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Selection box in the Adobe Finit dialog.									
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TODDIC DIDCHODORE COLL									

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For the	2016 calendar year, or tax year beginning	and	ending	_	
В	Check if applicable	C Name of organization			D Employer ident	ification number
	Addres	RESULTS EDUCATIONAL FUN	ID. INC.			
Ē	Name change	Doing business as			95-	3747267
	Initial return	Number and street (or P.O. box if mail is not deliv	rered to street address)	Room/suite	E Telephone numl	
	Final return/ termin-	1101 15TH STREET NW				-783-4800
_	ated Amend	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$	2,999,990.
F	return Applica	WASHINGTON, DC 20005	INTE CARMED		H(a) Is this a group	
L	ltiòn pendin∈	I F Name and address of principal officer: U CALV	INE CARTER		for subordinat	
_	Toy ovo		(insert no.) 4947(a)(1)	or 527	4 ` ′	s included? Yes No a list. (see instructions)
		EST NOTES N	(Insert no.) 4547(a)(1)	01 321	H(c) Group exemp	,
			ociation Other	1 Year		M State of legal domicile; CA
		Summary			<u> </u>	THE State of logar dollhold, C-1
Ф	1 E	Briefly describe the organization's mission or most s	significant activities: GENE	RATING	THE WILL	TO END
Governance	<u>I</u>	HUNGER AND THE WORST ASPEC	TS OF POVERTY.			
ř	2	Check this box 🕨 🔲 if the organization discont	tinued its operations or dispo	sed of more	than 25% of its net	assets.
Š	3 1	Number of voting members of the governing body (F	. , , , , , , , , , , , , , , , , , , ,			3 15
	4 r	Number of independent voting members of the gove				14
ies		otal number of individuals employed in calendar ye				
Activities &	6 7	otal number of volunteers (estimate if necessary)			<u>L</u>	
Aci		otal unrelated business revenue from Part VIII, colu				a 0.
	b N	Net unrelated business taxable income from Form 9	90-T, line 34	<u></u>		ь 0.
		Santalla stick and superty (Dant MIII 1984 41)			Prior Year 2,637,985	• Current Year 2,517,656.
Revenue	8 (9 F	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)			368,965	
ěVeľ	10	nvestment income (Part VIII, column (A), lines 3, 4, a	and 7d)		9,487	
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,775	
	· ·	otal revenue - add lines 8 through 11 (must equal F			3,018,212	
		Grants and similar amounts paid (Part IX, column (A			3,032,656	
		Benefits paid to or for members (Part IX, column (A)			0	
S	1	Salaries, other compensation, employee benefits (Pa			3,720,139	. 4,107,216.
Expenses	16a F				0	. 0.
Xpe	b 1	Professional fundraising fees (Part IX, column (A), lir Total fundraising expenses (Part IX, column (D), line	25) ▶ <u>305,5</u>	94.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		4,176,592	
		otal expenses. Add lines 13-17 (must equal Part IX			10,929,387	
0	19 F	Revenue less expenses. Subtract line 18 from line 1	2		-7,911,175	
Net Assets or	<u> </u>			Be	ginning of Current Yea	
ASSE Rais	20 1	otal assets (Part X, line 16)			15,747,577	
let/	21 7	otal liabilities (Part X, line 26)			1,094,279 14,653,298	
	art II	let assets or fund balances. Subtract line 21 from li Signature Block	ine 20		14,033,230	• 3,303,713•
		ties of perjury, I declare that I have examined this return, in	ncluding accompanying schedule	es and statem	ents, and to the best of	my knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer)				my mornoago ana bonon, n lo
		1 Starts		· · · · · · · · · · · · · · · · · · ·		XT 2017
Sig	jn	Signature of officer			Date	
Не	re	MARK BUTLER, DIRECTOR C	F FINANCE			
		Type or print name and title				
			Preparer's signature		Date Check if	PTIN
Pai		DAVID A. JONES	1400111.00		self-emp	
	L-		MCQUADE, P.A.	A	Firm's EIN	52-1853933
US	Only	Firm's address 10500 LITTLE PATU COLUMBIA, MD 2104		SUITE		10 004 0000
— Ma	v the IR	S discuss this return with the preparer shown abov			Phone no. 4	10-884-0220 X Yes No
u	,	and retain that the property showing	O. GOOD HIGH GOLDONS			Lead ICS L. NO

Other program services (Describe in Schedule O.)

including grants of \$ 10,732,344.) (Revenue \$

Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operation or domestic operament or Part IX, column (A), line 17 If 17 If Yes, "Complete Schedule (Parts I and II) 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 If "Yes," complete Schedule (Parts I and II) 23 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or \$about compensation of the organization acurent and former offices, directors, trustases, key employees, and highest compensated employees? If "Yes," complete Schedule IP Arts IVI, section A, line 3, 4, or \$about compensation of the organization acurent and former offices, directors, trustases, key employees, and highest compensated employees? If "Yes," complete Schedule IP Arts IVI, section A, line 3, 4, or \$about compensation of the organization acurent and former offices, directors, trustases, key employees, and highest compensated employees? If "Yes," complete Schedule IP Arts IVI, section A, line 3, 4, or \$about compensation of the organization acurent and former offices, directors, trustases, key employees, and highest compensated employees? If "Yes," complete Schedule IP Arts IVI, section A, line 3, 4, or \$about compensated employees? If Yes, and the IVI and IVI a				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic operations of comments of part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 24 Did the organization report have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX. If "No. 19 to line 25a. 25 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last 34 or 10 to the organization have a tax-exempt bond beyond a temporary period exception? 26 Did the organization mariation are serrow account other than a refunding escrow at any time during the year? 27 Did the organization mariation are serrow account other than a refunding escrow at any time during the year? 28 Did the organization with a disqualified person during the year? If yes, complete Schedule I, Part I 29 Did the organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If yes, complete Schedule I, Part II 29 Did the organization awave that it engaged in an excess benefit transaction with a disqualified person during the year? If yes, complete Schedule I, Part II 29 Did the organization report any amount on Part X, line 5, 6, or 22 for recolvables from or payables to any current or former officers, director, sustees, key employees, in disqualified persons? If Yes, complete Schedule I, Part IV 29 Did the organization aparty to a business transaction with one of the foliowing pa	20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 if "Fes," complete Schedule I, Parts I and II. 21 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Pes," complete Schedule I, Parts I and III. 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization is current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part II and III and	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 2 Did the organization on the 2 Parts I and III 2 Did the organization on the 2 Parts I and III 2 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX II "No", or to line 25a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IX II "No", or to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part II 25a Scholine 5(1, Part II) 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization specifies of the organization or aware that it engaged in an excess benefit transaction with a disqualified person organization or expect the organization expect any armount on Part X, line 5, 6, or 22 for receivables from or payables to any purrent or former offices, director, trustee, in the fill of the organization expect any armount or part selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," co	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VIII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I have 25a 24b III 24a X 24a X 24b III 24b		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No!, go to line 25a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28d Did the organization invest as an "no behalf of" issuer for bonds outstanding at any time during the year? 19d Did the organization with a disqualified person during the year? 19d Did the organization with a disqualified person during the year? 19d Did 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization propers of 990-EZ? If "Yes," complete Schedule L, Part II 27d 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 IV 28d Was the organization provide a grant or other assistance to an officer, director, trustee, evil expendigues of the surface of the part IV instructions for applicable filing thresholds, conditions, and exceptions): 27d A current or former officer, director, trustee, or key employee? If	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b 25a Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? 25a Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction near to been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b X 27					
24a			23	X	
stat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds? d Did the organization act as an "on behalf of issuer for bonds custanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds custanding at any time during the year? d Did the organization act as an "on behalf of issuer for bonds custanding at any time during the year? d Did the organization avare 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 reforms 90 or 990 E2? If "res," complete Schedule L, Part I	24a				
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b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 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 X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 N, Part I 31 X 31 Did the organization includiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 31 Schedule N, Part II 32 Section 501(c)(3) organizations. Did the organization n	200		252		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b	h		254		
Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Zea 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 II, III, or IV, and Part V, Iine 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 34			25h		x
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	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note: Air of this safe required to complete schedule o		Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lib			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
0-	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 65			
	filed for the calendar year ending with or within the year covered by this return			Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		- 22
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		SD		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a	х	
h	If "Yes," enter the name of the foreign country: SPAIN	accounty?	-t a		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
-	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a 9b		
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		96		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a		10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
ii a	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	. 14			
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>			
	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.				
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			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Eorm	990	(2016

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, db, of 10b below, describe the circumstances, processes, or changes in schedule 0. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	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?		v	
	The organization's CEO, Executive Director, or top management official	15a	Х	X
b	Other officers or key employees of the organization	15b		Λ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	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 take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	υт	тт	ъc
17	List the states with which a copy of this Form 990 is required to be filed AK, AZ, AR, CA, CO, CT, DC, FL, GA			, NO
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallab	ie	
	for public inspection. Indicate how you made these available. Check all that apply. X Our we had a large way to be it. X Under your week. X Other (our lain in School use O)			
40	X Own website Another's website X Upon request Other (explain in Schedule O)	ı .c :	_:_!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► THE ORGANIZATION - 202-783-4800			
	1101 15TH STREET NW, WASHINGTON, DC 20005			
	SEE SCHEDILE O FOR FILL LIST OF STATES	Form	990	(2016)

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	not c , unle	heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KUL GAUTAM CHAIRMAN	5.00	x		х				0.	0.	0.
(2) BETH WILSON	5.00									
SECRETARY	2.00	х		х				0.	0.	0.
(3) JAN TWOMBLY	5.00									
TREASURER	2.00	х		х				0.	0.	0.
(4) SAM DALEY-HARRIS	40.00									
FOUNDER/DIRECTOR	1.00	Х		х				79,396.	0.	31,972.
(5) ROGER HUDSON	5.00							,		•
DIRECTOR	2.00	Х						0.	0.	0.
(6) VANESSA GARCIA	5.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) CINDY CHANGYIT-LEVIN	5.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) MARIAN WRIGHT EDELMAN	5.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9) PANKAJ AGARWAL	5.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) VALERIE HARPER	5.00							_	_	_
DIRECTOR	2.00	Х						0.	0.	0.
(11) MARIANNE WILLIAMSON	5.00							_	_	_
DIRECTOR	2.00	Х						0.	0.	0.
(12) PROF. MUHAMMAD YUNUS	5.00									
DIRECTOR	2.00	Х						0.	0.	0.
(13) SCOTT LECKMAN, M.D., F.A.C.S.	5.00	١							•	•
DIRECTOR	2.00	Х						0.	0.	0.
(14) ERNEST LEOVINSOHN	5.00	١							0	•
DIRECTOR	2.00	Х						0.	0.	0.
(15) MAXINE THOMAS	5.00	,,							0	0
DIRECTOR	2.00	X						0.	0.	0.
(16) JOANNE CARTER	34.00	-		_v				147 450	0.	20 252
EXECUTIVE DIRECTOR	38.00	\vdash		Х				147,450.	0.	30,253.
(17) MARK BUTLER	2.00	-				х		124,203.	0.	30,193.
DIRECTOR OF FINANCE	4.00					Λ		144,403.	0.	50,193.

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	'n	an	ount	of
	week	_	cer an	ia a a	irecto	or/trus	tee)	from	from related			other	
	(list any	recto						the	organizations			pensa 	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	3C)		om the	
	organizations	ustee	trust		e e	nbens		(W-2/1099-MISC)			_	anizati d relati	
	below	ual tr	ional		ploye	t con	L					ınizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ıınzatı	J113
(18) VICTORIA TRELAND	40.00	_	_	Ŭ	×		_						
DIRECTOR OF PROGRAM DEV.						Х		125,237.		0.	1	1,8	53.
(19) JOHN P. FAWCETT	40.00												
DIRECTOR, GLOBAL POLICY &						Х		102,565.		0.	1	4,7	<u>60.</u>
(20) HANNAH L. BOWEN	40.00					l		104 040					
DIRECTOR, ACTION						Х		104,940.		0.		6,1	<u>41.</u>
		-											
										_			
		1											
		-											
				-		-				-+			
		1											
										-			
1b Sub-total								683,791.			12	5,1	
c Total from continuation sheets to Part VI	I, Section A						>	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	683,791.			12	5,1	72.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportabl	le			_
compensation from the organization											1	Yes	5 No
2 Did the averagination list any farmon officer.	al:	4						h:				res	INO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su								her compensation from			•		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a											·		
rendered to the organization? If "Yes," com	•				•						5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	=	-								npensa	tion f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		/ear.		,,		
(A) Name and business	address							(B) Description of s	ervices	Co	C) mpei	;) nsatio	า
AEQUITAS CONSULTING PVT.	LTD, M4	4,	WI	ES:	Г								

and digamean respect compensation for the calculation year of any	in the organization of tark your	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
AEQUITAS CONSULTING PVT. LTD, M4, WEST		
WING, SOMERSET HOUSE, STRAND, LONDON,	CONSULTING SERVICES	505,800.
GRANT THORNTON LLP		
33562 TREASURY CENTER, CHICAGO, IL 60694	ACCOUNTING SERVICES	175,777.
NORIKO SHIRASU, SANKYU BLDG. 503, 3-6-14		
KASUMIGASEKI CHIYODA-KU, TOKYO, JAP	ADVOCACY IN JAPAN	166,116.

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

Pa	rt v	Ш	Check if Schedule O contains a response	e or note to any li	ne in this Part VIII			
			Check if Concodic C Contains a response	or note to any ii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	Business Code	2,517,656.			
Program Service Revenue		b c d e f	EDUCATIONAL EVENTS CONTRACTS MERCHANDISE & BOOK SAL All other program service revenue		390,744. 68,530. 2,075.	390,744. 68,530. 2,075.		
_	3		Total. Add lines 2a-2f		461,349.			
	4 5		other similar amounts) Income from investment of tax-exempt bond Royalties	proceeds	6,654.			6,654. 65.
		b c	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	l		Net rental income or (loss)					
			Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	(ii) Other 2,165. 3,036.				
		С	Gain or (loss)	-871.				
			Net gain or (loss)	<u> </u>	-871.			-871.
Other Revenue				26,137. 26,137.				
O			Net income or (loss) from fundraising events	>	0.			
		b		o				
	10	a b	J	a				
		С	Net income or (loss) from sales of inventory					
	11	a b	Miscellaneous Revenue LOSS ON CURRENCY CONVE	Business Code 900099	-14,036.			-14,036.
		с						
			All other revenue Total. Add lines 11a-11d	•	-14,036.			
	12	2	Total revenue. See instructions.		2,970,817.	461,349.	0.	-8,188.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com				V
	Check if Schedule O contains a respon		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,532.	1,532.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	3,343,881.	3,343,881.		
4	Benefits paid to or for members	0,010,001	0,010,001		
5	Compensation of current officers, directors,				
•	trustees, and key employees	238,646.	198,540.	27,766.	12,340
6	Compensation not included above, to disqualified			= 1,71000	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,174,506.	2,635,612.	373,252.	165,642
8	Pension plan accruals and contributions (include			0.0,2020	
Ü	section 401(k) and 403(b) employer contributions)	30,751.	25,924.	3,332.	1.495
9	Other employee benefits	399,868.		43,319.	1,495 19,447
10	Payroll taxes	263,445.	219,119.	31,727.	12,599
11	Fees for services (non-employees):	200,1100	223,223	3277270	
	Management				
	Legal	14,616.	10,476.	4,140.	
	Accounting [177,396.	20,2700	177,396.	
		2777000		27770500	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	1,559,445.	1,480,967.	78,347.	131
12	Advertising and promotion	33,846.		3,648.	63
13	Office expenses	231,225.		61,876.	22,583
14	Information technology	31,573.	15,257.	14,713.	1,603
15	Royalties		·	·	·
16	Occupancy	294,519.	244,522.	34,629.	15,368
17	Travel	1,558,556.	1,392,712.	124,783.	41,061
18	Payments of travel or entertainment expenses	· · ·	, ,		·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	582,676.	561,184.		21,492
20	Interest	<u> </u>			· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,067.	45,719.	6,475.	2,873
23	Insurance	35,474.	30,711.	3,299.	1,464
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	LICENSES AND FEES	22,435.		8,965.	13,470
b	DUES AND SUBSCRIPTIONS	12,799.	12,185.	614.	, -
c	TRAINING AND DEVELOPMEN	6,222.	,	6,122.	100
d	SPECIAL EVENT EXPENSES	-26,137.		,	-26,137
	All other expenses	<u>-</u>			· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24e	12,042,341.	10,732,344.	1,004,403.	305,594
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,043,131.	1	1,278,960.
	2	Savings and temporary cash investments	3,858,429.	2	3,764,958.
	3	Pledges and grants receivable, net	9,089,694.	3	775,466.
	4	Accounts receivable, net	95,444.	4	79,816.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	21,777.	9	92,755.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 541,069.			
	b	Less: accumulated depreciation 10b 222, 427.	353,368.	10c	318,642.
	11	Investments - publicly traded securities	39,725.	11	318,642. 22,385.
	12	Investments - other securities. See Part IV, line 11	<u> </u>	12	,
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	246,009.	15	358,363.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,747,577.	16	6,691,345.
	17	Accounts payable and accrued expenses	655,152.	17	703,040.
	18	Grants payable	•	18	,
	19	Deferred revenue	14,020.	19	2,275.
	20	Tax-exempt bond liabilities	•	20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ပ္ခ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	425,107.	25	402,317.
	26	Total liabilities. Add lines 17 through 25	1,094,279.	26	1,107,632.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
နွ		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	85,641.	27	2,280.
ala	28	Temporarily restricted net assets	14,567,657.	28	5,581,433.
d E	29	Permanently restricted net assets		29	
μ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
ō		and complete lines 30 through 34.			
əts	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	14,653,298.	33	5,583,713.
	34	Total liabilities and net assets/fund balances	15,747,577.	34	6,691,345.

Page	1	2
Paue		_

ı a	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				17.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	04	2,3	41.
3	Revenue less expenses. Subtract line 2 from line 1	3				24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,			98.
5	Net unrealized gains (losses) on investments	5			1,9	39.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5,	58	3,7	13.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	_			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?				Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
					000	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1	\Box	A church, convention of ch						
2		A school described in sect					-NN-1-	
3	\Box	A hospital or a cooperative					ii\	
4	一	A medical research organiz	•				-	the hospital's name
7	ш	•	ation operated in co	njunction with a nospita	described	a iii Sectio	ii iro(b)(i)(A)(iii). Liitei	the nospital s hame,
_		city, and state:		llana autoniususiku suusa				and in
5		An organization operated for		liege or university owner	or opera	ted by a g	overnmental unit descrit	bea in
		section 170(b)(1)(A)(iv). (C	· · · · · ·					
6		A federal, state, or local government						
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
		university:						
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Con		(ICCC CCCIOTICITICITICAX) III	om basine	ooco aoqe	med by the organization	artor dario do, 1070.
11		An organization organized	,	ivaly to tost for public so	ofaty San	saction 50	10(2)(4)	
	H	-	•	*	-			nurnassa of one or
12		An organization organized	•	•	-		•	
		more publicly supported or	•					Sheck the box in
		lines 12a through 12d that				•	· · · · · ·	
а			•	•	•			
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		☐ Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally		•				ization(s)
		that is not functionally int						* *
		requirement (see instruct	-	•	-		•	
е		Check this box if the orga	•	-				
·		functionally integrated, or					rype i, rype ii, rype iii	
	Ent	er the number of supported						
		• •	•	d ergenization(s)				
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	169	140	,	, , , , , , , , , , , , , , , , , , ,
Tota	al							

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	7345515.	4372082.	28691946.	2505573.	2517656.	45432772.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	7245515	4250000	00601046	0505552	0515656	45420550	
4	Total. Add lines 1 through 3	7345515.	43/2082.	28691946.	2505573.	251/656.	45432772.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						20570612	
_	column (f)						29570613. 15862159.	
	Public support. Subtract line 5 from line 4.						<u>µ3602139.</u>	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(d) 2015	(e) 2016	(f) Total	
	Amounts from line 4	7345515.	(b) 2013 4372082.	(c) 2014 28691946.	2505573.	2517656.	45432772.	
	Gross income from interest,	73133134	13720020	200313100	23033731	23170301	131327721	
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	13,818.	10,201.	5,825.	10,759.	6,719.	47,322.	
9	Net income from unrelated business			0,000		.,		
Ū	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	5,501.	2,154.	7,371.	1,596.		16,622.	
11	Total support. Add lines 7 through 10						45496716.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,748,755.	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
_	organization, check this box and stor						<u></u> ▶□	
	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2016 (14	34.86 %	
15	Public support percentage from 2015					15	35.07 %	
16a	16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
47.								
1/a	10% -facts-and-circumstances tes	ū					•	
	and if the organization meets the "fact			-	•	-		
h	meets the "facts-and-circumstances"							
O	10% -facts-and-circumstances tes	_						
	more, and if the organization meets the organization meets the "facts-and-circ							
12								
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2016

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

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

qualify under the tests listed leads Section A. Public Support	pelow, please com	plete Part II.)				
• • • • • • • • • • • • • • • • • • • •	(a) 0010	(b) 0010	(a) 001.4	(d) 0015	(a) 0010	(6) T-+-1
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			•	•	•	
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	1			<u></u>
14 First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	zation,
check this box and stop here		roontogo				▶└_
Section C. Computation of Pub					11	
Public support percentage for 2016						
16 Public support percentage from 201					16	
Section D. Computation of Inve					11	
17 Investment income percentage for 2						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2016. If the	-					
more than 33 1/3%, check this box a b 33 1/3% support tests - 2015. If the	e organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
ALL PRIVATE TOLINGATION IT THE ORGANIZATION	on aid not chack a	ı novon ıın∆ 1/I 10	m or iun chackt	THE DAY AND COO II	TETTLICTIONS	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 6 7 8			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c		1		
3a 3b 3c 4a 4b 4c 5a 5b 5c		•		
3a 3b 3c 4a 4b 4c 5a 5b 5c				
3b 3c 4a 4b 4c 5a 5b 5c		2		
3b 3c 4a 4b 4c 5a 5b 5c		За		
3c 4a 4b 4c 5a 5b 5c				
3c 4a 4b 4c 5a 5b 5c		-		
4a 4b 4c 5a 5b 5c 6		3b		
4b 4c 5a 5b 5c 6		3с		
4b 4c 5a 5b 5c 6				
5a 5b 5c 6		4a		
5a 5b 5c 6				
5a 5b 5c 6		4b		
5a 5b 5c 6				
5a 5b 5c 6				
5b 5c 6		4c		
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9a		уа		
9b		9b		
9c		9с		
10a		10a		
10b n 990 or 990-EZ) 2016	~ ^		00 EZ	2016

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

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amour				
2	Amour				
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total a	annual distributions. Add lines 1 through 6			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provid	de details in Part VI). See instructions			
9	Distrib	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
500t:	on E	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
ecti	on E -	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distrib	utable amount for 2016 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2016 (reason-			
	able ca	ause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:				
а					
b					
С	From 2013				
d	From 2	2014			
е	From 2	2015			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2016 distributable amount			
i	Carry	over from 2011 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2016 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2016 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2016, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6	Remai	ning underdistributions for 2016. Subtract lines 3h			
	and 4b	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions			
7	Exces	s distributions carryover to 2017. Add lines 3j			
	and 40				
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
_	Eve-	n from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

95-3747267 RESULTS EDUCATIONAL FUND, INC. Organization type (check one):

Filers of:		Section:				
Form 990 or	990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PI	F	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Ru	le					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rul	es					
sec any	ctions 509(a)(1) a y one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
yea	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
yea is c pui	ar, contributions checked, enter he rpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 178,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 205,466.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number RESULTS EDUCATIONAL FUND, INC. 95-3747267

Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II for

RESULTS EDUCATIONAL FUND, INC.

95-3747267

(a) No. from Part I Description of noncash property given S (See instructions (See i	Date received
(a) No. from Part I (a) No. (b) FMV (or estimate (See instructions) (a) No. (b) FMV (or estimate (See instructions) (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. (b) FMV (or estimate (See instructions) (a) No. (c) FMV (or estimate (See instructions) (d) No. (c) FMV (or estimate (See instructions) (d) No. (c) FMV (or estimate (See instructions) (d) No. (c) FMV (or estimate (See instructions)	
(a) No. from Part I (a) No. (b) FMV (or estimate (See instructions) (a) No. (b) FMV (or estimate (See instructions) (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. (b) FMV (or estimate (See instructions) (a) No. (b) FMV (or estimate (See instructions) (a) No. (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. (e) FMV (or estimate (See instructions)	
No. from Description of noncash property given (c) FMV (or estimate (See instructions) (a) No. from Description of noncash property given (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. from Description of noncash property given	
(a) No. from Part I (b) FMV (or estimate (See instructions) \$ (a) No. from Description of noncash property given (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. from Description of noncash property given (See instructions)	
(a) No. from Part I Description of noncash property given \$ (c) FMV (or estimate (See instructions)) \$ (a) No. from Description of noncash property given (b) FMV (or estimate (See instructions))	
No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate (See instructions) (c) FMV (or estimate (See instructions) (d) No. from Description of noncash property given (c) FMV (or estimate (See instructions) (See instructions)	
(a) No. (b) from Description of noncash property given (c) FMV (or estimate (See instructions)	
(a) No. (b) from Description of noncash property given (c) FMV (or estimate (See instructions)	
No. (b) FMV (or estimate (See instructions)	
(a) No. from Part I (b) (c) FMV (or estimate (See instructions)	
\$	
(a) No. (b) from Part I (c) FMV (or estimate (See instructions)	

Name of organ	nization				Employer identification number
RESULTS	S EDUCATIONAL FUND, IN	rc.			95-3747267
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	tributions to organizations o	lescribed in secti I the following line	on 501(c)(7), (8), or entry, For organization	(10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou	ıs, charitable, etc., contributions o	of \$1,000 or less for t	he year. (Enter this info. once	\$
(a) No. from	Use duplicate copies of Part III if addition	lai space is needed.			
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
-				l 	
_					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd 7 IP + 4	R	elationship of tra	nsferor to transferee
	Transferee & Hame, dadress, a			elationomp of trail	
-					
-					
(a) No. from	(b) Purpose of gift	(c) Use of g	uift	(d) Desc	ription of how gift is held
Part I	(S) Lapose of gift	(0) 000 01 9		(4) 2000	Tipuon or now gire to note
-				l 	
-		(e) Transf	er of gift		
		(e) Italisi	er or girt		
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
-					
-					
(a) No				I	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held
				_	_
-					
-					
		(e) Transf	er of gift		
	Transferee's name, address, a	nd 7IP + 4	B	elationship of tra	nsferor to transferee
	Transferee & Hame, dadress, a			or a di	
-					
-					
(a) No. from	(b) Purpose of gift	(c) Use of g	nift	(d) Desc	ription of how gift is held
Part I	(S) Lapose of gift	(0) 000 01 9		(4) 2000	Tipuon or now gire to note
-		-			
_		(e) Transf	or of aift		
		(e) ITalisi	or or gire		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
-					
-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	, ,	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990. Part X		\$

632051 08-29-16

Schedule D (Form 990) 2016

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

Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Other	Similar Ass	ets(continued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a sign	ificant use of it	s collection items	
	(check all that apply):								
а	Public exhibition	d	ı 🔲 ı	oan or exc	hange progra	ams			
b	b								
С	c Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	on's exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similar as	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of	the orgar	nization's c	ollection?			Yes No	
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	ns or other as	sets not inc	cluded		
	on Form 990, Part X?						L	Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	ount liability	?L	⊥ Yes	
	If "Yes," explain the arrangement in Part XIII.							<u></u>	
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on F	1				
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d)	Three years bac	(e) Four years back	
	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:				
	Board designated or quasi-endowment		%						
	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for the	organization		
	by:							Yes No	
	(i) unrelated organizations								
	(ii) related organizations								
	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.					
Pai	t VI Land, Buildings, and Equipm		0 0				10		
	Complete if the organization answere								
	Description of property	(a) Cost or o			or other		umulated	(d) Book value	
	Land	basis (investr	nent)	Dasis	(other)	uepre	ciation		
	Land								
	Buildings			3.0	6,261.	1 0	8,754.	217,507.	
	Leasehold improvements				2,376.		1,136.	71,240.	
	Equipment				2,432.		2,537.	29,895.	
	Other		Y colum				2,3370	318,642.	
iold	i Add iiiles Ta tilibugit Te. (Coluitiit (d) Must e	guai i oiiii 330, Pail	A, COIUII	ייי (<i>בו</i>), וווופ	· · · · · · · · · · · · · · · · · · ·			323,042.	

Schedule D (Form 990) 2016

Part VII	Investments -	Other	Securities.

Complete if the examination enguered "Vee"	on Form OOO Dort IV line	11h Can Form 000 Port V line 10
Complete if the organization answered "Yes"	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	21,896.
(2) DUE FROM RESULTS, INC., A RELATED ORGANIZATION	336,467.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	▶ 358,363.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	142,041.	
(3)	DEFERRED IMPROVEMENT ALLOWANCE	260,276.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	402,317.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Pai	rt XI	Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII	Reconciliation of Expenses per Audited Financial S	-	nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	red services and use of facilities	2a		
b	Prior y	/ear adjustments	2b		
С		losses			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3		act line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Pa	rt XIII	Supplemental Information.			
Provi	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Par	rt XI,
ines	2d and	l 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
PAI	RT X	, LINE 2:			
ΓHΙ	E OR	GANIZATION RECOGNIZES THE EFFECT OF	F INCOME TAX P	OSITIONS ONLY II	?
rh(OSE	POSITIONS ARE MORE LIKELY THAN NOT	OF BEING SUST	AINED. THE	
ORC	GANI	ZATION DOES NOT BELIEVE ITS FINANC:	IAL STATEMENTS	INCLUDE ANY	
UNC	CERT	AIN TAX POSITIONS.			

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Employer identi	ncation number
RESULTS EDUCATI	ONAL FUN	D, INC.			95-37472	67
			tside the United States. Compl	ete if the orgar		
Form 990, Part IV						
-	-		ds to substantiate the amount of its gr			1 37
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? L	Yes X No
.						
=	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	tner assistance ou	tside the
United States. 3 Activities per Region. (T	he following Par	t I line 3 table c	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of		(d) Activities conducted in the region	· ·	vity listed in (d)	(f) Total
(4) 1109.011	offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
				ADVOCACY AN	ND EDUCATION	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ON TB & HIV	//AIDS	412,225.
				A DVIOGA GV. AA	ID EDUCATION	
EUROPE		0	PROGRAM SERVICES	ON TB & HIV	ND EDUCATION	1 500 644
EUROPE	0		FROGRAM SERVICES	ON 1B & HIV	//AIDS	1,580,644.
EAST ASIA & THE				ADVOCACY AN	ND EDUCATION	
PACIFIC	0	0	PROGRAM SERVICES	ON TB & HIV		660,842.
						,
				ADVOCACY AN	ND EDUCATION	
NORTH AMERICA	0	0	PROGRAM SERVICES	ON TB & HIV	//AIDS	690,170.
	_					2 242 225
3 a Sub-total	0	0				3,343,881.
b Total from continuation		0				
sheets to Part I c Totals (add lines 3a	-	<u> </u>				0.
and 3b)	0	0				3,343,881.
and obj	ı	ı				-,,

632071 09-21-16

Schedule F (Form 990) 2016

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FM\ appraisal, other)
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		EUROPE	HIV/AIDS	926,904.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	144,923.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		NORTH AMERICA	HIV/AIDS	690,170.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	191,285.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		EUROPE	HIV/AIDS	653,740.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		EAST ASIA AND THE	EDUCATION ON TB &					
		PACIFIC	HIV/AIDS	660,842.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	76,017.	INT'L WIRE	0.		

2	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
3	Enter total number of other organizations or entities

Part III Grants and Other Assistanc Part III can be duplicated if ac			ates. Complete if	the organization answered "Yes	" on Form 990, Part	IV, line 16.		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2016 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain 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; do not file with Form 990)	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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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)	Yes	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

David	(1 01111 000) 2010					,	reget		
Part V	Supplementa	l Inform	nation						
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of								
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)								
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.								
	(estimated number	er of recip	ients), as applicable	e. Also	complete this	s part to provide any addition	nal information. See instructions.		
PART :	I, LINE 2:								
GRANT	RECIPIENTS	S ARE	REQUIRED	TO	SUBMIT	DOCUMENTATION	SUBSTANTIATING ALL		
FIINDS	REQUESTED	ΔND	RECETVED						
TONDO	КПООПОТПО	тир	KECET VED.						
			·						

SCHEDULE G

(Form 990 or 990-EZ)

(Form 990 or 990-LZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95 – 3747267

Schedule G (Form 990 or 990-EZ) 2016

NEDOLID	EDUCATIONAL FUND,	T 1/	<u>. </u>		95-5747	207			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.									
a Mail solicitations	·	-		overnment grants	•				
b Internet and email solicitations				nment grants					
c Phone solicitations	g Special	fundra	ising	events					
d In-person solicitations									
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, tru	stees, or				
key employees listed in Form 990, Pa						☐ No			
b If "Yes," list the 10 highest paid indiv									
compensated at least \$5,000 by the		unic to	agroc	monto ander winon	the farialation to to	,,,			
compensated at least \$5,000 by the	organization.								
		(iii)	Did		(v) Amount paid				
(i) Name and address of individual	(ii) Activity	fundr	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)			
or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		from activity	fundraiser	organization			
					listed in col. (i)				
		Yes	No						
Гotal			<u> </u>						
3 List all states in which the organizatio	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration			
or licensing.									

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016 RESULTS EDUCATIONAL FUND, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HOUSTON WASHINGTON (add col. (a) through EVENT EVENT 13 col. (c)) (total number) (event type) (event type) 35,076. 38,314. 59,043. 132,433. 1 Gross receipts 27,807 32,899. 45,590 106,296. 2 Less: Contributions 26,137. 10,507. 2,177. 13,453. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 10,507. 26,137.9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2016

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990 or 990 EZ) 2016 RESULTS EDUCATIONAL FUND, INC. 95-3	3747267	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	□ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
		13b	
	An outside facility	ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount		
	of gaming revenue retained by the third party > \$		
	If "Yes," enter name and address of the third party:		
·	in 165, Citter hame and address of the time party.		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name >		
	Coming manager companyation • C		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	∴ L Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

Schedule G	G (Form 990 or 990-EZ)	RESULTS	EDUCATIONAL	FUND,	INC.	95-3747267 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continu	ued)			
	• •	`	,			
		· · · · · · · · · · · · · · · · · · ·				

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

RESULTS EDUCATIONAL FUND INC. Employer identification number 95-3747267

Pa	art I Questions Regarding Compensation			
•	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Desire the control of			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	40		Х
a h	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	Tes to any or lines 4a o, list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2016

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delletits	(15)(1)*(10)	reported as deferred on prior Form 990
(1) JOANNE CARTER (i)	147,450.	0.	0.	4,500.	25,753.		0.
EXECUTIVE DIRECTOR (ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARK BUTLER (i)	124,203.	0.	0.	0.	30,193.		0.
DIRECTOR OF FINANCE (ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
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(ii)							
(i) (ii)							
(i)							
(i) (ii)							
(i)							
(ii)							
(1)							
(ii)							

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Name of the organization

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

Emplo

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE EXECUTIVE COMMITTEE OF

RESULTS, INC. THE EXECUTIVE COMMITTEE SHALL HAVE THE SAME POWERS AS THE

FULL BOARD AS PROVIDED IN ARTICLE V, EXCEPT FOR AMENDING THE ARTICLES OF

INCORPORATION OR BYLAWS, SELECTING AND REMOVING ALL OTHER OFFICERS, AGENTS

AND THE EXECUTIVE DIRECTOR OF THE CORPORATION.

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

MEMBERS OF BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS SIGNED BY
THE DIRECTOR OF FINANCE AND FILED WITH THE IRS.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES AND SUBMITS ANNUALLY A CONFLICT OF INTEREST FORM TO DISCLOSE ANY INTERESTS THAT MAY GIVE RISE TO CONFLICTS.

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

THE ORGANIZATION'S BOARD EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE

EXECUTIVE DIRECTOR BY REVIEWING ORGANIZATIONAL PERFORMANCE AND COMPARABLE

PUBLIC DATA FOR ORGANIZATIONS OF SIMILAR SIZE AND PURPOSE. THEIR DECISION

IS DOCUMENTED CONTEMPORANEOUSLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MN, MO, NH, NJ, NM, NY, NC, OH, OK, OR

PA, RI, SC, UT, VA, WA, WV, WI

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization RESULTS EDUCATIONAL FUND, INC.	Employer identification number 95-3747267
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 1023, 990, GOVERNING DOCUMENTS	
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REASONABLE REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	1,480,967.
MANAGEMENT AND GENERAL EXPENSES	78,347.
FUNDRAISING EXPENSES	4.04
TOTAL EXPENSES	1 550 115
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,559,445.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	ESS OR PROCESS
OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX	YEAR.
	_

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

RESULTS EDUCATIONAL FUND, INC.

Department of the Treasury Internal Revenue Service

Name of the organization

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

2016

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-3747267

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	ome End-of-yea	r assets	Direct control entity		g
art II Identification of Related Tax-Exempt organizations during the tax year.	Organizations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34 t	pecause it had one	or more rel	lated tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct of	(f) controlling ntity		(g) 512(b)(13 trolled ntity?
				501(c)(3))			Yes	No
SULTS, INC 52-1411039								
.01 15TH STREET NW	GRASSROOTS LOBBY TO END				RESULTS			
ASHINGTON, DC 20005	HUNGER AND POVERTY	DISTRICT OF COLUMBIA	E01/C\/4\		EDUCATIO	כוותווים דגות	X	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	or entity (related from forced in income end-or-year alloc			ortionate ations?	Code V-UBI amount in box 20 of Schedule	General of managing partner?	Percentage ownership		
		country)		sections 512-514)		docoto	Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
											†
	-										
											<u> </u>
											1
	1										
	1										
	-										
	<u> </u>					<u> </u>	<u> </u>				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	b)(13) rolled :ity?
		country)						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X		
b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
	Loans or loan guarantees to or for related organization(s)						X		
	Loans or loan guarantees by related organization(s)						X		
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)						X		
h Purchase of assets from related organization(s)									
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k Lease of facilities, equipment, or other assets from related organization(s)									
-1	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		X		
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
						Х			
p Reimbursement paid to related organization(s) for expenses									
	Reimbursement paid by related organization(s) for expenses					Х			
r	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered re	elationships and transaction thresholds.					
	(a)	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved				
		type (a-s)							
(1)									
(2)									
(3)									
(4)									
(5)									
(6)		16							
3216	3 09-06-16	46		Schedule	R (For	m 990	2016		

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners : 501(c)(orgs.?		(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	3) ?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes N		income	assets	Yes	No	(Form 1065)	Yes N	o
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Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must เ	use Form 7004 to request an extension of time to file incom-	e tax retui	rns.						
				Enter file	er's identifying nui	mber			
Туре	Name of exempt organization or other filer, see instru	ctions.		Employer	identification num	ber (EIN) or			
print									
File by t	RESULTS EDUCATIONAL FUND,	INC.		95-3747267					
due date filing you	e for Number, street, and room or suite no. If a P.O. box, so at 1101 15TH STREET NW	ee instruc	tions.	Social se	curity number (SSI	۷)			
return. S instructi		s. City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter 1	the Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1			
Applic	eation	Return	Application			Return			
ls For		Is For			Code				
Form 9	990 or Form 990-EZ	Form 990-T (corporation)			07				
Form 9	990-BL	02	Form 1041-A			08			
Form 4	1720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	990-PF	04	Form 5227						
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	990-T (trust other than above)		12						
Tel	the books are in the care of \blacktriangleright 1101 15TH STREE phone No. \blacktriangleright 202-783-4800	ET NW	Fax No.						
	ne organization does not have an office or place of business					• 🔲			
If the	nis is for a Group Return, enter the organization's four digit of		emption Number (GEN) I	f this is fo	r the whole group,	check this			
box	. If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the extension is	s for.			
1	request an automatic 6-month extension of time until	NOVE	MBER 15, 2017 , to file	the exem	npt organization ret	urn			
	for the organization named above. The extension is for the	organizati	on's return for:						
	X calendar year 2016 or								
	tax year beginning	, an	d ending		<u> </u>				
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return III	Final retur	n				
	Change in accounting period								
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			•			
	nonrefundable credits. See instructions.			3a	\$	0.			
	If this application is for Forms 990-PF, 990-T, 4720, or 6069		•			0			
	estimated tax payments made. Include any prior year overp			3b	\$	0.			
	Balance due. Subtract line 3b from line 3a. Include your pa	•	, , ,			Λ			
<u> </u>	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0 •			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR **2016**

California Exempt Organization Annual Information Return

628941 11-30-16 FORM

199

Ca	lendar Year	2016 or fiscal year beginning (mm/dd/yyyy)		, and ending	(mm/dd/yy)	y)		
С	orporation/Or	ganization name			Cali	fornia corpo	ration number	
R	RESULTS EDUCATIONAL FUND, INC. 1061854							
Α	dditional infor	mation. See instructions.			FE	IN		
						95-3	747267	
						PMB no.		
1	<u> 101 1</u>	5TH STREET NW						
	-				State	ZIP code	_	
_					DC	2000	-	
F	oreign country	name Foreign	n province/state/county	1		Foreign po	ostal code	
_	F: . D .		V		2 11 007	2411		
	First Retu			•			-	
	Amended							
		(/ (/						
υ					-			Φ
F		Enter date: (mm/dd/yyyy) • and meets the filing fee excellent fee is required. Check accounting method: (1) Cash (2) X Accrual (3) Other Federal return filed? (1) • 990T(2) • 990-PF (3) • Sch H (990) M Is the organization a Limiter					-	•
			nited Liabilit	v Compar	ıv?	• Yes X No		
		turn filed? (1) $ullet$ 990T(2) $ullet$ 990-PF (3) $ullet$ Sch H (990) $llot$ Is the organization a Limited)9 to	
G		return filed? (1) ● □ 990T(2) ● □ 990-PF (3) ● □ Sch H (990) Other 990 series group filing? See instructions ● □ Yes ▼ No report taxable income?						• Yes X No
Н	Is this or	divess (suite or room) L 15TH STREET NW HINGTON country name						
	If "Yes," w	hat is the parent's name?	IR	S audited in a prior ye	ear?			• Yes X No
								Yes X No
I			Da	ate filed with IRS				
_								
_F	Part I	*						400 224
		1 Gross sales or receipts from other sources. From S	Side 2, Part II, line 8	3			1	482,334.00
		2 Gross dues and assessments from members and a	affiliates		СШМШ		2	517 656 as
	Receipts	3 Gross contributions, gifts, grants, and similar amo Total gross receipts for filing requirement test. Add line 1 th	runts received		STMI	!		,517,656. ₀₀ ,999,990. ₀₀
	and	This line must be completed. If the result is less than \$50,0	00, see General Instruc	etion B	····S·TWT		4 4,	, 999, 990 • 00
F	Revenues	6 Cost or other basis, and sales expenses of assets	enld	6	3,03	6 - 00		
		7 Total costs Add line 5 and line 6	3010	[-]	3,00		7	3,036.00
								,996,954.00
_	_							,068,267.00
'	expenses						10 -9,	,071,313.00
		11 Total payments				•	11	00
							12	00
							13	00
F	iling Fee						14	00
							15	10.00
							16	10
		Under penalties of perjury, I declare that I have examined this retu	en subtract line 11 f	TOTH THE FESUIT	ments, and to	the best of	my knowledge a	10 • 00
		it is true, correct, and complete. Declaration of preparer (other than		all information of which p		ny knowled		
He	ere	Signature		RECTOR OF	FT Date		202-	-783-4800
_		of officer			Check	if	● PTIN	
		Preparer's signature				nployed	□ P013	361002
Street address (1101 1! City WASHING Foreign country A First Return B Amended C IRC Section D Final Inform Enter date: E Check accompliance F Federal re (4) X (G Is this a g H Is this org If "Yes," w I Did the ornot report Part I Complete Receipts And Revenues Filling Fee Paid Preparer's Use Only				<u> </u>		● FEIN		
	(or yours, if self-						L853933	
Us	e Only	employed) 10500 LITTLE PATUXE	NT PARKW	AY, SUITE	770		● Telep	
		and address COLUMBIA, MD 21044						-884-0220
		May the FTB discuss this return with the preparer shown	n above? See instru	ctions		● <u>X</u>	Yes N	No

RESULTS EDUCATIONAL FUND, INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951	11-30-1

										_		26 425
			Gross sales or receipts from all							1		26,137.00
		2	Interest							2		6,654.00
		3	Dividends						•	3		00
Recei	pts	4								4		00
from		5	Gross royalties						•	5		65.00
Other	- 1	6	Gross amount received from sal	e of assets (See In	structions)		STA	TEMENT		6		2,165.00
Sourc	es	7	Other income				SEE STA	T.EWENT.	4•	7		47,313.00
		8	Total gross sales or receipts fro							8		82,334. ₀₀
		9	Contributions, gifts, grants, and	similar amounts p	aid		STA	T.EWEN.T.	5•	9	3,34	45,413.00
		10	Disbursements to or for member	rs			~== ~==		•	10		00
		11	Compensation of officers, direct	ors, and trustees			SEE STA	T.EWENT.	<u>6</u> •	11		38,646.00
		12	•							12	3,1	74,506.00
Expen	ises	13	Interest							13		00
and		14	Taxes							14		53,445.00
Disbu	rse-	15	Rents							15		94,519.00
ments	3	16	Depreciation and depletion (See	instructions)					<u></u> •	16		54,856.00
		17	Other Expenses and Disburseme	ents			SEE STA	TEMENT	·/•	17		96,882.00
			Total expenses and disburseme	nts. Add line 9 thro	ough line 17.	'. Enter h	here and on Side 1, P	art I, line 9				58,267. ₀₀
Sch	edu	le L	Balance Sheet		eginning of	taxable		1		of tax	able year	
Asset	S			(a)			(b)	(c))			(d)
1 C						5	,901,560.				• 5	,043,918.
			s receivable				95,444.				•	79,816.
			ceivable								•	
											•	
			state government obligations								•	
			in other bonds								•	
			in stock								•	
	lortga	-					20 705				•	20 205
			ments STMT 8	F 2.4	011		39,725.		1 00		•	22,385.
10 a	Depr	eciab	le assets		,811.		252 260		1,06			210 (40
			mulated depreciation	(1/1,	443.)		353,368.	(222	,427	• /		318,642.
11 L	and		STMT 9				257 400				• 1	226 504
12 0	ther a	ssets	STMT 9				357,480.					,226,584.
						10	747,577.				0	,691,345.
			et worth				CEE 150					702 040
			yable				655,152.				•	703,040.
			s, gifts, or grants payable								•	
			otes payable								•	
17 10	ioriga	ges p	ayable es STMT 10				439,127.				•	404,592.
							433,147.					404,392.
			or principal fund								•	
			tal surplus. Attach reconciliation			1 /	1,653,298.				• 5	,583,713.
			nings or income fund			15	$\frac{1}{5},033,230.$,691,345.
			ties and net worth	nar haaka wish in),/4/,J//•				0 ,	,091,343.
<u> </u>	eau	ie iv	1-1 Reconciliation of income Do not complete this sche	dule if the amount	on Schedule	e L, line	13, column (d), is les	ss than \$50,000.				
1 N	et inc	ome į	oer books	<u> </u>	069,58	85.	7 Income recorded					
2 F	ederal	inco	me tax	•			not included in th	nis return. S	TMT	12	•	1,939.
3 E	xcess	of ca	pital losses over capital gains	•			8 Deductions in thi	is return not chai	rged			
4 Ir	ncome	not i	recorded on books this year	•			against book inc	ome this year			•	
5 E	xpens	es re	corded on books this year not				9 Total. Add line 7	and line 8				1,939.
d	educte	ed in	this return STMT				10 Net income per r	eturn.				
6 T	otal. A	Add Iir	ne 1 through line 5	<u>-9,</u>	069,3	74.	Subtract line 9 fr	om line 6			-9	,071,313.

VEDODIS	PDOCULTONAL	romp,	TIMC.

FORM 199	CASH CONTRIBUTIONS	 Sт;	ATEMENT 1
	CLUDED ON PART I, LINE 3		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ANNIE E. CASEY FOUNDATION	701 ST. PAUL ST BALTIMORE, MD 21202	05/06/16	25,000.
DAVID BODNICK	290 9TH AVENUE, APT. 17B NEW YORK, NY 10011	12/27/16	75,000.
NICHOLAS CRAIG	4 QUARRY LANE HARVARD, MA 01451	12/31/16	10,000.
EQUALITY NETWORK FOUNDATION	PO BOX 3594 SEATTLE, WA 98124	06/06/16	6,000.
GORDON IRLAM	23 CORONADO AVENUE LOS ALTOS, CA 94022	11/29/16	30,000.
JOHNSON & JOHNSON	ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933	12/30/16	178,000.
ELLEN KEMPLER	7090 SW 48TH LANE MIAMI, FL 33155	05/26/16	25,000.
STEVE REES	13209 PT RICHMOND BEACH RD NW GIG HARBOR, WA 98332	06/06/16	5,000.
SYLVIA SABEL & JOEL RUBINSTEIN	2023 28TH AVE SAN FRANCISCO, CA 94116	12/28/16	60,000.
OPEN SOCIETY INSTITUTE	224 W. 57TH ST. FRNT 2 NEW YORK, NY 10019	11/16/16	205,466.
THE ANNE AND HENRY ZARROW FOUNDATION	401 S. BOSTON AVE. SUITE 900 TULSA, OK 74103	03/22/16	15,000.
WALLACE GENETIC FOUNDATION	4910 MASSACHUSETTS AVE. NW, SUITE 221 WASHINGTON, DC 20016	04/19/16	25,000.
CONRAD HILTON FOUNDATION	30440 AGOURA ROAD AGOURA HILLS, CA 91301	07/26/16	58,000.
FRED AND COURTNEY STEVES	2337 BLUE BONNETT BLVD HOUSTON, TX 77030	12/09/16	5,000.
THE GORDON R. IRLAM CHARITABLE FOUNDATION	4250 W. LAKE SAMMAMISH PKWY NE REDMOND, WA 98052	11/29/16	79,203.

RESULTS EDUCATIONAL FUND	D, INC.		95-3747267
PANKAJ AGARWAL	630 VERMONT ST. SAN FRANCISCO, CA 94107	12/20/16	21,000.
DEBRA BASKIN	1356 S. WILTON WAY SALT LAKE CITY, UT 84108	12/31/16	5,000.
DIXIE CAMP	P.O. BOX 163 DRIPPING SPRINGS, TX 78620	12/14/16	5,000.
REED FAMILY DONOR FUND	225 N. MICHIGAN AVE, STE. 2200 CHICAGO, IL 60601	09/30/16	35,000.
WELLSPRING ADVISORS, LLC	P.O. BOX 3075 SOUTHEASTERN, PA 19398	01/29/16	850,000.
CENTER ON BUDGET AND POLICY PRIORITIES	820 FIRST STREET NE, SUITE 510 WASHINGTON, DC 20002	11/07/16	50,000.
THEODORE MOSER	106 ROSS CIRCLE OAKLAND, CA 94618	09/19/16	10,000.
WILLIAM REICHARDT	125 SUMMERHAVEN DRIVE SOUTH EAST SYRACUSE, NY 13057	11/17/16	5,083.
SUSAN SELBIN	3014 COLONNADE CT. NW ALBUQUERQUE, NM 87107	06/26/16	5,000.
SINGING FOR CHANGE CHARITABLE FOUNDATION	P.O. BOX 7210 KANSAS CITY, MO 64113	12/07/16	
INC.			20,000.
TB ALLIANCE	40 WALL STREET NEW YORK, NY 10005	05/06/16	5,000.
THOMAS THATCHER	P.O. BOX 27407 SALT LAKE CITY, UT 84127	03/15/16	10,000.
THOMAS F. THATCHER FOUNDATION	1300 MERRILL LYNCH DRIVE PENNINGTON, NJ 08534	08/15/16	5,000.
TOTAL INCLUDED ON LINE 3			1,827,752.

FORM 199	NONCASH CONTRIBUTIONS NCLUDED ON PART I, LINE 3	STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	
SCOTT LECKMAN	1220 EAST 3900 SOUTH, SUITE CITY, UT 84124	E 3G SALT LAKE
PROPERTY DESCRIPTION	DATE OF GIFT TOTAL AMOUNT	FMV OF GIFT
STOCK DONATION	02/17/16 5,063	5,063.
TOTAL INCLUDED ON LINE 3		5,063.

FORM 199 GROSS 2	AMOUNT FRO	M SALE O	F ASSE	rs 	<u> </u>	TATEMENT	3
DESCRIPTION		DA' ACQU		DAT SOL		THOD UIRED	
					PUR	CHASED	
		ST OR R BASIS	DEPR	EC.	EXPENSE OF SALE	GROSS SALES PR	
		3,036.		0.	0.	2,1	65.
TOTAL TO FORM 199, PAGE 2, 1	 	3,036.		0.	0.	2,1	65.
FORM 199	ОТНЕ	R INCOME			S	TATEMENT	4
DESCRIPTION						AMOUNT	
LOSS ON CURRENCY CONVERSION EDUCATIONAL EVENTS CONTRACTS						-14,0 390,7 68,5	44.
MERCHANDISE & BOOK SALES						2,0	
TOTAL TO FORM 199, PART II,	LINE 7					447,3	13.

RESULTS EDUCATION	AL FUND, INC.		95-3/4/26/
FORM 199 C	ASH CONTRIBUTIONS, GIFTS, GRANT AND SIMILAR AMOUNTS PAID	S	STATEMENT 5
ACTIVITY CLASSIFICA	TION: TB ACTION PROJECT		
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RESULTS UK	2ND FLOOR, 31-33 BONDWAY, VAUXHALL - LONDON, UNITED KINGDOM SW8 1SJ	NONE	926,904.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PRINCESS OF AFRICA FOUNDATION	STREET ADDRESS UNKNOWN - JOHANNESBURG, SOUTH AFRICA	NONE	144,923.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GHA FRANCE	14 BOULEVARD DE DOUAUMONT - PARIS, FRANCE 75017	NONE	653,740.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RESULTS CANADA	9 LAURIER, PO BOX 1485 - GATINEAU, CANADA QC J8X 3Y3	NONE	690,170.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KENYA AIDS NGO CONSORTIUM	CHAKA ROAD OFF ARGWINGS KODHEK RD PO BOX 69866-0040 - NAIROBI, KENYA	NONE	191,285.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT

RESULTS INTERNATIONL PO BOX 1019, NEWPORT BEACH,

AUSTRALIA

NSW 2016 - AUSTRALIA

NONE

660,842.

DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
CITAM+	1101 15TH ST. NW - WASHINGTON, DC		NONE	76,017.
DONEES NAME	DONEES ADDRESS		RELATIONSHIP	AMOUNT
DOMESTIC SUBGRANTS	1101 15TH STREET WASHINGTON, DC 2		NONE	1,532.
	TOTAL FOR THIS A	CTIVITY		3,345,413.
TOTAL INCLUDED ON FOR	M 199, PART II, L	INE 9		3,345,413.
FORM 199 COMPENSA	TION OF OFFICERS,	DIRECTORS AN	D TRUSTEES	STATEMENT 6
NAME AND ADDRESS		TITLE AVERAGE HRS		COMPENSATION
KUL GAUTAM 1101 15TH STREET NW WASHINGTON, DC 20005	i e e e e e e e e e e e e e e e e e e e	CHAIRMAN 5.00		0.
BETH WILSON 1101 15TH STREET NW WASHINGTON, DC 20005	;	SECRETARY 5.00		0.
JAN TWOMBLY 1101 15TH STREET NW WASHINGTON, DC 20005	i	TREASURER 5.00		0.
SAM DALEY-HARRIS 1101 15TH STREET NW WASHINGTON, DC 20005	i	FOUNDER/DIRE 40.00		81,181.
ROGER HUDSON 1101 15TH STREET NW WASHINGTON, DC 20005	i e	DIRECTOR 5.00		0.

RESULTS EDUCATIONAL FUND, INC.		95-3747267
VANESSA GARCIA 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
CINDY CHANGYIT-LEVIN 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
MARIAN WRIGHT EDELMAN 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
PANKAJ AGARWAL 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
VALERIE HARPER 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
MARIANNE WILLIAMSON 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
PROF. MUHAMMAD YUNUS 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
SCOTT LECKMAN, M.D., F.A.C.S. 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
ERNEST LEOVINSOHN 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
MAXINE THOMAS 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
JOANNE CARTER 1101 15TH STREET NW WASHINGTON, DC 20005	EXECUTIVE DIRECTOR 34.00	157,465.
TOTAL TO FORM 199, PART II, LINE 11		238,646.

FORM 199	OTHER EX	PENSES		STATEMENT	7
DESCRIPTION				AMOUNT	
LICENSES AND FEES				22,4	35.
DUES AND SUBSCRIPTIONS				12,7	
TRAINING AND DEVELOPMEN				6,2	22.
SPECIAL EVENT EXPENSES				-26,1	
DIRECT EXPENSES OF FUNDRAISING	EVENTS			26,1	
PENSION PLAN CONTRIBUTIONS				30,7	
OTHER EMPLOYEE BENEFITS				399,8	
LEGAL FEES				14,6	
ACCOUNTING FEES OTHER PROFESSIONAL FEES				177,3 1,559,4	
ADVERTISING AND PROMOTION				33,8	
OFFICE EXPENSES				231,2	
INFORMATION TECHNOLOGY				31,5	
TRAVEL				1,558,5	
CONFERENCES AND CONVENTIONS				582,6	
INSURANCE				35,4	
TOTAL TO FORM 199, PART II, LI	INE 17			4,696,8	82.
FORM 199	OTHER INVES	rments		STATEMENT	8
DESCRIPTION			BEG. OF YEAR	END OF YE.	AR
INVESTMENTS		•	39,725.	22,3	85.
TOTAL TO FORM 199, SCHEDULE L,	, LINE 9		39,725.	22,3	85.
FORM 199	OTHER AS:	SETS 		STATEMENT	9
DESCRIPTION			BEG. OF YEAR	END OF YE	AR
PLEDGES AND GRANTS RECEIVABLE		•	9,089,694.	775,4	66
PREPAID EXPENSES AND DEFERRED	CHARGES		21,777.	92,7	
DEPOSITS	0111110110		27,003.		
DUE FROM RESULTS, INC., A RELA	ATED ORGANIZA	ATION	219,006.	336,4	
TOTAL TO FORM 199, SCHEDULE L,	, LINE 12		9,357,480.	1,226,5	84.
TOTAL TO FORM 199, SCHEDULE L,	, LINE 12		9,357,480.	1,226,5	84

FORM 199 OTHER LIABILITIES		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT DEFERRED IMPROVEMENT ALLOWANCE DEFERRED REVENUE	127,201. 297,906. 14,020.	142,041. 260,276. 2,275.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	439,127.	404,592.
FORM 199 EXPENSES RECORDED ON BOOKS TH NOT DEDUCTED IN THIS RETU		STATEMENT 11
DESCRIPTION		AMOUNT
DEPRECIATION		211.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		211.
FORM 199 INCOME RECORDED ON BOOKS THIS NOT INCLUDED IN THIS RETU		STATEMENT 12
DESCRIPTION		AMOUNT
UNREALIZED GAINS		1,939.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		1,939.
FORM 199 FUND BALANCES		STATEMENT 13
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DESCRIPTION UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS	BEG. OF YEAR 85,641. 14,567,657.	END OF YEAR 2,280. 5,581,433.
UNRESTRICTED ASSETS	85,641.	2,280.

2016

Corporation Depreciation and Amortization

CALIFORNIA FORM
3885

FORM 199 FEIN 95-3747267 Attach to Form 100 or Form 100W. Corporation name California corporation number 1061854 RESULTS EDUCATIONAL FUND, INC. Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years Method SEE STATEMENT 14 525,766. 172,477. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 54,856. See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g) 54,856. 16 54,856. 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Cost or Date acquired Amortization allowed or Period or section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 38	85		DEPRE	CIATION			STATEM	ENT	14
	NO./ IPTION	DATE IN SERVICE			METHOD	LIFE	DEPRE- CIATION	BON	US
43	TELEPHONE C								
50	3 EXECUTIVE	DESKS	23,243.	-		7.00	0.		
52	FURNITURE	08/22/07	1,227.	1,227.	SL	7.00	0.		
		10/19/07	•	1,379.	SL	7.00	0.		
76	6-4 DRAWER	LATERAL FILE 06/03/08	4,893.	4,893.	SL	7.00	0.		
77	2 SHELF BOO	KCASES 06/03/08	1,492.	1,492.	SL	7.00	0.		
81	DELL COMPUT				SL	5.00	0.		
82	DELL COMPUT	ER							
83	DELL COMPUT				SL	5.00	0.		
89	COMPUTER	02/28/10	1,407.	1,407.	SL	5.00	0.		
	T610 SERVER	07/04/10		1,918.	SL	5.00	0.		
		10/19/10	12,086.	12,086.	SL	5.00	0.		
	2 DDESKTOPS	11/04/10	2,338.	2,338.	SL	5.00	0.		
107	OCHOA COMPU	TER 07/03/11	1.043.	940.	SL	5.00	103.		
108	DELL LAPTOP	08/31/11			SL	5.00			
109	CONFERENCE	ROOM COMPUTE	R						
110	MACKBOOK FO	08/31/11 R KOLLEEN BO		918.	SL	5.00	120.		
111	MACKBOOK FO	08/31/11 R PAUL LENSE	1,682.	1,484.	SL	5.00	198.		
	ADDITIONAL 1	08/31/11	1,682.	1,484.	SL	5.00	198.		
		10/05/11	1,378.	837.		7.00	197.		
126	COMPUTERS F	OR MARK BUTL 05/31/12	ER AND JACI			5.00	464.		
129	HIV AND TB	COSTUMES 06/11/12	4,000.	3,067.	ST	5.00	800.		
130	HIV AND TB	COSTUMES	-	-			800.		
132	COMPUTER FO			-		5.00			
133	LAPTOP FOR A	08/31/12 ALDWYN HAMIL	1,097. TON	983.	SL	5.00	114.		
	COMPUTER FO	08/31/12	1,234.	844.	SL	5.00	247.		
133	COLL OTHER POI	10/31/12	1,296.	840.	SL	5.00	259.		

136	LEASEHOLD		(PROFESSIONA			
405		05/24/13			10.00	2,322.
137	LEASEHOLD	IMPROVEMENT		•	10.00	202
120	LEASEHOLD	05/30/13 IMPROVEMENT	2,030. (CABLING/WIR		10.00	203.
130	TEASEHOLD	06/24/13		3,245. SL	10.00	1,298.
139	LEASEHOLD	IMPROVEMENT				SIONS)
133		06/27/13	4,896.			490.
140	LEASEHOLD	IMPROVEMENT	•	•		
		07/26/13		945. SL		391.
141	LEASEHOLD	IMPROVEMENT	(CABLING/WIR	ING 2)		
		07/30/13		292. SL	10.00	121.
142	LEASEHOLD	IMPROVEMENT	-			
1.40		08/12/13				64.
143	LEASEHOLD	08/19/13	(CABLING & FA			871.
1 / /	T ENCEUOI D		(POST CD COM	2,032. SL		0/1.
T 4 4	пемоенопр	08/26/13		532. SL		228.
145	LEASEHOLD		(OFFICE MOVE			220.
			1,767.			177.
146	LEASEHOLD		(PMTS TO VEN			
		09/30/13	264,629.	60,769. SL	10.00	26,463.
147	COMPUTER (SSMAN-DELL LA			
	_		1,140.		5.00	228.
148	FURNITURE/		CLES UNIT(ID-		10.00	
1.40			26,964.		10.00	2,696.
149	FURNITURE/		CLES UNIT (ID		10.00	3,298.
150	T.λ DΦΩD _ Φ	OSHIBA (JOA1	32,980.	7,095. БЦ	10.00	3,490.
130	DAFTOF - I			992. SL	5.00	441.
151	LAPTOP - D	ELL (COLIN S		JJ2. 51	3.00	111.
			1,170.	507. SL	5.00	234.
152	LAPTOP - D	ELL (MEREDI	TH DODSON)			
		10/31/13		507. SL	5.00	234.
153	LAPTOP - D	ELL (JEN ST				
4-4			1,100.	458. SL	5.00	220.
154	4 STORAGE	CREDENZA (20		1 400 GT	7 00	0
157	X 1/X D T D E C M	06/03/08	1,427.	1,427. SL	7.00	0.
157	AVADIRECT	LAPTOP(REF14 07/31/14	1,478.	419. SL	5.00	296.
158	MARK BUTER	LAPTOP(REF	-	417. 00	3.00	250.
130	min bolli	12/31/14	1,614.	323. SL	5.00	323.
159	JACKIE LAP	TOP (REF1448		0_01 0_		0_0
		12/31/14	1,614.	323. SL	5.00	323.
160	JOH LAPTOP	(REF1449)				
		12/31/14	1,573.	315. SL	5.00	315.
161	HANNAH LAP	TOP (REF145)				
1.50		12/31/14	1,573.	315. SL	5.00	315.
162	KIARA SHOR	T LAPTOP (RI		260 01	F 00	260
163	JEN LAPTOP	12/31/14 (PFF1/52)	1,300.	260. SL	5.00	260.
T 0 2	OHN DWLIOL	12/31/14	1,300.	260. SL	5.00	260.
164	JERUSA LAP	TOP (REF145)		200. DI	3.00	200•
		12/31/14	1,300.	260. SL	5.00	260.

RESULTS EDUCATIONAL FUND,	INC.				95-	3747267
165 CYNTHIA LAPTOP (REF 14	 .5 4)					
12/31/14	1,300.	260.	\mathtt{SL}	5.00	260.	
166 COMPUTER EQUIPMENT SON	IICWALL					
03/17/14	1,188.	1,040.	\mathtt{SL}	2.00	148.	
167 COMPUTER EQUIPMENT						
10/31/15	42,432.	4,051.	SL	5.00	8,486.	
TOTAL DEPR TO FORM 3885	525,766.	172,477.		_	54,856.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2016 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following

the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following

the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the 5th month

following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Due to the federal Emancipation Day holiday observed on April 17, 2017, tax returns filed and payments mailed or submitted on April 18, 2017, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up

to a year in advance. Go to **ftb.ca.gov** for more information.

639035 12-08-16

2016

_ DETACH HERE _ _ _ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER _ _ _ _ _ _ _ DETACH HERE _ _ _ **CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt

Organizations e-filed Returns

CALIFORNIA FORM

3586 (e-file)

3

1061854 000000 95-3747267 16 FORM RESU

01-01-2016 TYB TYE 12-31-2016

RESULTS EDUCATIONAL FUND INC

1101 15TH STREET NW

20005 WASHINGTON DC

(202) 783-4800

Amount of Payment

10.

6181166

Date Accepted		

California e-file Return Authorization for

FORM

2010	Exempt Orgai	nizations			6 4 53-€U
Exempt Organization nar	ne				Identifying number
RESULTS E	DUCATIONAL FUND	, INC.			95-3747267
Part I Electron	nic Return Information (whole	e dollars only)			
1 Total gross re	eceipts (Form 199, line 4)				1 2,999,990.00
					2 2,996,954.00
3 Total expense	es and disbursements (Form 1	99, line 9)			3 12,068,267. ₀₀
Part II Settle Y	our Account Electronically fo	or Taxable Year 2016			
4 L Electron	ic funds withdrawal 4a A	mount	4b Withdr	awal date (mm/d	ld/yyyy)
	Information (Have you verifie	ed the exempt organiza	tion's banking information?)	
5 Routing numb					
6 Account numb	er		7 Type of accou	nt: L Check	king Savings
	tion of Officer				
I authorize the exemption line 4a.	ot organization's account to be set	tled as designated in Part I	II. If I check Part II, Box 4, I aut	horize an electroni	c funds withdrawal for the amount listed
transmitter, or interm California electronic i a balance due return, organization will rem statements be transm	nediate service provider and the an return. To the best of my knowledo I understand that if the Franchise	nounts in Part I above agre ge and belief, the exempt o Tax Board (FTB) does not applicable interest and pe mitter, or intermediate ser	ee with the amounts on the cor rganization's return is true, cor receive full and timely paymen nalties. I authorize the exempt vice provider. If the processin	responding lines of rect, and completed to the exempt or or or ganization return to the exempt or th	e. If the exempt organization is filing ganization's fee liability, the exempt n and accompanying schedules and
Sign			DIRECTOR	OF FINAN	CE
	ture of officer	Date	Title		
Part V Declara	tion of Electronic Return Ori	ginator (ERO) and Pai	d Preparer.		
am only an intermedi accurately reflects th provided the organiza 1345, 2016 e-file Har the exempt organizat	ate service provider, I understand e data on the return.) I have obtain ation officer with a copy of all form ndbook for Authorized e-file Provic ion return is filed, whichever is late	that I am not responsible to the organization officer is and information that I wilders. I will keep form FTB 8 er, and I will make a copy a	for reviewing the exempt orgar 's signature on form FTB 8453 ill file with the FTB, and I have t 1453-EO on file for four years fi available to the FTB upon reque	ization's return. I c -EO before transm ollowed all other ro om the due date o st. If I am also the	correct to the best of my knowledge. (If I declare, however, that form FTB 8453-E0 itting this return to the FTB; I have equirements described in FTB Pub. f the return or four years from the date paid preparer, under penalties of perjury, st of my knowledge and belief, they are

true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's- signature		Date	also paid	if self- employed		ERO'S PTIN	
Must	Firm's name (or yours if self-employed)	JONES, MARESCA & MCQUAD	E, PA			FEIN 52	2-1853933	
Sign	and address	10500 LITTLE PATUXENT P.	ARKWAY,	ST 770				
		COLUMBIA, MD				ZIP code	21044	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge								

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature		Date	Check if self- employed	Paid preparer's PTIN P01361002
Must	Firm's name (or yours if self-employed)	JONES, MARESCA & MCQUADE	, P.A.		FEIN 52-1853933
Sign	and address	10500 LITTLE PATUXENT PA	RKWAY,	SUITE 770	
		COLUMBIA, MD			ZIP code 21044

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2016

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 047456	Check if:	Check if:					
	Change of address						
RESULTS EDUCATIONAL FUND, INC. Name of Organization	Am	Amended report					
1101 15TH STREET NW Address (Number and Street)	Corporate	or Organization No. C1061854					
WASHINGTON , DC 20005 Gity or Town, State and ZIP Code	Federal Er	nployer I.D. No. 95-3747267					
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Ca Make Check Payable to Attorney General's							
Gross Annual Revenue Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	e			
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million \$75 Between \$10,000,001 and \$50 million \$50 million			\$2	50 25 800			
PART A - ACTIVITIES							
For your most recent full accounting period (beginning $\frac{01/01/2}{2,970,817}$ Total assets \$		ing <u>12/31/2016</u>) list: 691,345.					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD	OF THIS RE	PORT					
Note: If you answer "yes" to any of the questions below, you must attach a and details for each "yes" response. Please review RRF-1 instruction							
During this reporting period, were there any contracts, loans, leases or other			Yes	No			
and any officer, director or trustee thereof either directly or with an entity in any financial interest?		· ·		х			
During this reporting period, was there any theft, embezzlement, diversion o or funds?	r misuse of th	ne organization's charitable property		х			
3. During this reporting period, did non-program expenditures exceed 50% of o	gross revenue	es?		Х			
During this reporting period, were any organization funds used to pay any powith the Internal Revenue Service, attach a copy.	enalty, fine or	judgment? If you filed a Form 4720		Х			
5. During this reporting period, were the services of a commercial fundraiser or If "yes," provide an attachment listing the name, address, and telephone nu	•			Х			
6. During this reporting period, did the organization receive any governmental to name of the agency, mailing address, contact person, and telephone number	•	, provide an attachment listing the		Х			
7. During this reporting period, did the organization hold a raffle for charitable partial the number of raffles and the date(s) they occurred.	ourposes? If '	yes," provide an attachment indicating		Х			
8. Does the organization conduct a vehicle donation program? If "yes," provide operated by the charity or whether the organization contracts with a comme				х			
Did your organization have prepared an audited financial statement in accorprinciples for this reporting period?	dance with g	enerally accepted accounting		х			
Organization's area code and telephone number $202-783-4800$							
Organization's e-mail address							
I declare under penalty of perjury that I have examined this report, including accompany correct and complete.	ing documents	s, and to the best of my knowledge and belief	it is tru	ie,			
MARK BUTLER	D	IRECTOR OF FINANCE					
Signature of authorized officer Printed Name	Ti	tle Dat	е				

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	of this 7004 to request an extension of time to life income	o tax rotal		Enter file	er's identifyin	g number
Type or print	Name of exempt organization or other filer, see instruc	ctions.		Employer	dentification	number (EIN) or
priiit	RESULTS EDUCATIONAL FUND, 1	NC.			95-374	7267
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 1101 15TH STREET NW	ee instruc	tions.	Social se	curity numbe	r (SSN)
instructions	City, town or post office, state, and ZIP code. For a for WASHINGTON, DC 20005	reign add	lress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicat	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
● If the ● If this box ▶ 1 I re	hone No. 202-783-4800 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box equest an automatic 6-month extension of time until the organization named above. The extension is for the organization.	Group Exe and atta NOVE	emption Number (GEN) I is the second seco	f this is for f all memb	r the whole gr ers the exten	sion is for.
>	X calendar year 2016 or tax year beginning the tax year entered in line 1 is for less than 12 months, cl. Change in accounting period	, an neck reas	ĭ -	Final retur	 n	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			•
_	nrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069				_	^
	timated tax payments made. Include any prior year overp	•		3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa	•	• • •		•	0.
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service

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

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

Inspection

Α	For the	e 2016 calendar year, or tax year beginning and	d ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		95-3	747267
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/ termin	1101 15TH STREET NW			783-4800
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,999,990.
L	Ameno	WASHINGTON, DC 20005		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: OCANNE CARTER		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see instructions)
		e: ► WWW.RESULTS.ORG		H(c) Group exemption	n number 🕨
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 1981 N	N State of legal domicile: CA
P	art I	Summary			
0	1	Briefly describe the organization's mission or most significant activities: ${f GENE}$	ERATING	THE WILL T	O END
& Governance		HUNGER AND THE WORST ASPECTS OF POVERTY.	•		
r	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net as	ssets.
ove.	1			3	15
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			14
8		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			65
įįį		Total number of volunteers (estimate if necessary)			14
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 34			0.
	1 ~			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		2,637,985.	2,517,656.
Jue				368,965.	461,349.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,487.	5,783.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,775.	-13,971.
	1			3,018,212.	2,970,817.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,032,656.	3,345,413.
				0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		3,720,139.	4,107,216.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u> </u>	0.	0.
en	Ioa	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
X	_ b	Total fundraising expenses (Part IX, column (D), line 25) 305,5)) 4 ·	4,176,592.	4,589,712.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,929,387.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-7,911,175 .	
<u> </u>		Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		T (D V. II	Ве	ginning of Current Year 15,747,577.	End of Year
SSE	20	Total assets (Part X, line 16)			6,691,345.
et A	21	Total liabilities (Part X, line 26)		1,094,279.	1,107,632.
		Net assets or fund balances. Subtract line 21 from line 20		14,653,298.	5,583,713.
	art II	Signature Block	l		o long and a discount to the first factor
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedu			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of v	vnich preparer	nas any knowledge.	
		Signature of officer		Doto	
Sig				Date	
He	re	MARK BUTLER, DIRECTOR OF FINANCE			
		Type or print name and title		Noto I -	T DTIN
_		Print/Type preparer's name Preparer's signature		Date Check Check If	PTIN
Pai		DAVID A. JONES		self-employe	
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	~	Firm's EIN	52-1853933
Use	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY,	SUITE	770	0 004 0000
		COLUMBIA, MD 21044		Phone no.41	0-884-0220
1/10	v tha IE	RS discuss this return with the preparer shown above? (see instructions)			X Ves No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: GENERATING THE WILL TO END HUNGER AND THE WORST ASPECTS OF POVERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 8,408,948. including grants of \$ 3,289,155.) (Revenue \$)
	ACTION - THE ADVOCACY TO CONTROL TUBERCULOSIS INTERNATIONALLY
	("ACTION") PROGRAM IS PART OF AN INTERNATIONAL PARTNERSHIP OF CIVIL SOCIETY ORGANIZATIONS THAT BEGAN WORKING TOGETHER TO MOBILIZE NEW
	RESOURCES AGAINST TUBERCULOSIS ("TB"). ACTION PARTNERS HAVE HELPED
	· · ·
	INFLUENCE LEADERS TO CONTRIBUTE MORE THAN \$1.4 BILLION FOR THE GLOBAL TB FIGHT THROUGH BILATERAL AND MULTILATERAL FUNDING INCLUDING THE
	GLOBAL FUND TO FIGHT AIDS, TB, AND MALARIA. BUILDING ON ITS SUCCESSES IN FIGHTING TB AROUND THE WORLD, ACTION HAS EXPANDED ITS ADVOCACY
	EFFORTS TO INCLUDE CHILD SURVIVAL, PARTICULARLY IN THE AREAS OF
	VACCINES AND UNDER-NUTRITION.
	VACCINES AND UNDER NOTRITION:
4b	(Code:) (Expenses \$ 1,540,021. including grants of \$ 56,258.) (Revenue \$ 70,605.)
1 10	(Code:) (Expenses \$ 1,540,021 · including grants of \$ 50,238 ·) (Revenue \$ 70,603 ·) POVERTY OUTREACH AND ADVOCACY - RESULTS EDUCATIONAL FUND, INC. ("REF")
	FOCUSES ON POVERTY OUTREACH AND ADVOCACY. REF IDENTIFIES AND PROMOTES
	THE MOST EFFECTIVE SOLUTIONS TO POVERTY BY PERFORMING CUTTING-EDGE
	RESEARCH ON POVERTY ISSUES AND PROGRAMS, AND OVERSIGHT OF U.S. SPENDING
	RELATED TO POVERTY DOMESTICALLY AND INTERNATIONALLY; BUILDING SUPPORT
	FOR PROVEN POVERTY-FIGHTING STRATEGIES BY ENGAGING AND EDUCATING THE
	PUBLIC, POLICY MAKERS, AND OPINION LEADERS; LEADING EDUCATIONAL TRIPS,
	WORKING IN COALITIONS, AND ENCOURAGING THE MEDIA TO REPORT ON SOLUTIONS
	TO POVERTY; AND SUPPORTING POWERFUL CITIZENSHIP BY TRAINING VOLUNTEERS
	IN PUBLIC SPEAKING, GENERATING MEDIA, HOSTING COMMUNITY FORUMS, AND
	EDUCATING THEIR COMMUNITIES AND ELECTED OFFICIALS ABOUT ISSUES RELATED
	TO ITS CAMPAIGNS.
4c	(Code:) (Expenses \$ 783,375 • including grants of \$) (Revenue \$ 390,744 •)
	MICROCREDIT EDUCATION AND OUTREACH - THIS PROGRAM IS ALIGNED WITH THE
	MICROCREDIT SUMMIT CAMPAIGN ("MCS"), WHICH BRINGS TOGETHER MICROFINANCE
	PRACTITIONERS, ADVOCATES, EDUCATIONAL INSTITUTIONS, AND VARIOUS OTHER
	STAKEHOLDERS TO PROMOTE BEST PRACTICES IN MICROFINANCE, AND TO
	STIMULATE THE INTERCHANGE OF KNOWLEDGE AND IDEAS. MCS IS WORKING TO
	ENSURE THAT 175 MILLION OF THE WORLD'S POOREST FAMILIES, ESPECIALLY THE
	WOMEN OF THOSE FAMILIES, ARE RECEIVING CREDIT FOR SELF-EMPLOYMENT AND
	OTHER FINANCIAL AND BUSINESS SERVICES BY 2016, AND THAT 100 MILLION
	FAMILIES RISE ABOVE THE \$1.25 A DAY THRESHOLD ADJUSTED FOR PURCHASING
	POWER PARITY BETWEEN 1990 AND 2016.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{10,720,244}{\}\) (Revenue \$\frac{1}{2}\)
<u>4e</u>	Total program service expenses ► 10,732,344.
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		ZJa		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			₩
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\vdash
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
O1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
30		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	J0	21	<u> </u>

Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 44							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lib							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v					
٥-	(gambling) winnings to prize winners?	I	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 65							
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Х					
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a		Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		- 25				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		SD						
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a	х					
h	If "Yes," enter the name of the foreign country: SPAIN	accounty?	-t a						
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
-	any contributions that were not tax deductible as charitable contributions?		6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?	•	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	P. I								
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
_			8						
9	Sponsoring organizations maintaining donor advised funds.								
a			9a 9b						
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		96						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
a		10b							
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100							
а	Gross income from members or shareholders	11a							
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	. 14							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>							
	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.								
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							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
			Eorm	990	(2016				

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

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
		_				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		15					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip 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	ne direc	t supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?		•		3		X		
4									
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?				7a		X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		•		7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			····					
а	The governing body?	-	_		8a	Х			
b	Each committee with authority to act on behalf of the governing body?				8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	e Code.)						
						Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?				10a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13								
b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe						
	in Schedule O how this was done				12c	Х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approve	-	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	Х	77		
b	Other officers or key employees of the organization				15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange						v		
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev	-	=						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	ınızatio	n's		40:				
800	exempt status with respect to such arrangements?				16b				
	List the states with which a copy of this Form 990 is required to be filed ►AK , AZ , AR , CA , C	<u>'0 C</u>	יד אר דו	GA	нт	TT.	KS		
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990						,100		
10	for public inspection. Indicate how you made these available. Check all that apply.	, (O c Cl	1011 00 1(0)(3)8	orny) a	vallaD	i C			
	X Own website Another's website X Upon request Other (explain	in Sch	nedule (1)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	ev and	finan	rial			
	statements available to the public during the tax year.		intorcat polit	Jy, and	iai l	Jiui			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records:						
	THE ORGANIZATION - 202-783-4800	ui							
	1101 15TH STREET NW, WASHINGTON, DC 20005								
632006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2016)		

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

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

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

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

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

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

Name and Title Average hours per week (list any hours for related organizations below line) Name and Title Average hours per week (list any hours for related organizations below line)	ion con con (W	Reportable compensation from related organizations V-2/1099-MISC)	Estimated amount of other compensation from the organization
hours per week (list any list	on (W	from related organizations	other compensation from the
(list any ਬੁੱਡੂ the	on (W	organizations	compensation from the
hours for related organizations below line)	on (W	•	from the
related organizations below line)	ISC)		organization
organizations below line) line) below line)			
John Structure			and related
			organizations
(1) KUL GAUTAM 5.00			
CHAIRMAN 2.00 X X	0.	0.	0.
(2) BETH WILSON 5.00			
SECRETARY 2.00 X X	0.	0.	0.
(3) JAN TWOMBLY 5.00			
TREASURER 2.00 X X	0.	0.	0.
(4) SAM DALEY-HARRIS 40.00			
FOUNDER/DIRECTOR 1.00 X X 79,3	396.	0.	31,972.
(5) ROGER HUDSON 5.00			
DIRECTOR 2.00 X	0.	0.	0.
(6) VANESSA GARCIA 5.00			_
DIRECTOR 2.00 X	0.	0.	0.
(7) CINDY CHANGYIT-LEVIN 5.00		•	•
DIRECTOR 2.00 X	0.	0.	0.
(8) MARIAN WRIGHT EDELMAN 5.00		0	0
DIRECTOR 2.00 X (9) PANKAJ AGARWAL 5.00	0.	0.	0.
 	0.	0.	0.
DIRECTOR	<u> </u>	0.	<u> </u>
DIRECTOR 2.00 X	0.	0.	0.
(11) MARIANNE WILLIAMSON 5.00		•	
DIRECTOR 2.00 X	0.	0.	0.
(12) PROF. MUHAMMAD YUNUS 5.00			
DIRECTOR 2.00 X	0.	0.	0.
(13) SCOTT LECKMAN, M.D., F.A.C.S. 5.00			
DIRECTOR 2.00 X	0.	0.	0.
(14) ERNEST LEOVINSOHN 5.00			
DIRECTOR 2.00 X	0.	0.	0.
(15) MAXINE THOMAS 5.00			
DIRECTOR 2.00 X	0.	0.	0.
(16) JOANNE CARTER 34.00		_	
EXECUTIVE DIRECTOR 6.00 X 147,4	1 50.	0.	30,253.
(17) MARK BUTLER 38.00		•	20 102
DIRECTOR OF FINANCE 2.00 X 124, 2	403.	0.	30,193. Form 990 (2016)

632007 11-11-16 Form **990** (2016)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				<u>5</u> -
(A)	(B)	(B) (C)				(D)	(E)			(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	,	Es	timate	ed			
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	on	an	nount	of
	week	_	cer ar	ia a a	irecto	or/trus	itee)	from	from related			other	
	(list any hours for	director						the	organization			pensa	
	related	5	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	30)		om the anizat	
	organizations	truste	al trus		ee/	mpen		(** 27 1033 141100)			_	d relat	
	below	Individual trustee	Institutional trustee	-	Key employee	Highest compensated employee	ь					anizati	
	line)	Indivi	Instit	Officer	Key e	Highe	Former						
(18) VICTORIA TRELAND	40.00												
DIRECTOR OF PROGRAM DEV.						Х		125,237.		0.	1	1,8	<u>53.</u>
(19) JOHN P. FAWCETT	40.00										_		
DIRECTOR, GLOBAL POLICY &	1000					Х		102,565.		0.	1	4,7	60.
(20) HANNAH L. BOWEN	40.00					١		104 040				_ 1	
DIRECTOR, ACTION						Х		104,940.		0.		6,1	41.
	_												
								602 801			4.0		
1b Sub-total								683,791.		0.	12	5,1	
c Total from continuation sheets to Part								0.		0.	10	F 1	<u>0.</u>
d Total (add lines 1b and 1c)								683,791.		0.	12	5,1	14.
2 Total number of individuals (including but	not limited to the	nose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	ıle			5
compensation from the organization												Yes	No
3 Did the organization list any former office	r director or tr	ucto	o ko	w or	mnlo	oo	orl	highest componented o	mployoo on	П		103	110
line 1a? If "Yes." complete Schedule J for								mignest compensated e			3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1									e e.ga <u>-</u> ae		4	Х	
5 Did any person listed on line 1a receive or									idual for services	3			
rendered to the organization? If "Yes," co.					•						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	conti	racto	ors t	hat received more than	\$100,000 of cor	npensa	ation f	rom	
the organization. Report compensation for	r the calendar y	/ear	endi	ng v	vith	or w	ithir	the organization's tax	year.				
(A)								(B)		_	(C		_
Name and busines		4	7.77	700	_		_	Description of s	services	C	omper	nsatio	n
AEQUITAS CONSULTING PVT.	LTD, M	4,	W	±5'.	T,					i			

(A) Name and business address	(B) Description of services	(C) Compensation
AEQUITAS CONSULTING PVT. LTD, M4, WEST WING, SOMERSET HOUSE, STRAND, LONDON,	CONSULTING SERVICES	505,800.
GRANT THORNTON LLP 33562 TREASURY CENTER, CHICAGO, IL 60694	ACCOUNTING SERVICES	175,777.
NORIKO SHIRASU, SANKYU BLDG. 503, 3-6-14 KASUMIGASEKI CHIYODA-KU, TOKYO, JAP	ADVOCACY IN JAPAN	166,116.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	

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\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 106,296. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 411,360 similar amounts not included above 5,063 g Noncash contributions included in lines 1a-1f: \$ 2,517,656. h Total. Add lines 1a-1f ... Business Code 900099 390,744 2 a EDUCATIONAL EVENTS 390,744. Program Service Revenue b CONTRACTS 900099 68,530. 68,530. 2,075. MERCHANDISE & BOOK SAL 900099 2,075. d All other program service revenue 461,349. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 6,654. 6,654 other similar amounts) Income from investment of tax-exempt bond proceeds 65. 65. 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 2,165. assets other than inventory b Less: cost or other basis 3,036 and sales expenses -871. c Gain or (loss) -871. -871.d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 106,296. of contributions reported on line 1c). See 26,137 Part IV, line 18 a Other **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code -14,036. LOSS ON CURRENCY CONVE 900099 -14,036b d All other revenue -14,036. e Total. Add lines 11a-11d 2,970,817 461,349. -8,188.Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).											
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	1,532.	1,532.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	3,343,881.	3,343,881.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	238,646.	198,540.	27,766.	12,340.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	2 4 5 4 5 6 6	0.625.640	252 252	165 640						
7	Other salaries and wages	3,174,506.	2,635,612.	373,252.	165,642.						
8	Pension plan accruals and contributions (include	20 751	05.004	2 222	1 405						
	section 401(k) and 403(b) employer contributions)	30,751.	25,924. 337,102.	3,332. 43,319.	1,495. 19,447.						
9	Other employee benefits	399,868.	33/, LU2.	43,319.	19,447.						
10	Payroll taxes	263,445.	219,119.	31,727.	12,599.						
11	Fees for services (non-employees):										
а	Management	11 616	10 476	4 1 4 0							
b	Legal	14,616. 177,396.	10,476.	4,140. 177,396.							
	Accounting	1//,396.		1//,390.							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	1,559,445.	1,480,967.	78,347.	131.						
40	column (A) amount, list line 11g expenses on Sch 0.)	33,846.	30,135.	3,648.	63.						
12	Advertising and promotion	231,225.	146,766.	61,876.	22,583.						
13	Office expenses	31,573.		14,713.	1,603.						
14	Information technology	31,373.	13,237.	14,713.	1,005.						
15	Royalties	294,519.	244,522.	34,629.	15,368.						
16	Occupancy	1,558,556.	1,392,712.	124,783.	41,061.						
17	Travel	1,330,330.	1,352,712.	124,703	41,001.						
18	Payments of travel or entertainment expenses										
40	for any federal, state, or local public officials	582,676.	561,184.		21,492.						
19 20	Conferences, conventions, and meetings Interest	302,070	301,104.		21, I) 4 6						
20 21	Payments to affiliates										
22	Depreciation, depletion, and amortization	55,067.	45,719.	6,475.	2,873.						
23		35,474.	30,711.	3,299.	1,464.						
23 24	Other expenses, Itemize expenses not covered	23,1,10	20,1224	3,2330	_,						
<u>∠</u> -7	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.)										
а	LICENSES AND FEES	22,435.		8,965.	13,470.						
b	DUES AND SUBSCRIPTIONS	12,799.	12,185.	614.							
c	TRAINING AND DEVELOPMEN	6,222.	_,	6,122.	100.						
d	SPECIAL EVENT EXPENSES	-26,137.			-26,137.						
-	All other expenses				. ,						
25	Total functional expenses. Add lines 1 through 24e	12,042,341.	10,732,344.	1,004,403.	305,594.						
26	Joint costs. Complete this line only if the organization	· · · · · · · · · · · · · · · · · · ·	,		·						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
	, , , , , , , , , , , , , , , , , , , ,				F 000 (0010)						

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,043,131.	1	1,278,960.
	2	Savings and temporary cash investments	3,858,429.	2	3,764,958.		
	3	Pledges and grants receivable, net	9,089,694.	3	775,466.		
	4	Accounts receivable, net			95,444.	4	79,816.
	5	Loans and other receivables from current and for			,		
		trustees, key employees, and highest compensa					
		Part II of Schedule L	-	· · · · ·		5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ş		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			21,777.	9	92,755.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	541,069.			
	b	Less: accumulated depreciation		222,427.	353,368.	10c	318,642.
	11	Investments - publicly traded securities		39,725.	11	22,385.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			246,009.	15	358,363.
	16	Total assets. Add lines 1 through 15 (must equ	15,747,577.	16	6,691,345.		
	17	Accounts payable and accrued expenses	655,152.	17	703,040.		
	18	Grants payable	14 000	18	2 275		
	19	Deferred revenue			14,020.	19	2,275.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee		· ·			
Lia	00	Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
		0	•	-	425,107.	25	402,317.
	26	Total liabilities. Add lines 17 through 25			1,094,279.	26	1,107,632.
	20	Organizations that follow SFAS 117 (ASC 958				20	
ဟု		complete lines 27 through 29, and lines 33 an					
၁င	27	Unrestricted net assets			85,641.	27	2,280.
Fund Balances	28	Temporarily restricted net assets			14,567,657.	28	5,581,433.
d B	29					29	
뎚		Organizations that do not follow SFAS 117 (A					
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
\SS(31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			14,653,298.	33	5,583,713.
	34	Total liabilities and net assets/fund balances			15,747,577.	34	6,691,345.

Form **990** (2016)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Both consolidated and separate basis

10

X Consolidated basis

consolidated basis, or both: Separate basis

orm	1 990 (2016) RESULTS EDUCATIONAL FUND, INC.	95-	37472	267	Pag	je 12	
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,970			
2	Total expenses (must equal Part IX, column (A), line 25)	2 12,042,341					
3	Revenue less expenses. Subtract line 2 from line 1	3	-9	,071	L,5:	24.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	,653	3,2	98.	
5	Net unrealized gains (losses) on investments	5			L,9:	39.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments						
9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	5,583,713.			13.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
						No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						

Form 990 (2016)

Х

Х

2c

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RECITITE EDITORATIONAL FIND TNC Employer identification number 95-3747267

Da				TONAL FUND,			_	3-3747207				
Ра	rt I	Reason for Public (Jarity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.					
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)						
1	Ш	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	1)(A)(i).					
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:	•					•				
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental unit describ	ped in				
_		section 170(b)(1)(A)(iv). (C		g,,								
6		A federal, state, or local gov		nental unit described in s	section 17	70/h\/1\/A\	(v)					
	X		_					nublic described in				
′		 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 										
			-	(4)(A)(vi) (Campulata Davi	L 11 \							
8	H	A community trust describe										
9	ш	An agricultural research org				-	_	-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the collec	je or				
		university:										
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from				
		activities related to its exem	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or				
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in				
		lines 12a through 12d that	-									
а		Type I. A supporting orga	* *			•		, aivina				
_		the supported organization	•		•							
		organization. You must c			a majority	or the dire		apporting				
b		Type II. A supporting organization	-		tion with it	e cupport	od organization(s), by ba	wing				
D			•					-				
		control or management o			ame perso	ons mai co	ontrol of manage the sup	pported				
		organization(s). You mus						1 20				
С		Type III functionally inte	-					ea with,				
		its supported organization		•								
d		Type III non-functionally	=				• • • • • •	• •				
		that is not functionally int	-	* .	•		•	iveness				
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated support	ing organi	zation.						
f	Ente	r the number of supported o	organizations									
g		ride the following information										
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
F												

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

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

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	7345515.	4372082.	28691946.	2505573.	2517656.	45432772.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	7345515.	4372082.	28691946.	2505573.	2517656.	45432772.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)						29570613.				
	Public support. Subtract line 5 from line 4.						15862159.				
Section B. Total Support											
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total				
	Amounts from line 4	7345515.	4372082.	28691946.	2505573.	2517656.	45432772.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties	12 010	10 001	F 00F	10 750	6 110	45 200				
	and income from similar sources	13,818.	10,201.	5,825.	10,759.	6,719.	47,322.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital	E E 0 1	2 154	7 271	1 506		16 600				
	assets (Explain in Part VI.)	5,501.	2,154.	7,371.	1,596.		16,622.				
11	Total support. Add lines 7 through 10		,				45496716. ,748,755.				
12	Gross receipts from related activities,	•	,			•	, /40, /33.				
13	First five years. If the Form 990 is for	-			•						
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				P				
	Public support percentage for 2016 (l			oolumn (fl)		14	34.86 %				
	Public support percentage for 2015 (Public support percentage from 2015					14 15	34.86 % 35.07 %				
15	33 1/3% support test - 2016. If the o					•					
104	stop here. The organization qualifies										
h	33 1/3% support test - 2015. If the o										
, L	and stop here. The organization qual										
170	10% -facts-and-circumstances tes										
17 a	and if the organization meets the "fac	•					·				
	meets the "facts-and-circumstances"					-					
h	10% -facts-and-circumstances tes										
i.	more, and if the organization meets the	ū				•					
	organization meets the "facts-and-circ		•		•						
18	Private foundation. If the organization										

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

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

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) iotai		
•	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,								
2	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
2	organization's tax-exempt purpose						 		
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4							 		
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to or expended on its behalf								
_							 		
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
	Total. Add lines 1 through 5						 		
7 6	A Amounts included on lines 1, 2, and								
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						 		
•	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2012	(a) 2014	(4) 2015	(a) 2016	(f) Total		
	· · · · · · · · · · · · · · · · · · ·	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Amounts from line 6 Gross income from interest,						 		
106	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources		+		+		 		
K	Unrelated business taxable income (less section 511 taxes) from businesses								
	acquired offer June 20, 1075								
	Add lines 10a and 10b Net income from unrelated business								
••	activities not included in line 10b,								
	whether or not the business is								
12	regularly carried on		+		+		 		
12	or loss from the sale of capital								
10	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)	the evanization	a first second this	d fourth or fifth t	L	 			
14	First five years. If the Form 990 is for	· ·	•		•		zation,		
50	check this box and stop here ction C. Computation of Publi		rcentage				<u></u>		
	Public support percentage for 2016 (li			acluma (fl)		15			
	Public support percentage from 2015					16	<u>%</u> %		
	ction D. Computation of Inves					16			
						17	%		
17									
18	Investment income percentage from 2 a 33 1/3% support tests - 2016. If the								
198									
L	more than 33 1/3%, check this box ar								
,	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, check								
20									
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

T ..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		_
	6		
	7		
	8		
	9a		
	9b		
	9c		
	50		
	10a		
n C	10b 90 or 99	10_E7	2016
9	50 OI 33	· · · · · ·	2010

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
<u> </u>	tion of Type it Supporting Organizations	-	Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	;)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b				
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	9	
	(provi	de details in Part VI). See instructions			
9	Distrib	outable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
C4:	F	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E -	Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distrib	outable amount for 2016 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2016 (reason-			
	able c	ause required- explain in Part VI). See instructions			
3	Exces	s distributions carryover, if any, to 2016:			
а					
b					
С	From	2013			
d	From	2014			
е	From	2015			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2016 distributable amount			
i	Carry	over from 2011 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2016 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2016 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4			
5	Rema	ining underdistributions for years prior to 2016, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part V	/I. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	С			
8	Break	down of line 7:			
а					
b	Exces	ss from 2013			
С	Exces	ss from 2014			
d	Exces	ss from 2015			
е	Exces	ss from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

95-3747267 RESULTS EDUCATIONAL FUND, INC. Organization type (check one):

Filers of:		Section:				
Form 990 or	990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PI	F	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Ru	le					
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rul	es					
sec any	ctions 509(a)(1) a y one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
yea	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
yea is c pui	ar, contributions checked, enter he rpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year				
but it must	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), out it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 178,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audiess, and Zir + 4	\$ 205,466.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$850,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part II	Noncash Property (See instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Name of organization					Employer identification number		
RESULTS	S EDUCATIONAL FUND, IN	rc.			95-3747267		
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete	tributions to organizations o	lescribed in secti I the following line	on 501(c)(7), (8), or	(10) that total more than \$1,000 for		
	completing Part III, enter the total of exclusively religiou	us, charitable, etc., contributions of	of \$1,000 or less for t	he year. (Enter this info. once	\$		
(a) No. from	Use duplicate copies of Part III if addition	lai space is needed.					
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held		
-				l 			
_							
		(e) Transf	er of gift				
	Transferee's name, address, a	nd 7 IP + 4	R	elationship of tra	nsferor to transferee		
	Transferee & Harrie, dadress, a		Relationship of transferor to transferee				
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(a) No. from	(b) Purpose of gift	(c) Use of g	uift	(d) Desc	ription of how gift is held		
Part I	(S) Lapose of gift	(0) 000 01 9		(4) 2000	Tipuon or now gire to note		
-				l 			
-	(e) Transfer of gift						
	(o) Hallold of gift						
_	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee		
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(a) No				I			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
				_	_		
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	(e) Transfer of gift						
	Transferee's name, address, a	nd 7IP + 4	B	elationship of tra	nsferor to transferee		
	Transferee & Hame, dadress, a			or a di			
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(a) No. from	(b) Purpose of gift	(c) Use of g	nift	(d) Desc	ription of how gift is held		
Part I	(S) Lapose of gift	(0) 000 01 9		(4) 2000	Tipuon or now gire to note		
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		(e) Transf	or or gire				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a ce	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forn	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	, ,	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its cellection items (check all that apply): a		t III Organizations Maintaining O	Collections of A			easures. (or Other	Similar		ts /continue	
check all that apply : a Public exhibition d Loan or exchange programs b Scholarly research e Other Chery Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. A Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be seld to raise funds rather than to be maintained as part of the organization collection? Ves No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes Sophian the arrangement in Part XIII and complete the following table: Amount	3									•	
a Public exhibition d	_		,	,	,		3				
b Scholarly research e Other Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or reactive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection?	а	,	d	ı 🗆 Lo	an or exc	hange progra	ams				
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Point IV Secret unds rather than to be maintained as part of the organization's collection? Peart IV Secret unds rather than to be maintained as part of the organization's collection? Peart IV Secret unds rather than to be maintained as part of the organization sollection? Peart IV Secret unds rather than to be maintained as part of the organization sollection? Peart IV Secret unds rather than to be maintained as part of the organization sollection? Peart IV Secret unds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is Beginning balance C Beginning balance C Beginning balance Bit Ending balance Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b if "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Peart V Endowment Funds. Complete fit the organization answered "Yes" on Form 990, Part X, line 10. It Beginning of year balance By Contributions C Not investment earnings, gains, and losses of Both organization answered "Yes" on Form 990, Part X, line 10. Peart V Endowment Funds. Complete fit the organization answered "Yes" on Form 990, Part X, line 10. Peart VI Land, Buildings, and Equipment. Complete if the organizations By C Temporarily restricted endowment Pys 0 and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Peart VI Land,	b	Scholarly research	е			3 1 3					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Amount 1e Distributions during the year 1 te Indig balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1a Beginning of year balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 2a Did the organization received in the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 2 Net investment earnings, gains, and losses of Contributions 2 Net investment earnings, gains, and losses of Grants or scholarships 4 Organization or june 2a, 2b, and 2c should equal 100%. 3a Are there endowment the South of the organization should equal 100%. 3a Are there endowment 1b 96. 5 Permanent endowment 1b 96. 6 Description of property 2 Description of property 2 Description of property 3a Captal and Cap											
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to be sold to raise funds rather than to be maintained as part of the organization's collection?	5										
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on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses (a) Four year (b) Prior year (b) Prior year (c) Two years back (e) Four years back (e)											
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1c 1d 1d 1d 1d 1d 1d 1d	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for co	ontribution	s or other as	sets not ir	cluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Amount Ic Amount Ic Ic Ic Ic Ic Ic Ic I		on Form 990, Part X?							\square] Yes	No
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f Ending balance											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Not investment earnings, gains, and losses of Grants or scholarships (a) Contributions (b) Contributions (c) Net investment earnings, gains, and losses of Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (g) End of											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back									L	Yes	No
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs			(a) Current year	(b) Prid	or year	(c) Two year	rs back (d) Three year	s back	(e) Four yea	ars back
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f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) 5 Buildings c Leasehold improvements 3 26, 261 • 108, 754 • 217, 507 • 4 21, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 217, 240 • 242, 432 • 12, 537 • 29, 895 • 20 • 20 • 20 • 20 • 20 • 20 • 20 • 2	е	Other expenditures for facilities									
g End of year balance		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	g	End of year balance									
b Permanent endowment			rent year end baland	e (line 1g,	column (a	ı)) held as:					
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%							
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Yes No (i) unrelated organizations 3a(i) 3a(ii) 3a(i		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
(i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) basis (investment) b Buildings c Leasehold improvements 4 Equipment 6 Other 4 2 , 432 12 , 537 29 , 895 5	3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	nd administe	ered for the	organizati	on		
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 172,376. 101,136. 71,240. e Other		(i) unrelated organizations								3a(i)	\bot
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 326, 261 108, 754 217, 507 description d Equipment 172,376 101,136 71,240 description e Other										3a(ii)	\bot
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Other 1a Land 1a Land 1a Land 2a Land 1b Buildings 1a Land 2a Lan	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Scl	nedule R?					3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4			owment fu	nds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Par										
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1a Land b Buildings c Leasehold improvements 326,261. 108,754. 217,507. d Equipment 172,376. 101,136. 71,240. e Other 42,432. 12,537. 29,895.		Description of property	1 ' '							(d) Book va	alue
b Buildings c Leasehold improvements 326,261. 108,754. 217,507. d Equipment 172,376. 101,136. 71,240. e Other 42,432. 12,537. 29,895.		Land	` `	nent)	บสอเอ	(Guiel)	depr	COIALIUIT			
c Leasehold improvements 326,261. 108,754. 217,507. d Equipment 172,376. 101,136. 71,240. e Other 42,432. 12,537. 29,895.											
d Equipment 172,376. 101,136. 71,240. e Other 42,432. 12,537. 29,895.					32	6 261	1 (18 754	_	217	507
e Other 42,432. 12,537. 29,895.				+							
				- 							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X column			•	,_,	`		642.

Schedule D (Form 990) 2016

(H)

Sche	edule D	(Form 990) 2016	

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	21,896.
(2) DUE FROM RESULTS, INC., A RELATED ORGANIZATION	336,467.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	358,363.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	142,041.	
(3)	DEFERRED IMPROVEMENT ALLOWANCE	260,276.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	402,317.	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization	Employer identification number					
RESULTS EDUCATI	ONAL FIIN	D INC.			95-37472	57
			tside the United States. Comple	ete if the organ		
Form 990, Part IV				oto ii tiio organi	izadori arioworoa	100 011
		n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes X No
-	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
United States.	a a fallaccia a Dad	. I. line O telele e		1 \		
3 Activities per Region. (The (a) Region	(b) Number of		an be duplicated if additional space is a (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) negion	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	l independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
		und region				
				ADVOCACY AN	D EDUCATION	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ON TB & HIV	//AIDS	412,225.
				ADVOCACY AN	D EDUCATION	
EUROPE	0	0		ON TB & HIV		1,580,644.
					,	
EAST ASIA & THE				ADVOCACY AN	D EDUCATION	
PACIFIC	0	0	PROGRAM SERVICES	ON TB & HIV	/AIDS	660,842.
				3 DV 0 G 3 GV 3 3 3	D DDIIGATION	
NORTH AMERICA	0	0		ON TB & HIV	D EDUCATION	690,170.
VOKTII TITILKTCII			I ROSIGIA BIRVICIB	ON ID & HIV	711100	030,170.
						
2 a Sub total	0	0				3,343,881.
3 a Sub-total b Total from continuation	0	0				3,343,661.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 2h)	٥	۱ ،				3 343 881

632071 09-21-16

Schedule F (Form 990) 2016

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I (c) Pogion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		EUROPE	HIV/AIDS	926,904.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	144,923.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		NORTH AMERICA	HIV/AIDS	690,170.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	191,285.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		EUROPE	HIV/AIDS	653,740.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		EAST ASIA AND THE	EDUCATION ON TB &					
		PACIFIC	HIV/AIDS	660,842.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	76,017.	INT'L WIRE	0.		
2 Enter total number of	reginient ergenizatio	and listed above that are	recognized as charities by the	foreign country	recognized as tay o	yomnt by		

2	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
3	Enter total number of other organizations or entities

······· **[** —

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	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 cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)				

Schedule F (Form 990) 2016 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the 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)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain 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; do not file with Form 990)	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 Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified 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)	Yes	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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

11100110	DECERTED TONE		<u> </u>		75 5717		
Part I Fundraising Activities required to complete this part	• Complete if the organization answert.	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
compensated at least \$5,000 by the	e organization.						
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)							
		Yes	No				
otal			>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration	

Schedule G (Form 990 or 990-EZ) 2016

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

Schedule G (Form 990 or 990-EZ) 2016 RESULTS EDUCATIONAL FUND, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HOUSTON WASHINGTON (add col. (a) through EVENT EVENT 13 col. (c)) (total number) (event type) (event type) 35,076. 38,314. 59,043. 132,433. 1 Gross receipts 27,807 32,899. 45,590 106,296. 2 Less: Contributions 10,507. 2,177. 13,453. 26,137. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 10,507. $26,\overline{137}$ 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2016

632082 09-12-16

b If "No," explain:

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2016 RESULTS EDUCATIONAL FUND, INC. 95-3	/4/	<u> 267</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	└── No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	of gaming revenue retained by the third party ▶\$ and the amount			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	nes 9.	9b. 10	b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	0.0,	2, .02,
	100, 10, and 110, as applicable. Also provide any additional information. Coo instructions			

Schedule G	G (Form 990 or 990-EZ)	RESULTS	EDUCATIONAL	FUND,	INC.	95-3747267 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)			-
-						
•						

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

RESULTS EDUCATIONAL FUND INC. **Employer identification number** 95-3747267

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
a	Any related organization?	6b		17
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4330°0(c):	J		

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title (1) JOANNE CARTER (i) EXECUTIVE DIRECTOR (ii) (2) MARK BUTLER (i) DIRECTOR OF FINANCE (ii)	124,203.	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
EXECUTIVE DIRECTOR (ii (2) MARK BUTLER (i) DIRECTOR OF FINANCE (ii (ii)	124,203.		0.	4 500			
EXECUTIVE DIRECTOR (ii (2) MARK BUTLER (i) DIRECTOR OF FINANCE (ii (ii)	124,203.	0.		4,500.	25,753.		0.
DIRECTOR OF FINANCE (ii			0.	0.	0.		0.
(i)		0.	0.	0.	30,193.		0.
	0.	0.	0.	0.	0.	0.	0.
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
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(i)							
(ii							
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(i)							
(ii							
(i)							
(ii							
(i)							
(i)							
(i)							
(i)							
(ii							
(i)							
(ii							

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE EXECUTIVE COMMITTEE OF RESULTS, INC. THE EXECUTIVE COMMITTEE SHALL HAVE THE SAME POWERS AS THE FULL BOARD AS PROVIDED IN ARTICLE V, EXCEPT FOR AMENDING THE ARTICLES OF INCORPORATION OR BYLAWS, SELECTING AND REMOVING ALL OTHER OFFICERS, AGENTS AND THE EXECUTIVE DIRECTOR OF THE CORPORATION.

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

MEMBERS OF BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS SIGNED BY THE DIRECTOR OF FINANCE AND FILED WITH THE IRS.

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR ENSURES THAT EACH MEMBER OF THE BOARD OF DIRECTORS COMPLETES AND SUBMITS ANNUALLY A CONFLICT OF INTEREST FORM TO DISCLOSE ANY INTERESTS THAT MAY GIVE RISE TO CONFLICTS.

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

THE ORGANIZATION'S BOARD EXECUTIVE COMMITTEE DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR BY REVIEWING ORGANIZATIONAL PERFORMANCE AND COMPARABLE PUBLIC DATA FOR ORGANIZATIONS OF SIMILAR SIZE AND PURPOSE. THEIR DECISION IS DOCUMENTED CONTEMPORANEOUSLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MN, MO, NH, NJ, NM, NY, NC, OH, OK, OR PA, RI, SC, UT, VA, WA, WV, WI

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization RESULTS EDUCATIONAL FUND, INC.	Employer identification number 95-3747267
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 1023, 990, GOVERNING DOCUMENTS	G, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	IE PUBLIC UPON
REASONABLE REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	1 550 445
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,559,445.
FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROC	
OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX	
	-

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

(c)

Legal domicile (state or

(d)

Total income

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

2016
Open to Public Inspection

Name of the organization

(a)

Name, address, and EIN (if applicable)

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

(f)

Direct controlling

of disregarded entity		foreign country)			ei	ntity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.			1		_	1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
RESULTS, INC 52-1411039 1101 15TH STREET NW	GRASSROOTS LOBBY TO END		501 (5) (4)		RESULTS	X	
WASHINGTON, DC 20005	HUNGER AND POVERTY	DISTRICT OF COLUMBIA	501(C)(4)		EDUCATIONAL FUND	^	
	-						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

organization a care as a parameter product and year.												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of	Disprop	ortionate	Code V-UBI	General	Percentage	
of related organization		(state or foreign	entity	excluded from tax under	income	income end-of-year assets	alloca	itions?	amount in box	partner	ownership	
		country)		sections 512-514)		455015	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N		
	1											
	1											
	1											
	-											
								<u> </u>				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Х

Yes No

1a

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
d	Loans or loan guarantees to or for related organization(s)				1d		X				
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		X				
g	g Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		X				
i	i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
ı	Performance of services or membership or fundraising solicitations for related organization(s)										
	m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
Sharing of paid employees with related organization(s)											
р	Reimbursement paid to related organization(s) for expenses				1 p	Х					
q	Reimbursement paid by related organization(s) for expenses				1q	Х					
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>				
	Other transfer of cash or property from related organization(s)				1s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	st complete the	nis line, including covered i	elationships and transaction thresholds.							
	•	(b) ansaction /pe (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved						
(1)											
(2)											
(3)											
(4)											
(4)											
(5)											
(-)											
(6)											
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are all partners se 501 (c)(3) orgs.?	(g) Share of end-of-year assets	(h) Disproptional allocatio	or- Code V-UBI amount in box ans? of Schedule K-	General of managing partner? Yes NO	(k) Percentage ownership