, Part II	32		<u>x</u>
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		X
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		x
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 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	x	
BAA		Form	990 (	(2011)

Check if Schedule O contains a response to any question in this Part V       Yes         1 a Enter the number reported in Box 3 of Form 1095. Enter -0- if not applicable       1         0 D the organization comply with Diskups withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winnes?       20         2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, likel for the calendar year ending with or within the year covered by this return       1         1 at less the serie of employees reported on Form W-3. Transmittal of Wage and Tax Statements, likel for the calendar year ending with or within the year covered by this return       20         2 at lext the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. It is an advance to e-she, (see instructions)       3         3 at D dit engranzation have enrepted busines gross incere of 31.000 or more dump the year?       3         3 b dit engranzation have enreptice busines gross incere of 31.000 or more dump the year?       3         3 b dit engranzation have intergen country:       5         3 b dit any manaziton a part to a prohibid tax sheller transaction at any time dump the tax year?       5         3 b dit any manaziton applic busines gross receipts that enormally greater than \$100,000, and did the organization file form 888:77       5         4 at any time dump ending requirements for form TD = 90-221, Report of Forsign Bank and Financial Accounts 5       5         5 a Was the organization file form	Form 990 (2011) The Advocacy Fund	94-3153687	7	F	age
1 a Enter the number reported in Box 3 of Form 1096. Enter -0. if not applicable       1 <t< th=""><th>Part V Statements Regarding Other IRS Filings and Tax Compliance</th><th></th><th></th><th></th><th></th></t<>	Part V Statements Regarding Other IRS Filings and Tax Compliance				
1 a Enter the number of porms VAS and/edd m the 1a. Enter -0. If not applicable       1a b       37         2 Enter the number of porms VAS and/edd m the 1a. Enter -0. If not applicable       1b       0         2 Control the number of porms VAS and/edd m the 1a. Enter -0. If not applicable       1a       37         2 Enter the number of porms VAS and/edd m the 1a. Enter -0. If not applicable       1a       37         2 Enter the number of porms VAS and/edd m the applicable       2a       2a       2a         2 Enter the number of porms VAS area ending with within the year covered by this result.       2a       2a       2a         2 Enter the number of porms VAS area ending with within the year covered by this result.       2a       2a       2a         3 D dithe organization have unrelated business gross income of \$1,000 or more during the year.       3a       3a         3 A tary time the name of the organization have an interest in, on a signature or other authority over, a financial account, securities account, or other innancial accounts.       3a         3 A tary time the name of the organization have an interest in, on a signature or other authority over, a financial accounts.       3a         3 A tary time the name of the organization have an interest in, on a signature or other authority over, a financial accounts.       5a         3 A tary time the name of the organization in the form 883-7.       5a         3 Contime torganization in the organization in the organiz	Check if Schedule O contains a response to any question in this Part V				_
b Enter the number of Porms W-20 included       Image: Constraints comply withholding rules for reportable payments to vendors and reportable gaming include within the vertice of the gamines in the payments in the vertice of the second of the constraints of the payments of price within the vertice of the gamines in the vertice of the second of the constraints of the payment is reported on include with a constraints of the payment is returns?       20         20				Yes	N
C In the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) within backing within the year overed by their covered by their cove		1a 37			12.
(gambling) winnings to prize winners?       16         2 = Inter the number of enclopese reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return       20         2 = Inter the number of enclopese reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year, did the organization file all regured federal employment tax returns?       20         3 Do the organization have unitered business goes income of \$1,000 more duming the year?       38         3 Do the organization have uniterest in, or a signature or other authority over, a set instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial account)?       38         5 Was the organization have an interest in, or a signature or other authority over, a set instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts       38         5 Was the organization in the organization file Form B885-17       54         6 Do bes the organization indule with every solicitation an express statement that such contributions or gifts were not tax deductible?       56         7 Organization section robust due as on the value of the organization file form B885-17       56         9 Di the organization noligh the donor of the value of the organization an express statement that such contributions or gifts were not tax deductible?       70         11 Yes, ' did the organization noligh the donor of the value of the organization are proved to the organization sole any contributions that may receive deductible? </td <td>b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td> <td>1b0</td> <td></td> <td>医肾</td> <td>^ș</td>	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		医肾	^ș
24 Element the function of employves teputed on in other whith the year covered by this return       2a       20       2b         bit at least one is reported on line 2a, du the organization file all required federal employment tax returns?       2b       2b         bit at least one is reported on line 2a, du the organization file all required federal employment tax returns?       2b       2b         bit at least one is reported on line 2a, du the organization file all required federal employment tax returns?       2b       2b         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a         4a A ray time during the calendar year, did the organization have an interest in, or a signature or other authory over, a fifth organization for ling requirements for form TD F 90-221, Report of Foreign Bank and Financial Accounts       3b         5a Was the organization or high requirements for form TD F 90-221, Report of Foreign Bank and Financial Accounts       5a         5a Was the organization have annual report of the organization shat it was or is a party to a prohibited tax sheller transaction?       5a         5a Did he organization netwee not tax deductible?       5a         6a Did he organization netwee not tax deductible?       5a         7 Organizations that may receive deductible contributions under section 170(c).       3b         7 Dif her organization shat	c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	s and reportable gaming		X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-thic</i> (see instructions)       30         3a bit the organization have unrelated business gross income of \$1,000 or more during the year?       3a         bit Yes' has it field a Form 990-T for this year? If No, provide an explanation in Schedule Q       3a         44       3a         bit Yes' has it field a Form 990-T for this year? If No, provide an explanation in or their financial accounts?       3a         bit Yes' enter the name of the foreign country: *       3a         See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts       4a         5a Was the organization on party to a prohibited tax shelter transaction at any time during the tax year?       5a         5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sheld any corticulus that were not tax deductible?       5a         6a Des the organization nave any time during the year       7a       5a         7 Organizations that may receive deductible?       5a       6b X         7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a         7 Uf the organization notify the donor of the value of the goods or services provided?       7a         7 Uf the organization receive a contribution of qualified intellectual property, for which it was required to fife Form 8392       7a </td <td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return</td> <td><b>2a</b> 20</td> <td></td> <td></td> <td>, f</td>	2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 20			, f
3a D dthe organization have unrelated business gross income of \$1,000 or more during the year?       3a         bit "Yes' has it lifed a Form 990-T for this year? If "No," provide an explanation in Schedule O       3b         3b dthe organization approximation that a more start in an organization of the foreign country: -       3b         3b of Yes," relate the name of the foreign country: -       3a         3b of Yes, "relate the name of the foreign country: -       3b         Se was the organization a part by the organization that it was or is a party to a prohibited tax shelt transaction at any time during the kay year?       5c         bit "yes," relate the name of the organization that it was or is a party to a prohibited tax shelt transaction?       5c         c B Joes the organization nake an underess receipts that are normally greater than \$100,000, and did the organization suclude with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         11 "Yes," did the organization nake any payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         7a       7a       7a         7b dith erganization neeve any funds, directly or indirectly, to pay premums on a personal benefit contract?       7c         7b dith erganization neeve any funds, directly or indirectly, on a personal benefit contract?       7c         7c dith erganization neeve any funds, directly or indirectly, to pay premums on a personal benefit contract?       7c </td <td></td> <td></td> <td></td> <td></td> <td></td>					
b If Yes' has it filed a Form 990-T for this year? If Ylo,' provide an explanation in Schedule Q       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) as other account, accounted social innancial account)?       4a         b If Yes,' enter the name of the foreign county: +       59         See instructions for filing requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         Sa Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible?       5a         7 Organizations that may receive deductible contributions under section 170(c).       6b X       7a         7 Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 5822 filed during the year       7d       7a         7 If U dit eorganization netity explain, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f         7 U dit eorganization netity explain function of qualified intellectual property, did the organization file a form spay premums, directly or indirectly, or a personal benefit contract?       7f         7g       11 the organization netitaw			5.5	142	3
4 a A any time dump the calendar year, did the organization have an interest in, or a signature or other subortly over, a financial account is a foreign country (section as a bank account, securities account, or other financial account)?         b II 'Yes,' enter the name of the foreign country: •       •         See instructions for filing requirements for Form TD F90-22 1, Report of Foreign Bank and Financial Accounts       •         b Jd any taxable party notify the organization that it was or is a party to a prohibited tax shelt transaction at any time during the tax year?       5.6         c II 'Yes,' to the Sa or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction?       5.6         c II 'Yes,' to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6.8         0 II 'Yes,' did the organization neticle with every solicitation an express statement that such contributions or gifts were not tax deductible?       6.6         0 II 'Yes,' did the organization neticle with every solicitation an express statement that such contributions or gifts were not tax deductible?       6.6         0 II 'Yes,' did the organization neticle with every solicitation an express statement that such contributions or gifts were not tax deductible?       7.8         0 II 'Yes,' did the organization neticle with every solicitation an express provided?       7.8         0 II the organization neticle with every solicitation an express provided?       7.8         0 II the organization neticle with every appretime sor ore		r?	3a		Z
thirds:       the organization requirements for Form ID F 90-22 1, Report of Foreign Bank and Financial accounts;         See instructions for fuling requirements for Form ID F 90-22 1, Report of Foreign Bank and Financial Accounts         See instructions for fuling requirements for Form ID F 90-22 1, Report of Foreign Bank and Financial Accounts         See instructions for fuling requirements for Form ID F 90-22 1, Report of Foreign Bank and Financial Accounts         Sa Mast the organization in proteint data shelter transaction at any time during the tax year?         So Dot shit organization aparty to a prohibited tax shelter transaction?         So Dot shit organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?         Organizations that may receive deductible contributions under section 170(c).         A Did the organization neceve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?         C Did the organization neceve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?         C Did the organization oreceve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?         C Did the organization divert form 88282 filed during the year       Zd         C Did the organization divert forms 8282 filed during the year       Zd         P Did the organization or advised funds and section 599(a)(3) supporting organization. Bud the supporting organization, divered a contribution of qua	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3Ь		
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 shifter transaction at any time during the tax year?              5a                5a              5a                5a                5a                5a                       5b                5a                     5a	4a At any time during the calendar year, did the organization have an interest in, or a signature of financial account in a foreign country (such as a bank account, securities account, or other fir	or other authority over, a nancial account)?	4a		2
5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?       5a         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c If Yes,' to line 5a or 5b, dd the organization file Form 8886-T?       5c         6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solut any contributions that were not its a deductible?       6b         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b         7 Organization sell, exchange, or otherwise dispose of tangible personal properly for which it was required to file 7c       7c         7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         7 If Yes,' indicate the number of Forms 8282 filed during the year       7d       7c         7 If the organization receive a a contribution of qualified intellectual property, did the organization file a sequired?       7t       7c         7 If the organization receive a a contribution of acris, boats, airplanes, or other vehicles, did the organizations. Did the supporting organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t         9 af the organization received a contribution of cars, boats, airplanes, or other vehicles, did the o				251	
bD dary taxable party notify the organization that t was or is a party to a prohibited tax shelter transaction?       5b         c If Yes,' to line 5a or 5b, did the organization file Form 8886-17       5c         6a Does the organization read multiply strength tax enductible?       6a         b) If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a         7 Organizations that may receive deductible contributions under section 170(c).       6b         10 If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b         c Dd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         71 Organization receive and tunds, directly or indirectly, on a personal benefit contract?       7c         71 If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?       7c         8 Sponsoring organizations maintaining donor advised funds and section 509(x)2 supporting organizations. Did the sponizations maintaining donor advised fund sent section 406(2) supporting organizations. Enter       11a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         10 Section 501(CX12 organizations. Enter       11a<	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Fi	inancial Accounts		- 52	
c If Yes,' to line 5a or 5b, did the organization file Form 8886-17       5c         6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible?       6a         b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a         7 Organizations that may receive deductible contributions under section 170(c).       ab di the organization notify the donor of the value of the goods or services provided?       7b         7 Organizations sell, exchange, or otherwsed dispose of tangible personal property for which it was required to file Form 8282?       7d       7d         7 If the organization receive any payment, in directly, to pay premiums on a personal benefit contract?       7f       7c         7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088.C?       7t       7t         9 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)3 supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)3 supporting organizations. Did the supporting organizations maintaining donor advised funds.       9a         9 Did the organization make a distribution sincluded on Part VIII, line 12       10a       10a         9 Sponsoring organizations. Entere       11a       10a <td></td> <td>-</td> <td>5a</td> <td></td> <td>2</td>		-	5a		2
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a 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   0 Section 501(c)(7) organizations. Enter: 10a   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 10b   1 Section 501(c)(12) organizations. Enter 11a   a Gross income from members or shareholders 11a   b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them 1)   2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   3 Section 501(c)(29) qualified nonprofit health insurance issuers.   a 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.   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   44 Did the organization receive any payments for indoor tanning services during the tax year?	9 Sponsoring organizations maintaining donor advised funds.		1		
0       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       10b         1       Section 501(c)(12) organizations. Enter       10a         a Gross income from members or shareholders       11a       10b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         2a 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       13a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         c 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       13b       13c       14a			9a		
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       10b         1 Section 501(c)(12) organizations. Enter       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         2a 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         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       13b         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       13b         c Enter the amount of reserves on hand       13c       14a	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	ľ	9Ь		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         1 Section 501(c)(12) organizations. Enter       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         2a 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         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         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.       13b         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       13b         c Enter the amount of reserves on hand       13c       14a	0 Section 501(c)(7) organizations. Enter				
1 Section 501(c)(12) organizations. Enter         a 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 )         2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?         2a Section 501(c)(29) qualified nonprofit health insurance issuers.         a 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.         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         4a Did the organization receive any payments for indoor tanning services during the tax year?	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).       11b         2a 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         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13b         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       13b         c Enter the amount of reserves on hand       13b         4a Did the organization receive any payments for indoor tanning services during the tax year?       14a	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )       11b         2a 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         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       13b         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       13b         c Enter the amount of reserves on hand       13c       14a	1 Section 501(c)(12) organizations. Enter				
against amounts due or received from them )       11b         2a 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         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         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.       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       13b         c Enter the amount of reserves on hand       13c         44 Did the organization receive any payments for indoor tanning services during the tax year?       14a	a Gross income from members or shareholders	11a	- 1		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year       12b         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       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       13b         c Enter the amount of reserves on hand       13c         4a Did the organization receive any payments for indoor tanning services during the tax year?       14a	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 в		_	
3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         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.       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       13b         c Enter the amount of reserves on hand       13c         14a       14a		· · ·	12a		
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.       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       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a		12b			
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans         c Enter the amount of reserves on hand       Image: Comparization receive any payments for indoor tanning services during the tax year?       Image: Comparization receive any payments for indoor tanning services during the tax year?			_		
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       13b         c Enter the amount of reserves on hand       13c         4a Did the organization receive any payments for indoor tanning services during the tax year?       14a			13a		
which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         4a Did the organization receive any payments for indoor tanning services during the tax year?       14a		e O.			1
4a Did the organization receive any payments for indoor tanning services during the tax year?	which the organization is licensed to issue qualified health plans				
		13c		+	
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 14b	· · · · · ·				2

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<b>Part VI3</b> Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	low, ar Iges in	nd fo	or
Check if Schedule O contains a response to any question in this Part VI			X
Section A. Governing Body and Management			
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.       1a       3	Y	íes	No
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 2		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		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		<u>X</u>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	$\rightarrow$	<u>X</u>
6 Did the organization have members or stockholders?	6		<u>X</u>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<u>x</u>
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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			R.U
a The governing body?		<u>x</u>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<u>8b</u>	<u>x  </u>	
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		<u>x</u>
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
10 a Did the organization have local chapters, branches, or affiliates?	10a	(es	No 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?	10 Б		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	. <u> </u>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ь	x	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O		x	
13 Did the organization have a written whistleblower policy?		X	
14 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		t	
a The organization's CEO, Executive Director, or top management official See Schedule Q		<u>x</u>	
b Other officers of key employees of the organization See Schedule O	15b	<u>x</u>	
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			1
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
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?	16b	-	d
Section C. Disclosure	<u> </u>		
17 List the states with which a copy of this Form 990 is required to be filed > See Schedule 0		_	
<ul> <li>18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply</li> <li>Own website</li> <li>Another's website</li> <li>X Upon request</li> </ul>		for p	ublic
19 Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year.	able to		

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization <u>Amanda Keton 1014 Torney Avenue, The Presidio San Francisco CA 94129 415-561-7804</u>

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Name and title	Average hours per week	unles	s per	son i direc	s bot tor/tr	h an offi ustee)		Reportable compensation from	Reportable compensation from	Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Melissa Bradley										
Board Director	1	X						0.	0.	0.
(2) Joseph Mouzon										
Board Director	1	_ X						0.	0.	0.
(3) Joel Solomon Board Director	1	x						0		0
(4) Amanda Keton	<u> </u>	<b>^</b>						0.	0.	0.
Sec./Treasurer	55			x				113,959.	0.	19,833.
(5) Danica Remy										
Managing Dir.	50			X				85,042.	0.	16,834.
6 Frank Clemente	65									
Campaign Mgr.	65					<u>X</u>		125,767.	0.	762.
<u>     O Christie George</u> Project Director	55					x		109,625.	0.	8,902.
<u>(10)</u>										
<u>(11)</u>										. <del> </del>
(12)										
(13)										
(14)										

# List all of the organization's current key employees, if any See instructions for definition of 'key employee.'

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

• 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

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

(B)

• 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.

(D)

Æ)

• 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

> (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)

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

### Form 990 (2011) The Advocacy Fund Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

organization's tax year

(A)

Independent Contractors

Part VII

Section A.

BAA

(F)

Form 990 (2011)

# Form 990 (2011) The Advocacy Fund

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Part VII Section A. Officers, Directors, Trust	ees, I	Кеу	En	ıplo	bye	es,	and	d Highest Con	pensated Empl	loyees	6 (COI	nt)
				(	C)							
(A)	(B)	(do	not c	Pos theck	ition more	than	оле	(D)	<b>(E)</b>		(F)	
Name and title	Average hours	box	, unle cer ar	ss pe	rson	is bot	h an	Reportable compensation from	Reportable compensation from		stimated	
	per week					<b></b>	<u> </u>	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	corr	pensati om the	ion
	(describ	divid	ster	Officer	Key er	ghes oldu	Former			ar	anizatio id relate	ed
	hours for	6 년	บกล		employee					orga	anizatio	ns
	per week (describ e hours for related organi- zation	ruste	Institutional trustee		Vee	Tiper						
	In Sch O)		tee			Highest compensated employee						
	0010)					_ a					_	
<u>_(15)</u>							Ì					
		<u> </u>										
<u>_(16)</u>												
(17)	<u> </u>	<u> </u>						·				
347												
(18)												
<u></u>												
(19)												
	-											
(20)												
										_		
<u>(21)</u>												
(22)												
(23)												
<u></u>												
(24)								-				
(25)												
1 b Sub-total							•	434,393.	0.		46,3	331.
c Total from continuation sheets to Part VII, Section	Α						•	0.	0.			0.
d Total (add lines 1b and 1c)				4				434,393.	0.			331.
2 Total number of individuals (including but not limited from the organization ► 3		ose i	Istee	o ad	ove	wn	o re	ceived more than	\$100,000 of reports	able cor	npens	ation
	. <u></u> .										Yes	No
3 Did the organization list any former officer, director	or true	too	kov	om	alov	~ ~	or hi	inhest compensat	ed employee		40. TO 3	
on line 1a? If 'Yes,' complete Schedule J for such in	ndividu	al	ксу	enų	Dioy	ee, 1		ignest compensati	eu employee	3		X
4 For any individual listed on line 1a, is the sum of re	portabl	e co	mpe	ensa	tion	and	oth	er compensation	from			
the organization and related organizations greater th such individual	han \$1	50,0	00'?	lf 'γ	′es'	com	plet	e Schedule J for		4		x
5 Did any person listed on line 1a receive or accrue of	omnon	catio	n fr		2014	unre	lato	d organization or	undwide al	-		
for services rendered to the organization? If 'Yes,' o	complet	te S	chec	lule	J fo	r <u>s</u> u	ch p	erson		5		X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest compensation from the organization Report compensation</li> </ol>	ed inde nsation	epen i for	den the	t cor cale	ntrao nda	ctors r vea	i tha ar ei	it received more ti ndina with or with	han \$100,000 of in the organization's	s tax ve	ar	
(A)								(B			C)	
Name and business address	s							Description	of services	Compe		n
Dogpatch Strategies/Donald L. Fowler 4104 24	th Ştr	reet	, #	445	Sa	n F:	ran	Solar Consult	ing Ser	1	11,2	251.
2 Total number of independent contractors (including	but no	t lum	hati	to t	0000		- ha		ad more than			
\$100,000 in compensation from the organization		, and	neu	.0 0	iust		cu c	·				

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# Form 990 (2011) The Advocacy Fund

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		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
,	1 a Federated campaigns 1 a				
	b Membership dues 1b	]			
	c Fundraising events.				
ŧ	d Related organizations 1d				
	e Government grants (contributions) . 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 10, 548, 567				
	g Noncash contributions included in lns 1a-1f <sup>-</sup> \$				
╧	h Total. Add lines 1a-1f Business Code	10,548,567.			<b></b>
	2a Membership Fees	61,500.	61,500.		
	b	<u> </u>	01,500.		
					-
	d				
	р — — — — — — — — — — — — — — — — — — —				
1	f All other program service revenue				
		► 61,500.			
T	3 Investment income (including dividends, interest and	01/000.			
	other similar amounts)	483.			483
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents	]			
	b Less. rental expenses	7			
	c Rental income or (loss)				
	d Net rental income or (loss)	•			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less. cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c).				
	See Part IV, line 18 a				
	b Less: direct expenses b				
	c Net income or (loss) from fundraising events	>			
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b	I			
	c Net income or (loss) from gaming activities	▶			
1	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b		· .	•	
$\vdash$	c Net income or (loss) from sales of inventory				
$\left  \right $	Miscellaneous Revenue Business Code				00.40
	11a Miscellaneous	22,499.		<u></u>	22,499
	b			· · ·	<u> </u>
	d All other revenue	22 499			<u> </u>
.		22/155.	61 500		20.00
I.	12 Total revenue. See instructions	10,633,049.	61,500.	0.	22,982

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re				
Do n Sb, 7	ot include amounts reported on lines 7b, 8b, 9b, and 10b of Part_VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,077,078.	5,077,078.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	488,832.	488,832.		
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	235,668.	101,876.	133,792.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	
7	Other salaries and wages	1,035,757.	929,181.	106,576.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b)				
0	employer contributions)	<u>7,796.</u> 139,083.	<u>4,394.</u> 100,829.	<u>3,402.</u> 38,254.	
	Other employee benefits	89,411.		<u> </u>	<b>├</b> ────
11	Payroll taxes Fees for services (non-employees)	07,411.	68,524.	20,887.	
	Management	55,960.	7,508.	49 452	
	Legal Accounting	82,173.	7,508.	<u>48,452.</u> 82,173.	
	5	266,641.	266,641.	02,1/3.	
	Lobbying Professional fundrational converse. See Part IV, line 17	200,041.	200,041.		<u> </u>
	Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·	· · · · · <u> </u>	
	Investment management fees Other	1,356,623.	1,137,142.	219,481.	
-	Advertising and promotion		1,131,146.		<u>├───</u> ──
13	Office expenses	74,868.	70,912.	3,956.	<u>├</u> ──────────
4	Information technology				
15	Royalties	·			
16	Occupancy	101,911.	86,199.	15,712.	
7	Travel	174,967.	163,871.	11,096.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	f			
19	Conferences, conventions, and meetings	22,145.	22,145.		
20	Interest	2,347.		2,347.	
21	Payments to affiliates				<u>_</u>
22	Depreciation, depletion, and amortization	3,526.	3,348.	178.	
23 24	Insurance 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)	11,015.	9,515.	1,500.	
_	Loss on equipment disposition	62,535.		62,535.	
	Communications & Publications	45,843.	45,843.	<u> </u>	<u>├──</u> ────────
	Dues, licenses, service fees		3,743.	16,828.	<u> </u>
d	Miscellaneous	7,702.	7,565.	137.	
	Total functional expenses. Add lines 1 through 24e	9,362,452.	8,595,146.	767,306.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here  I if following	-,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-			
	SOP 98-2 (ASC 958-720)			<u> </u>	

### Form 990 (2011) The Advocacy Fund Part X Balance Sheet

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		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	1	
2	Savings and temporary cash investments	5,714,253.	2	5,810,303
3	Pledges and grants receivable, net	1,116,456.	3	
4	Accounts receivable, net	3,508.	4	2,644,350
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	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	
<b>a</b> 7			7	
A 7 5 7 5 8			8	
<b>r</b> 9				
		655.	9	
	a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 12,586.			
	b Less accumulated depreciation. 10b 4, 320.	71,554.	10 c	8,266
11	Investments – publicly traded securities.		11	
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		15	1,900
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,906,426.	16	8,464,819
17	Accounts payable and accrued expenses	424,334.	17	410,729
18	Grants payable	<u>195,000.</u>	18	528,000
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · ·
i   22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	- · · · · · · · · · · · · · · · · · · ·	92,064.	23	
5 23 24		52,004.	24	60,465
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	00,405
26		711,398.	26	999,194
ă	Organizations that follow SFAS 117, check here ► X and complete lines			
ř	27 through 29 and lines 33 and 34.			
3 27	Unrestricted net assets	232,727.	27	-59,034
27	Temporarily restricted net assets	5,962,301.	28	7,524,659
23	Permanently restricted net assets		29	
3	Organizations that do not follow SFAS 117, check here ► and complete			<u> </u>
5	lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
	Paid-in or capital surplus, or land, building, or equipment fund .		31	
2 22	Retained earnings, endowment, accumulated income, or other funds		32	•
33	Total net assets or fund balances	6,195,028.	33	7,465,625

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Form 990 (2011)

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Form 990 (2011) The Advocacy Fund	94-3153687	_	Pa	ge 12
Participal Reconciliation of Net Assets			_	
Check if Schedule O contains a response to any question in this Part XI		<u> </u>		
•				
1 Total revenue (must equal Part VIII, column (A), line 12)		<u>10,6</u>		
2 Total expenses (must equal Part IX, column (A), line 25)	2		62,4	
3 Revenue less expenses. Subtract line 2 from line 1	3		70,5	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	<u>6,1</u>	<u>95,0</u>	
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,4	65,6	525.
Par XIII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				$\Box$
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			Yes	No
2a 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	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigl review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c	х	
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 wer separate basis, consolidated basis, or both:	e issued on a			
X Separate basis Consolidated basis Both consolidated and separate basis				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth i Audit Act and OMB Circular A-133?	n the Single	3a		<u>x</u>
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	e required audit	3Ь		
BAA		Form	990 (	(2011)

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SCI	IEDULE D						OMB No	1545-0047
	m 990)	Sup	plemental Financial	Statements	5		2(	)11
_		► Comple Part IV_lines	te if the organization answere 6, 7, 8, 9, 10, 11a, 11b, 11c, 11	d 'Yes,' to Form	990, or 12h			o Public
Intern	tment of the Treasury at Revenue Service	► Atta	ich to Form 990. ► See separ	rate instructions			Inspec	tion
Name	of the organization					Employer in	lentification :	number
ሞኩረ	Advocacy F	hand				94-315	3697	
Pa			r Advised Funds or Othe	r Similar Fun	ds or Acco			if
<u> </u>	the organiz	zation answered 'Yes' t	o Form 990, Part IV, line	6.				
			(a) Donor advised f	unds	<b>(b)</b> F	unds and	other acco	ounts
1	Total number at e	-						
2		putions to (during year)	· · · · · · · · · · · · · · · · · · ·					
3 4	Aggregate grants	from (during year)						
-	••••	-						
5	funds are the org	anization's property, subject	nor advisors in writing that the to the organization's exclusive rs, and donor advisors in writir	legal control?			Yes	No
v	used only for cha	ritable purposes and not for	the benefit of the donor or don	or advisor, or fo	r any other	Г	Yes	No
Dai	F F F F F F F	<b>3</b> P · · · · P · · · · ·	ete if the organization an	swered 'Yes'	to Form 9	<u> </u>		
1			y the organization (check all th			<i>50, 1 a</i>	IV, IIIC	/
•		of land for public use (e.g., r	· · · ·	Preservation (	of an historica	ally import	ant land a	rea
		natural habitat		Preservation (				
	Preservation	of open space	-					
2	Complete lines 2a last day of the tax	a through 2d if the organizati	on held a qualified conservatio	n contribution in	the form of a	a conserva	ition easei	ment on the
					н	eld at the	End of the	e Tax Year
á	Total number of d	conservation easements.			2a			
t	Total acreage res	stricted by conservation ease	ments		2 b			
C	Number of conse	rvation easements on a certi	fied historic structure included	ın (a)	2c			
	structure listed in	the National Register	n (c) acquired after 8/17/06, ar		2 d			
3	tax year 🕨		transferred, released, extingui		ted by the org	ganization	during the	e
4		, ,	onservation easement is locate		-			
5			garding the periodic monitoring nts it holds?			_	Yes	No No
6	Staff and volunte	er nours devoted to monitori	ng, inspecting, and enforcing c	conservation eas	ements auring	g the year		
7	Amount of expen ►\$	ises incurred in monitoring, in	nspecting, and enforcing conse	ervation easemer	nts during the	year		
8	Does each conse 170(h)(4)(B)(ı) ar	rvation easement reported ond section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	quirements of se	ection		Yes	No
9		able, the text of the footnote	s conservation easements in its reto the organization's financial s					
Pa	rt III Organiza	tions Maintaining Colle	ections of Art, Historical wered 'Yes' to Form 990,	Treasures, or Part IV, line	r Other Sim 8.	nilar Ass	sets.	
1;	art, historical trea	asures, or other similar asset	r SFAS 116 (ASC 958), not to is held for public exhibition, edu ncial statements that describes	ucation, or resea	nue statemer Irch in further	nt and bal	ance shee ublic servi	t works of ce, provide,
I	historical treasure	n elected, as permitted unde es, or other similar assets he is relating to these items	er SFAS 116 (ASC 958), to repo eld for public exhibition, educat	ort in its revenue ion, or research	statement ar in furtherance	nd balance e of public	e sheet wo service, p	orks of art, provide the
	••	cluded in Form 990, Part VIII	, line 1			►\$		
-	.,	led in Form 990, Part X				►\$		
	amounts required	d to be reported under SFAS	art, historical treasures, or othe 116 (ASC 958) relating to thes	er similar assets se items	tor tinancial g		ae the foll	owing
		ed in Form 990, Part VIII, line	e I			►\$ ►\$		
and the second s		in Form 990, Part X Reduction Act Notice, see the	e Instructions for Form 990	TEEA3301	05/25/11		edule D (Fr	orm 990) 2011
200	upornoix r			100-000		001		

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chedule D (Form 990) 2011 The Part III Organizations Mainta			rical Treasures	94-31	53687	Pag
3 Using the organization's acquisit						
items (check all that apply)		_				
a Public exhibition		<u> </u>	or exchange programs			
<b>b</b> Scholarly research		e 🔄 Other				
c Preservation for future gener						
<ul> <li>4 Provide a description of the organization of the organi</li></ul>					ose in	
5 During the year, did the organiza assets to be sold to raise funds in	rather than to be n	naintained as part of	of the organization's co	llection?	Yes	N
Part IV Escrow and Custodia line 9, or reported an	I Arrangement amount on For	<b>s.</b> Complete if t m 990, Part X,	he organization an line 21.	swered 'Yes' to F	orm 990, Part	ĪV
<b>1a</b> Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediary	for contributions or oth	ner assets not	Yes [	]No
<b>b</b> If 'Yes,' explain the arrangement	t in Part XIV and c	omplete the follow	ng table			-
					Amount	
c Beginning balance				1c	· · ·	
d Additions during the year .				1d		
e Distributions during the year				_1e		
f Ending balance				1f		
2a Did the organization include an a		90, Part X, line 21?			Yes	] N
b If 'Yes,' explain the arrangement			<u> </u>			
Part V Endowment Funds. Co		- T				
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years bac	k (e) Four years	ba
1a Beginning of year balance.						
<b>b</b> Contributions	······					
c Net investment earnings, gains, and losses						
d Grants or scholarships						
<ul> <li>e Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the current ye	ar end balance (lın	e 1g, column (a)) held	as:		
a Board designated or quasi-endov	wment ►	%				
b Permanent endowment ►	%					
c Temporarily restricted endowmer	nt ►	<sup>&amp;</sup>				
The percentages in lines 2a, 2b,	and 2c should equ	ial 100%				
3a Are there endowment funds not a organization by.	in the possession (	of the organization	that are held and admi	nistered for the	Yes	1
(i) unrelated organizations					3a(i)	
(ii) related organizations			•		3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related o	+		•		3b	
4 Describe in Part XIV the intended						
Part VI   Land, Buildings, and I			rt X, line 10.			
Description of property	(a) C	ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book val	ue
1a Land						
<b>b</b> Buildings.						
		İ				
c Leasehold improvements.						
c Leasenoid improvements. d Equipment						
•			12,586.	4,320.	. 8,	26

• Schedule D (Form 990) 2011	The Advocacy Fund			94-3153687	Page 3
Part VII Investments -		Form 990, Part X,	line 12. N/A		
(a) Description of s (including nam	security or category ne of security)	(b) Book value	(c) Me Cost or end	thod of valuation d-of-year market value	
(1) Financial derivatives					
(2) Closely-held equity interes	sts				
(3) Other					
<u>(A)</u>		. <u></u>			
<u>(B)</u>					
<u>(C)</u>					
₽					
£					
£					
<u>(G)</u>					
(H)				¥	•
			لىكى بىرى بىرى بىرى بىرىكى br>يەرىپى بىرىكى		·····
Total. (Column (b) must equal Form			N STATES		
Part VIII Investments -					
(a) Description of	f investment type	(b) Book value		thod of valuation. 1-of-year market value	
(1)					
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)					
(4)					
		i			
(8)					
<u>(9)</u> (10)					
Total. (Column (b) must equal Form 9	990 Part X column (B) line 13)				· •
	See Form 990, Part X, I	ine 15. N/A	1		
		scription	•	(b) Book	value
(1)					
(2)	· · · ·			•	
(3)					
(4)					
(5)			· · · · · · · · · · · · · · · · · · ·		
(6)				_	
(7)					
(8)					
(9)					
Total. (Column (b) must equa				<b>&gt;</b>	
······································	es. See Form 990, Part )	<u>X, line 25.</u>			
	tion of liability	(b) Book value	·		1
(1) Federal income taxes					1
(2)					, f
(3)				•	
(4)					í
(5)					1
					ł
	·····				
(8)					
(9)					
(10)			<u> </u>		,
(11) Total (Caluma (b) must assuel Form (		•			
Total. (Column (b) must equal Form 9					
2 FIN 48 (ASC 740) Footnote organization's liability for unco	ertain tax positions under FIN	48 (ASC 740).	See P	art XIV	

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Schedule D (Form 990) 2011 The Advocacy Fund	94-3153687	Page 4
Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	···· · · · · · · · · · · · · · · · · ·	<u> </u>
1 Total revenue (Form 990, Part VIII, column (A), line 12)	10,633,	049.
2 Total expenses (Form 990, Part IX, column (A), line 25)	9,362,	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	1,270,	
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	1,270,	597.
Ranxill Reconciliation of Revenue per Audited Financial Statements With Revenue		•
1 Total revenue, gains, and other support per audited financial statements	1 10,728,	763.
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 . 2b	95,714.	
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	<b>2e</b> 95,	714.
3 Subtract line 2e from line 1	3 10,633,	049.
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		
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 10,633,	049.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Exp		
1 Total expenses and losses per audited financial statements	1 9,458,	166.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a	95,714.	
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d.	<b>2e</b> 95,	714.
3 Subtract line 2e from line 1	<b>3</b> 9,362,	452.
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 9,362,	452.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ai Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b A, any additional information	nd 4, Part IV, lines 1b and 2b, Also complete this part to provide	

\_\_\_\_Part X - FIN.48 Footnote \_\_\_\_\_

The Internal Revenue Service and the California Franchise Tax Board have determined
that TAF is exempt from federal and state income taxes under Internal Revenue Code
<u>Section_501(c)(4) and the California Revenue and Taxation Code_Section_23701(f)</u>
TAF has evaluated its current tax positions and has concluded that as of December
31, 2011, TAF does not have any significant uncertain tax positions for which a

\_\_\_\_reserve\_would\_be\_necessary.\_\_\_\_\_

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Schedule F	
(Form 990)	

## Department of the Treasury Internal Revenue Service

### Statement of Activities Outside the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990. ► See separate instructions.

2011
estimation (Conception)

OMB No 1545-0047

No

Name of the organization

The Advocacy Fund

Employer identification number 94-3153687

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### Bartile General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Part V
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)

<b>3</b> Activities per Region (The	e ioliowing Part I,	line 5 table can b	e duplicated if additional space	is needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Asia &			Grantrahing		100 717
(1) Pacific Middle East &	+		Grantmaking		192,717
(2) No. Africa			Grantmaking		98,595
(3) South America			Grantmaking		96,300
Sub-Saharan					
(4) Africa			Grantmaking		94,360
(5) Mexico & Canada			Grantmaking		6,860
(6)					
<u></u>					
(8)					
(9)					
(10)	-				<u></u>
(11)					
(12)					,,,,
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					488,832.
b Total from continuation sheets to Part I					
<b>c</b> Totals (add lines 3a and 3b) .	0	0			488,832.

<b>(a)</b> Name o	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	() Method of valuation (book, FMV, appraisal, other)
			Africa	Advocacy		Wire			
			Africa	Advocacy	40,000.	Wire			
8			Africa	Direct	50, 000.	Wire			
6			Asia/Pac Tsland	Advocacy	10 000	Wire			
9			Asia/Pac Island	Advocacy	11 884	Wire			
(9)			Asia/Pac Island	Advocacy	ч .	Wire			
6			Asia/Pac Island	Advocacy	20.000	Wire			
6			Asia/Pac Island	Advocacy	20,000	Wire			
6			Asia/Pac Island	Advocacy	20.000.	Wire			
			Asia/Pac Island	Advocacy		Wire			
			Asia/Pac Island	Advocacy	41 000	Wire			
			Asia/Pac Tsland	Advocacy		Wire			
			Asia/Pac Tsland	Advocacy	N	Wire			
			Asia/Pac Teland	Direct		Wire			
			Mexico	Advocacy	6 860	Wire			
(16)			Middle East	Advocacy	47,775.	Wire			
(16) 2 Enter total numbe the grantee or col	Enter total number of recipient organizations listed a the grantee or counsel has provided a section 501(c)	East       47, 775.         Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	East hat are recognized uvalency letter	as charities by th	47, 775. The foreign country,	recognized as tax	-exempt by the IR	S, or for which	

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Page 3	(h) Method of valuation (book, FMV, appraisal, other)																			Schedule F (Form 990) 2011
94-3153687 d 'Yes' to Form 990,	. e																•			Schedule F
94-3 ation answered 'Ye	(f) Amount of non-cash assistance															•				
te if the organiz	(e) Manner of cash disbursement																			
ed States. Comple	s needed. (d) Amount of cash grant															•				TEEA35031 05/26/11
utside the Unit	(c) Number of recipients																			
The Advocacy Fund Assistance to Individuals O	be duplicated if ad (b) Region																			
Schedule F (Form 990) 2011 The Adv Part III Grants and Other Assistan	Part IV, line 16. Part III can be duplicated if additional space is needed.       (a) Type of grant or assistance       (b) Region       (c) Number of recipients       (d) Amount of of cash grant       (f) Amount of of cash assistance       (g) Description of of cash assistance	(j	(2)	(3)	(4)	(5)	(6)	ε	8	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(L1)	(18)	BAA

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	edule F (Form 990) 2011 The Advocacy Fund	94-3153687	Page 4
	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' i organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	he Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cer Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	tain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cen Foreign Corporations. (see Instructions for Form 5471)	taın Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quali electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5713)	s Yes	X No

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Schedule F (Form 990) 2011

Schedule F (Form 990) 2011 The Advocacy Fund	94-3153687	Page 5
<b>Complete this part to provide the information required by Part I, line 2 (</b> 3, column (f) (accounting method; amounts of investments vs expenditu (accounting method); Part III (accounting method); and Part III, column recipients), as applicable. Also complete this part to provide any additional sectors and the sectors of the sectors o	monitoring of funds); Part I ires per region); Part II, line (c) (estimated number of mal information (see instru	l, line e 1 ctions).
Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outsi	<u>de US</u>	
<u>TAF conducts due diligence on organizations being considered</u>	<u>l for grants, issues</u>	<u>a</u>
grant award_agreement for all grants, and requires a grant reader a grant r	report, including	
Part II, Line 1 - Additional Supplemental Information		
Purpose_of_Grantmaking		
East Asia & the Pacific: Advocacy		
Middle_East_& North_America:Advocacy		
South America: Advocacy		
<u>Sub-Saharan_Africa:Direct_Services</u>		
<u>Mexico &amp; Canada: Advocacy</u>		
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Parking Continuation of Grants and Other Assistance to Urg	s and Other Assis	stance to Organizat	LIOUS OF ENTITY	anizations or entities outside the United States.		Actional ( ALL 220), Lat		(Ine I)
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
		Middle East	Advocacy	50,820.	Wire			
		South America	Advocacy	15,000.	Wire			
		South America	Advocacy	17,000.	Wire			
		South America	Advocacy	20,000.	Wire			
		South America	Advocacy	44,300.	Wire		_	
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Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 201 opeulos Inspec Employer identification numbe

94-3153687

The Advocacy Fund

**General Information on Grants and Assistance** Part

X Yes 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 criteria used to award the grants or assistance?

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Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part II

Part II can be duplicated if additional space is needed

Latti cali pe applicated li additional space is liegae	auuilioi lai space	IS licence		-		•	
<b>1</b> (a) Name and address of organization or government	(D) 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) ACLU Deleware							DE campaign to repeal death
Wilmington, DE 19801	51-0240032 501c4	501c4	30,000.	0.			penalty
(2) ACLU No. California							Death penalty
39_Drumm_Street							organizing
San Francisco, CA 94111	94-2151925 501c4	501c4	127,000.	0.			SoCal
(3) ACLU of Washington		_					End death
<u> 901 F1fth Ave., #630</u>							penalty in WA
Seattle, WA 98164	91-0683589 501c4	501c4	40,000.	0.			State
(4) Advancing Wisconsin							
<u>210_N. Bassett St., #110</u>							
Madison, WI 53703	80-0185628 501c4	501c4	49,000.	0.			General support
(5) Alabama State Conf. NAACP							
<u> P.O. Box 866</u>							
Athens, AL 3561	27-1455907 501c4	501c4	15,000.	0.			General support
(6) Alliance for Retired Amer. Ed							
<u>815 16th St. NW</u>							
Washington, DC 20006	20-0475553 501c3	501c3	76,200.	0.			General support
(7) America Votes							
<u>- 1401 New York Ave., NW #720</u>							
Washington, DC 20005	26-4568349 501c4	501c4	1,260,000.	0.			General support
(8) CA for Human Immigrant Rights	·						
<u>- 2533 W. 3rd St., #101H</u>							
	27-1460237 501c4	501c4	15,000.	0.			General support
2 Enter total number of section 501(c)(3) and government organizations	3) and government o	rganizations listed i	listed in the line 1 table			▲ 	20
3 Enter total number of other organizations listed in the line 1 table	ions listed in the line	1 table	•			•	27
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruction	s for Form 990.	-	TEEA3901L 06/01/11	06/01/11	Schedul	Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011) The Advocacy Fund 94-3153687	Fund			6	94-3153687 Page 2	2
Partille Grants and Other Assistance to Individuals in the Uni Part III can be duplicated if additional space is needed	Individuals in the onal space is nee	United States. Corded.	mplete if the organ	ization answered 'Yes		
(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)	() Description of non-cash assistance	1
-						
2						
m						1
4						1
ſ						1
, 0						1
2						1
Part IV Supplemental Information. Complete this part to		provide the information required in Part I	tion required in Pai	, line 2,	and any other additional information.	
Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.	ing <u>Use of Grants</u>	Funds in U.S.		•		1
TAF conducts due diligence on organization	<u>organizations</u>	<u>s being considered</u>	for grants.	& requires a		I
narrative and financial report detailing h	detailing how	ow funds were used				1
			                   			1
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						I
		8     8     7     8     1				1
						ı –
BAA					Schedule I (Form 990) (2011)	12

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TEEA3902L 01/25/12

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# Schedule I (Form 990) (2011)

		Continuation Sheet for Schedule I (Form 990)	et tor schedule	I (Form 990)			. L LUC
		<ul> <li>Attach to Form 9 Schedule I (F</li> </ul>	<ul> <li>Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.</li> </ul>	ormation for art III.			
Name of the organization						Continuation Page Employer identification number	Continuation Page 1 of 4 entification number
The Advocacy Fund						94-3153687	7
Part II Continuation	Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule	ince to Governments	and Organization	s in the United Star	tes (Schedule I	(Form 990), P	Part II.)
(a) Name and address of organization or government	rganization or (b) EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	f (h) Purpose of grant or assistance
Campaign for America's Future 1825 K St. NW. #400 Washington, DC 20006	<u>s Future</u> 52-1861766 501c4	66 501c4	65, 500.				General support
Campaign for Community Change 1536 U St., NW Washington, DC 20009		00 501c4	300,000.				List building expenses
CASA de Maryland, Inc. 8151 15th Ave. Hyattsville, MD 20783	  52-1372972 501c3	72 501c3	70,000.				General support
Colorado Long View P.O. Box 371163 Denver, CO 80237	27-1066385 501c4	85 501c4	75,000.				General support
Ctr for Economic & Policy Res 1611 Connecticut Ave., NW, #4 Washington, DC 20009	<u>1cY_Res</u>	29 501c3	35,000.				General support
Economic Opportunity Inst. 1900 N. Northlake Way, #237 Seattle, WA 98103	nst 237 91-1999302[501c3	02 501c3	40,000.				General support
Economic Policy Institute 1333 H St., #300, E. Tower Washington, DC 20005	ute 5 0wer 52-1368964 501c3	64 501c3	75,000.				General support
IL Coal. to Abolish Death Pen 332 S. Michigan Ave., #500 Chicago, IL 60604	<u>ath Pen</u>	32 501c3	. 000 . 6				General support
Immigrant Defense Project	ect as. <u>6th</u> 11-2461900 501c3	00 501c3	50,000.				General support
Inst. for Women's Policy Res. 1200 18th St., #301	cy_Res	72 501c3	92,000.				General support
		۳ I	TEEA4001L 08/25/11			Schedule I C	Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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	ပိ	Continuation She  Attach to Form 5  Schedule 1 (F	Nuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.	I (Form 990) ormation for art III.		- 
Name of the organization The ไม้กับการกับ ที่มีกกิ					Continuation Page Employer identification number 94–3153687	Continuation Page Z of 4 entification number 36.8.7
I Continui	nd Other Assistance	ce to Governments	s and Organization	nments and Organizations in the United States (Schedule	(Form 990). Pa	Part II.)
(a) Name and address of organization or government	<b>(b)</b> EİN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance		(h) Purpose of grant or assistance
Latino Donor Collaborative 11380 Prosperity Farms Rd 221 Palm Beach Gard, FL 33410	Exempti 27-4281557 Pending	Exemption Pending	10,068.			General support
Latino Healthy CA-Tides The Presidio-P.O. Box 29907 San Francisco, CA 94129	94-3213100 501c3	501c3	6,079.			General Support
League of Rural Voters P.O. Box 80259 Minneapolis, MN 55408	36-3494217 501c4	501c4	20,000.			General support
League of United Latin Amer 2000 L St., NW, #610 Washington, DC 20036	74-6090399 501c4	501c4 <	50,000.			General support
MD for Restorative Justice 3800A 34th St Mount Rainier, MD 20712	20-5941058 501c4	501c4	70,000.		•	General support
Media Matters Action Network	77-0646754 501c4	501c4	98,000.			General support
Nat'l_Comm. to Pres. Soc Sec 10 G St., NE #600 Mashington, DC 20002	20-8742654 501c3	501c3	50,000.			General support
Nat'l Gay & Lesbian Task Forc	52-1624852 501c3	501c3	20,000.			General support
<u>Nat'l Immigration Forum Actio _ 50 E St., NW #300 Mashington , DC 20001</u>	26-4718617 501c4	501c4	25,000.			General support
권회법	23-7094479 501c4	501c4	50,000.			General support
			TEEA4001L 08/25/11		Schedule I Co	Schedule I Cont (Form 990) 2011

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	Continuation Sh	Continuation Sheet for Schedule I (Form 990)	(Form 990)			. 1100
	<ul> <li>Attach to Form</li> <li>Schedule I</li> </ul>	<ul> <li>Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.</li> </ul>	mation for t III.			
Name of the organization					Employer Identification number	5
The Advocacy Fund	The Advocacy Fund	ali had Duraniansi in the Hadian States of ali	in the I laited Stat	1 ohiododi do 1	94-3153687	
(a) Name and address of organization or government	(b) EIN (c) IRC section if applicable		(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Nat'l Senior Citizens Law Ctr 1444 I StW, 11th FL Washington, DC 20005	95-3132674 501c3	50,000.				General support
Nat'l Women's Law Center 11 Dupont Circle NW, #800 Washington, DC 20036	52-1213010 501c3	50,000.				General support
NC Citizens for Justice 210 W Main, #301 Durham, NC	20-0491162 501c4	80,000.				General Support
NC Futures Action Fund P.O. Box 40010 Raleigh, NC 27629	45-0609320 501c4	50,000.				General support
NE Against Death Penalty Fdn 941 O St., #725 Lincoln, NE 68508	36-3777180 501c3	14,000.				General support
NH Citizens Alliance Action 4 Park St., #304 Concord, NH 03301	02-0505456 501c4	25,000.				General support
NH Coal Abolish Death Penalty	02-0222166 501c3	.000,6				General support
NJ for Alt to Death Penalty 986 S. Broad St Trenton, NJ 08611	22-172987 501c3	30,000.				Anti-reinstat ement work
<u>NY Immigrant Action Fund</u> 137-139 <u>W. 25th St., 12th FL</u> New York, NY 10001	61-1613175 501c4	25,000.				General support
Ohioans to Stop Executions 215 E. 14th St Cincinnat1, OH 45202	31-1269170 501c3	26,000.				Campaign to abolish death penalty
		TEEA4001L_08/25/11			Schedule I Cor	Schodinle   Cont /Earm 0001 2011

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	Ŭ	Continuation Sheet for Schedule I (Form 990)	et for Schedule	l (Form 990)			2011
		<ul> <li>Attach to Form 9 Schedule I (F</li> </ul>	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.	srmation for int III.		Continue	Continuistion Page 4 of 4
Name of the organization						Employer identification number	5
The Advocacy Fund IDATING Continuation of Grante and Other Accietance to Governments and Organizations in the United States (Schedule	ante and Other Accietan	ra to Governmente	and Organizations	in the United Stat	ac (Schadula I	94-3153687 /Form 990\ Part II \	
(a) Name and address of organization or government	ation or (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
People for the American Way 2000 M St., NW, #400 Washington, DC 20036	<u> </u>	501c4	294,000.				General support
Planned Parenthood Action Fnd 434 W. 33rd St. New York, NY 10001		501c4	49,000.				General support
Prog. Leadership All. of NV P.O. Box 40205 Portland, OR 97240	/	501c4	50,000.				General support
e <u>States Action</u> of <u>the Americas</u> , NY 10013	<u>ard</u>	501c3	75,000.				General support
	 65-1244918 501c4	501c4	25,000.				General support
Rebuild the Dream-MoveOnP.O. Box 411256San Francisco, CA 94141	06-1553389 501c4	501c4	1,003,000.				General support
<u>Sojourners</u> <u>3333 14th St. NW, #200</u> Washington, DC 20010	  23-7380554 501c3	501c3	25,000.				General support
<u>Story of Stuff-Tides</u> <u>P.O. Box 29907</u> San Francisco, CA 94129	  94-3213100 501c3	) 501c3	25, 000.				General support
Working Families Organization 2 Nevins St., 3rd FL Brooklyn, NY 11217	<u></u> 20-4994004 501c4	501c4	340,100.				General support
		Ë	TEEA4001L 08/25/11			Schedule I Co	Schedule I Cont (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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### 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. ОМВ № 1545-0047 **2011** •• ОрепtоРибіен Парадові ма

Name of the organization	Employer identification number
The Advocacy Fund	94-3153687
Form 990, Part III, Line 1 - Organization Mission	
The Advocacy Fund supports public education, adv	vocacy, and lobbying programs that
promote_social_justice, public_safety, education	n, and a sustainable, healthy
environment. In addition, TAF supports_civic_en	ngagement programs which advocate for
stronger_democratic_institutions & policy_reform	<u>n</u>
Form 990, Part VI, Line 11b - Form 990 Review Process	
The organization's audit committee and legal com	insel review the Form 990 prior to
filing. The complete return is distributed to t	the board prior to filing.
Form 990, Part VI, Line 12c - Explanation of Monitoring and I	Enforcement of Conflicts
On an annual basis, the directors, officers & ke	ey employees of the organization are
requested to complete a conflict of interest dis	sclosure_survey
Form 990, Part VI, Line 15a - Compensation Review & Approval	Process for CEO, Exec. Dir., or Top Mgtment
The organization reviews comparability data from	n the following sources: The
Chronicle of Philanthropy, Guidestar, and Counc	il on Foundations. The Advocacy Fund
Board reviews both the performance and compensat	tion annually. The Board or Board
appointed committee meets annually with the off	icer(s) and determine compensation by
considering comparability data, job performance,	, progress towards goals and
performance management reviews.	
Form 990, Part VI, Line 15b - Compensation Review & Approva	Process for Officers & Key Employees
The organization reviews comparability data from	n the following sources: The
Chronicle of Philanthropy, Guidestar, and Counc:	il on Foundations. The Advocacy Fund
Board reviews both the performance and compensat	tion annually. The Board or Board
appointed committee meets annually with the off:	icer(s) and determine compensation by
considering comparability data, job performance	, progress towards goals and
performance management reviews.	

• Schedule O (Form 990 or 990-EZ) 2011	Page 2
Name of the organization	Employer identification number 94-3153687
<b>`</b>	
Form 990, Part VI, Line 17 - List of States which this Return is Filed	
AL AK AZ AR CA CO CT DC FL GA HI IL KS KY ME MD MA MI MN MO M	<u>S NH NJ NM NY NC ND</u>
OH_OK_OR_PA_RI_SC_TN_UT_VA_WA_WV_WI	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Upon request.	
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Department of the Treasury Internal Revenue Service

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

·X

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits.

Partil Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
Type or print		
print	The Advocacy Fund	X 94-3153687
File by the due date for	Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
filing your return See	1014 Torney Avenue, The Presidio	
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	San Francisco, CA 94129	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of      Amanda Keton			
Telephone No       ► 415-561-7804       FAX No       ► 415-561-6301         ● If the organization does not have an office or place of business in the United States, check this box			▶ []
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the check this box</li> <li>If it is for part of the group, check this box</li> <li>If and attach a list with the name the extension is for.</li> </ul>			
<ul> <li>1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>8/15</u>, 20 <u>12</u>, to file the exempt organization return for the organization named above The extension is for the organization's return for</li> <li>► X calendar year 20 <u>11</u> or</li> <li>► tax year beginning, 20, and ending, 20</li> <li>2 If the tax year entered in line 1 is for less than 12 months, check reasonInitial returnFina</li> </ul>	il retu	rn	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Forr payment instructions	n 887	9-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

י ר	v complete Part II if you have already been gra			on a previously filed F	orm 8868
	are filing for an Automatic 3-Month Extension Additional (Not Automatic) 3-Month I			e original (no copie	es needed).
				Enter filer's identifying	g number, see instructi
	Name of exempt organization or other filer, see instructions			Employer id	dentification number (EIN) or
Type or print	The Advocacy Fund			X 94-	3153687
	Number, street, and room or suite number If a P O box, se	e instructions		Social secu	rity number (SSN)
File by the extended due date for	Crosby & Kaneda, CPAs				
filing the return See	1611 Telegraph Ave Ste 318				
instructions	City, town or post office, state, and ZIP code For a foreign	address, see instructi	ons		
	Oakland, CA 94612-2151		·······		<u> </u>
Entor the	Return code for the return that this application	us for (file a ser	parate application for	each return)	01
	Neturn code for the return that this application			cachrictumy	
Applications for the second se	n	Return Code	Application Is For		Retur Code
Form 990	-	01		· · · · · · · · · · · · · · · · · · ·	
Form 990	BL	02	Form 1041-A		08
Form 990	EZ	01	Form 4720		09
Form 990	PF	04	Form 5227 •	1	10
Form 990	T (section 401(a) or 408(a) trust)	05	Form 6069		
		1 06	Form 8870		12
• The bo	T (trust other than above) not complete Part II if you were not already g poks are in care of ► <u>Amanda_Keton</u> none No ► 415-561-7804		· · · · · ·		
• The bo Telepl • If the • If this whole gro	not complete Part II if you were not already g	FAX No FAX No For dusiness in the four digit Group	Autic 3-month extens 415-561-6301 He United States, checo Exemption Number	ck this box (GEN)	ed Form 8868. ►If this is for th
• The bo Telepl • If the • If this whole gro members 4 I reo 5 For 6 If th 7 Stat	not complete Part II if you were not already g boks are in care of ► Amanda Keton hone No ► 415-561-7804 organization does not have an office or place of is for a Group Return, enter the organization's up, check this box ► If it is for part of t the extension is for. quest an additional 3-month extension of time is calendar year 2011, or other tax year beg e tax year entered in line 5 is for less than 12 Change in accounting period	FAX No FAX No FAX No Fof business in the group, check the	natic 3-month extens         415-561-6301         ne United States, check         b Exemption Number         this box       □ and a	k this box (GEN) attach a list with the na , and ending tial return	If this is for the second seco
• The bo Telepl • If the • If this whole gro members 4 I rec 5 For 6 If th 7 Stat <u>ga</u> 8a If th	not complete Part II if you were not already g boks are in care of ► Amanda Keton hone No ► 415-561-7804 organization does not have an office or place of is for a Group Return, enter the organization's up, check this box ► If it is for part of the the extension is for. quest an additional 3-month extension of time of calendar year 2011, or other tax year beg e tax year entered in line 5 is for less than 12 Change in accounting period e in detail why you need the extensionT ther informationnecessary to is application is for Form 990-BL, 990-PF, 990 refundable credits See instructions	FAX No FAX No FAX No For business in the four digit Group, the group, check in the group, check in the group, check in the group, check in the group, check in the group of th	natic 3-month extens 415-561-6301 the United States, check be Exemption Number this box ▶ and a 20 12 20 12 100 reason □ Init espectfully re pmplete and ac 9, enter the tentative	ck this box (GEN) attach a list with the na tal return F quests addition curate tax return	If this is for the second seco
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