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** 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)

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

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

 \blacktriangleright Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning ~JAN~1~,~2017~ and ending ~SEP~30~,~and ending SEP 30, 2017

OMB No. 1545-0047
2017
Open to Public Inspection

В	Check if applicable	C Name of organization		D Employer	dentific	cation number					
Г	Addres										
F	Name OF 374										
F	cnange Initial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone							
F	Final	783-4800									
_	Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$										
Г	Ameno					26,134,059.					
F	return Applic	-		H(a) Is this a of for subor							
_	Ition pendir	SAME AS C ABOVE				rcluded? Yes No					
$\overline{}$	Tax-exe		or 527	1							
	I Tax-exempt status: Sol(c)(3) Sol(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see H(c) Group exemption number										
_		organization: X Corporation Trust Association Other ▶	L Year			State of legal domicile: CA					
		Summary			1						
	$\top a$	Briefly describe the organization's mission or most significant activities: GENE	RATING	THE WII	L T	O END					
Governance		HUNGER AND THE WORST ASPECTS OF POVERTY.									
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of it	s net as	sets.					
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			з	15					
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 4	14					
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			. 5	0					
Activities &	6	Total number of volunteers (estimate if necessary)			. 6	11					
₽cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			. 7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.					
				Prior Year		Current Year					
e	8	Contributions and grants (Part VIII, line 1h)		2,517,6		25,722,243.					
Revenue	9	Program service revenue (Part VIII, line 2g)		461,3		272,189.					
Be.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			783.	1,436.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<13,9							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,970,8							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,345,4	0.	4,466,904.					
		Benefits paid to or for members (Part IX, column (A), line 4)		4,107,2		3,557,259.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,107,2	0.	<u> </u>					
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 222,2	56			0.					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,589,7	712.	2,625,202.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,042,3							
		Revenue less expenses. Subtract line 18 from line 12				> 15,344,881.					
or	3	rievende less expenses, oubtract line 10 from line 12		ginning of Currer							
ets	20	Total assets (Part X, line 16)		6,691,3		23,964,803.					
ASS	21	Total liabilities (Part X, line 26)		1,107,6		3,034,133.					
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		5,583,5	713.	20,930,670.					
	art II	Signature Block	•		•						
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the b	est of my	/ knowledge and belief, it is					
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowled	ge.						
Sig	ın	Signature of officer		Date							
He	re	MARK BUTLER, DIRECTOR OF FINANCE									
		Type or print name and title	1.)oto I		II DTIN					
_		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN					
Pai		LISA CHEIFETZ			self-employe						
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	CIITME	Firm's	EIN 🕨	52-1853933					
US	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, COLUMBIA, MD 21044	POTIF		no /11	0-884-0220					
N 4 -	v +b = 15	•		Prione	11U. ± 1						
	<u>y tne IF</u> 001 11-2	RS discuss this return with the preparer shown above? (see instructions)	ione			X Yes No Form 990 (2017)					

Pa	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 \$ 7,944,646. including grants of \$ 4,376,896.) (Revenue \$ 109,175.) ACTION GLOBAL HEALTH PARTNERSHIP - ACTION IS A PARTNERSHIP OF LOCALLY ROOTED ORGANIZATIONS AROUND THE WORLD THAT ADVOCATES FOR LIFE-SAVING CARE FOR MILLIONS OF PEOPLE WHO ARE THREATENED BY PREVENTABLE DISEASES. SUPPORTED BY A WASHINGTON, DC-BASED SECRETARIAT, ACTION PARTNERS WORK TOGETHER TO INCREASE INVESTMENTS AND BUILD POLITICAL SUPPORT FOR GLOBAL HEALTH.
4b	(Code:) (Expenses \$ 1,698,796. including grants of \$ 90,008.) (Revenue \$ 163,014.) EDUCATION AND ADVOCACY TO END POVERTY - RESULTS EDUCATIONAL FUND, INC.,
	PERFORMS CUTTING-EDGE RESEARCH AND OVERSIGHT; EDUCATES AND MOBILIZES GRASSROOTS ADVOCATES, POLICY MAKERS, AND THE MEDIA; AND TRAINS
	VOLUNTEERS IN PUBLIC SPEAKING, COMMUNITY ORGANIZING, GENERATING MEDIA,
	AND EDUCATING THEIR ELECTED OFFICIALS ON ISSUES OF POVERTY.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 9,643,442. Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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		X
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		7.	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		3.7	
	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			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		х
	complete Schedule G, Part III	19		_^

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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Х	
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?			
	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			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			222	

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 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ib °			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
_	(gambling) winnings to prize winners?	 I	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0			
	filed for the calendar year ending with or within the year covered by this return		01		
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b		
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	•	4a	х	
h	If "Yes," enter the name of the foreign country: SPAIN	account)?	4a	21	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupto (EDAD)			
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 transaction at any time during the tax year?		5b		X
	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		30		
ou	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		X
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	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	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?		90		
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	IOD			
''	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	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	(2017)

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 School Ja O contains a response or note to any line in this Bort VI			Х
<u>Sac</u>	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			21
360	tion A. Governing body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 15		res	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 1b 14			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	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			3,7
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ū	in Schedule O how this was done	12c	Х	
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	
		14	25	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 21	Х
a	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			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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AR, CO, CT, DC, FL, GA, HI			,KY
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 202-783-4800			
	1101 15TH STREET NW, WASHINGTON, DC 20005			
	CEE CCUENTIE O FOD FILL LICH OF CHAMEC		ΩΩΩ	(0047)

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

X

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

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

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

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	-					Ĺ	from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				and related
	below	lividu	titutio	Officer	y emp	hest (ploye	Former			organizations
(4)	line) 3 • 0 0	i i	lus	₩	ā.	iž e	휸			
(1) KUL GAUTAM	1.00	x		х						
CHAIRMAN	3.00	^		^						
(2) BETH WILSON	1.00	X		х						
SECRETARY	3.00	^		^						
(3) JAN TWOMBLY TREASURER	1.00	x		х						
(4) ROGER HUDSON	3.00	^		^						
DIRECTOR	1.00	X								
(5) STEVEN MCGEE	3.00	^								
DIRECTOR		x								
(6) CINDY CHANGYIT-LEVIN	3.00	123								
DIRECTOR UNTIL JULY 2017		x								
(7) MARIAN WRIGHT EDELMAN	3.00	 								
DIRECTOR		x								
(8) PANKAJ AGARWAL	3.00	 								
DIRECTOR		X								
(9) VALERIE HARPER	3.00									
DIRECTOR	1.00	Х								
(10) WILLIAM DICKERSON	3.00									
DIRECTOR	1.00	Х								
(11) PROF. MUHAMMAD YUNUS	3.00									
DIRECTOR	1.00	X								
(12) SCOTT LECKMAN, M.D., F.A.C.S.	3.00									
DIRECTOR		Х								
(13) ERNEST LEOVINSOHN	3.00									
DIRECTOR	1.00	Х								
(14) MAXINE THOMAS	3.00									
DIRECTOR	1.00	Х								
(15) S. ASHISH BALI	5.00									
DIRECTOR	2.00	Х								
(16) JOANNE CARTER	34.00									
EXECUTIVE DIRECTOR	6.00			Х						
(17) MARK BUTLER	38.00									
DIRECTOR OF FINANCE	2.00			Х			L			

732007 11-28-17

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	;	Es	timate	:d
	hours per week					is bot or/trus		compensation from	compensation from related	I		nount (other	of
	(list any	tor						the	organization			pensa	tion
	hours for	or director				ted		organization	(W-2/1099-MI			om the	
	related organizations	ustee (trustee		ao	iben sa		(W-2/1099-MISC)			_	anizati	
	below	Individual trustee	Institutional trustee		key employee	Highest compensated employee	15					d relati Inizatio	
	line)	Indivi	Institu	Officer	Key er	Highe	Former				3		
1b Sub-total c Total from continuation sheets to Part V													
d Total (add lines 1b and 1c)													
Total number of individuals (including but n							no r	eceived more than \$100	0,000 of reportab	le			
compensation from the organization											-	V	N ₂
3 Did the organization list any former officer,	director, or tru	uste	e. ke	ev er	olan	ovee.	. or	highest compensated e	mplovee on	П		Yes	No
line 1a? If "Yes," complete Schedule J for s										[3		Х
4 For any individual listed on line 1a, is the su	-		-					·	-				
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or a	•				•			•			_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J ī	or st	ucn _i	pers	son .					5		
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npensa	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A) Name and business	address	NI	ONE	,				(B) Description of s	ervices	Cr	(C	;) nsatio	n
Traine and passiness	- 4441000	147	JIVI				\dashv	Description of a			J.11.p.01	1001101	<u> </u>
										İ			
							_						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	l	d above) who received n	nore than				
\$100,000 of compensation from the organi	ŭ							,					
										F	Form 9	990 (2	2017)

Pa					TIOMIL I	21.2 / 21.01		J3 3747	207 Tage 0
- 0					or note to any lin	e in this Part VIII			
			Check if Schedule O cont	anis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	1a					
iour our		b	Membership dues	1b					
S, (С	Fundraising events	1c					
la fi		d	Related organizations	1d					
ns,		е	Government grants (contribut	ions) 1e					
rijo S		f	All other contributions, gifts, gran						
┋美			similar amounts not included above	ve 1f	25,722,243.				
d St		_	Noncash contributions included in lines		6,531.				
<u>a</u> <u>C</u>		h	Total. Add lines 1a-1f		▶	25,722,243.			
					Business Code				
<u>8</u>	2		EDUCATIONAL EVENTS		900099	163,014.	163,014.		
Program Service Revenue		~	CONTRACTS		900099	102,051.	102,051.		
n S		С	MERCHANDISE & BOOK SAL	ES	900099	7,124.	7,124.		
Jrar Rev		d							
or' L		е							
_			All other program service reve						
		g	Total. Add lines 2a-2f			272,189.			
	3		Investment income (including		I	=-0			
			other similar amounts)			79.			79.
	4		Income from investment of tax						
	5		Royalties						
			_	(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	23,959.					
		b	Less: cost or other basis	22 441	1.61				
		_	and sales expenses	22,441. 1,518.					
			Gain or (loss)		· · · · · · · · · · · · · · · · · · ·	1,357.			1,357.
			Net gain or (loss)		>	1,337.			1,337.
nue	8	а	Gross income from fundraising including \$						
Other Revenue			including \$ contributions reported on line						
å			Part IV, line 18	•	115,595.				
the		h	Less: direct expenses		11-11-				
ō			Net income or (loss) from func			<1,616.	>		<1,616.
			Gross income from gaming ac			,			,
	Ū	-	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less	•					
			and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
İ	11	a	LOSS ON CURRENCY CONVE		900099	<6.	>		<6.:
		b							
		С							
			All other revenue						
			Total. Add lines 11a-11d			<6.	>		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 4,466,904. 4,466,904. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 24,714. 12,600. 189,464. 152,150. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,728,170. 2,201,723. 362,597. 163,850. Other salaries and wages 7 Pension plan accruals and contributions (include 55,669 44,918. 7,009 3,742. section 401(k) and 403(b) employer contributions) 292,205. <u>45,593.</u> 362,140. 24,342. Other employee benefits 9 178,681. 221,816. 28,320. 14,815. Payroll taxes 10 Fees for services (non-employees): a Management 6,497. 31,149. 24,652. Legal 19,729. 2,790. 16,939. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,622. 2,622. Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 837,183. 900,780 63,597. column (A) amount, list line 11g expenses on Sch O.) 3,713. 1,563. 5,276. Advertising and promotion 12 90,125. 146,876. 56,751. 13 Office expenses 19,885. 11,788. 8,097. 14 Information technology 15 Royalties 195,825. 168,135. 27,690. 16 Occupancy 18,843. 872,244. 853,401. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 235,221. 318,785. 83,564. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 5,793. 43,876. 35,176. 2,907. Depreciation, depletion, and amortization 22 20,637. 17,780. 2,857. 23 Other expenses. Itemize expenses not covered 24 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.) 29,528. 29,528. BAD DEBT DUES AND SUBSCRIPTIONS 15,080. 14,898. 182. 2,910. LICENSES AND FEES 2,910. С d All other expenses е 10,649,365. 9,643,442. 783,667. 222,256. Total functional expenses. Add lines 1 through 24e 25 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)

Pa	rt X	Balance Sheet	
		Check if Schedule O contains a response or note to any line in this Part X	
			(A) (B) Beginning of year End of year
	1	Cash - non-interest-bearing	1,278,960. 1 1,409,330.
	2	Savings and temporary cash investments	
	3	Pledges and grants receivable, net	775,466. 3 14,477,907.
	4	Accounts receivable, net	
	5	Loans and other receivables from current and former officers, directors,	
		trustees, key employees, and highest compensated employees. Complete	
		Part II of Schedule L	
	6	Loans and other receivables from other disqualified persons (as defined u	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contrib	
		employers and sponsoring organizations of section 501(c)(9) voluntary	
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L	6
Assets	7	Notes and loans receivable, net	
As	8	Inventories for sale or use	
	9	Prepaid expenses and deferred charges	
	10a	Land, buildings, and equipment: cost or other	
		basis. Complete Part VI of Schedule D 10a 552,5	92.
	Ь	Less: accumulated depreciation 10b 262,8	
	11	Investments - publicly traded securities	
	12	Investments - other securities. See Part IV, line 11	
	13	Investments - program-related. See Part IV, line 11	
	14	Intangible assets	
	15	Other assets. See Part IV, line 11	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	
	17	Accounts payable and accrued expenses	
	18	Grants payable	
	19	Deferred revenue	
	20	Tax-exempt bond liabilities	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	
S	22	Loans and other payables to current and former officers, directors, trustee	es,
Liabilities		key employees, highest compensated employees, and disqualified person	s.
api		Complete Part II of Schedule L	22
	23	Secured mortgages and notes payable to unrelated third parties	
	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	402,317. 25 2,515,586.
	26	Total liabilities. Add lines 17 through 25	1,107,632. 26 3,034,133.
		Organizations that follow SFAS 117 (ASC 958), check here X	and
es		complete lines 27 through 29, and lines 33 and 34.	
auc	27	Unrestricted net assets	
Bal	28	Temporarily restricted net assets	5,581,433. 28 20,851,352.
D I	29	Permanently restricted net assets	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	
p		and complete lines 30 through 34.	
ets	30	Capital stock or trust principal, or current funds	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	
2	33	Total net assets or fund balances	
	34	Total liabilities and net assets/fund balances	6,691,345. 34 23,964,803.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	() () () () () () () () () ()					
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3				5,34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,58		
5	Net unrealized gains (losses) on investments	5			2,0	76.
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,					
				93,03	0,6	70.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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	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 separate basis,					
	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?			X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
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 required audit or audits?	iired au	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization RESULTS EDUCATIONAL FUND, INC. 95-3747267 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4372082.	28691946.	2505573.	2517656.	25837838.	63925095.
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	4372082.	28691946.	2505573.	2517656.	25837838.	63925095.
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)						33612342.
6							30312753.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4372082.	28691946.	2505573.	2517656.	(e) 2017 25837838.	63925095.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,201.	5,825.	10,759.	6,719.	1,436.	34,940.
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						
	assets (Explain in Part VI.)	2,154.	7,371.	1,596.		<6.	<pre>> 11,115. 63971150.</pre>
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	,876,657.
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	on 501(c)(3)	
_	organization, check this box and stop						<u></u>
	ction C. Computation of Publ						45 20
14	Public support percentage for 2017 (I					14	47.39 %
15	Public support percentage from 2016					15	34.86 %
16a	16a 33 1/3% support test - 2017. 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 - 2016. 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 qual						
17a	7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
<u>18</u>	8 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) 2017

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.)

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			, ,	` ,		.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose		1				
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						
	Public support. (Subtract line 7c from line 6.)						
Sed	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(6) 2017	(i) rotai
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd. fourth, or fifth t	ax vear as a sect	ion 501(c)(3) organiz	zation.
		ū			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))		15	9
	Public support percentage from 2016					16	Ç
	etion D. Computation of Inves					10	
	Investment income percentage for 20					17	(
						18	
	Investment income percentage from 2						
ıya	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
461		
10b		

Pa	t IV Supporting Organizations (continued)			
	(donumod)		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		<u> </u>
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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
360	tion b. 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		163	NO
•	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 ins	ructions	ÍП	
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		
h	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.			
	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		

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 qualifyin	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) 2017

ı aı	Type in Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Eycess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SHORT YEAR EXPLANATION:
THE ORGANIZATION IS PREPARING A SHORT YEAR RETURN BECAUSE IT IS
CHANGING ITS ACCOUNTING PERIOD YEAR END FROM DECEMBER 31 TO SEPTEMBER
30.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s 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 Rule					
	n 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 Rules					
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, 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) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$,750,000.	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
2		\$\$\$\$	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.)

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
			990 990-EZ or 990-PF) (2017

Employer identification number

Name of organization

RESULT	S EDUCATIONAL FUND, IN	C.	95-3747267
Part III	Exclusively religious, charitable, etc., contithe year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	tributions to organizations described columns (a) through (e) and the follov	in section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations
	Use duplicate copies of Part III if addition		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	t ·
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor 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.

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

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 Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 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		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified 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 st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic 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 tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

732051 10-09-17

Schedule D (Form 990) 2017

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

Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Other	Similar As	ssets(continued)		
3	Using the organization's acquisition, access	on, and other record	ds, check	k any of the	following tha	at are a sigr	nificant use of	its collection items		
	(check all that apply):									
а	Public exhibition	d	ı 🖳 ı	Loan or exc	hange progra	ams				
b	Scholarly research	е	, 🔲 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organizati	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	asures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be m							Yes No		
Par	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, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod									
	on Form 990, Part X?							└── Yes └── No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
								Amount		
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on F					-	?	└── Yes		
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete							11.55		
		(a) Current year	(b) P	rior year	(c) Two year	rs dack (d)	Three years b	ack (e) Four years back		
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a)) held as:					
а	Board designated or quasi-endowment	21	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	<u>%</u>								
0-	The percentages on lines 2a, 2b, and 2c sho		-41 41		on all a also to take					
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	and administe	erea for the	organization	Vac Na		
	by:							Yes No		
	(i) unrelated organizations									
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	ations listed as requi								
Δ Δ	Describe in Part XIII the intended uses of the							30		
Par	t VI Land, Buildings, and Equipm		WITHELLE	iurius.						
	Complete if the organization answere) Part I\	/ line 11a !	See Form 990) Part X lin	ne 10			
	Description of property	(a) Cost or o			t or other		umulated	(d) Book value		
	bescription of property	basis (investr			(other)		eciation	(d) Dook value		
19	Land	,		2230	/	3.5010				
	Buildings									
	Leasehold improvements			32	6,261.	13	33,223.	193,038.		
	Equipment				3,899.		2,876.	71,023.		
	Other				2,432.		6,781.	25,651.		
	. Add lines 1a through 1e. (Column (d) must e		X. colun				•	289,712.		

Schedule D	(Form 990) 2017	KESOLIS	FDOCALIONAL	rond,	TIVC.	93-3747207
Part VII	Investments -	Other Securities	es.			

Part VII Investments - Other Securities.		•		<u> </u>
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	d-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 900	Part Y line 13	
(a) Description of investment	(b) Book value			d-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"		, line 11d. See Form 990,	Part X, line 15.	
(a) [Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	15)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		······	
Complete if the organization answered "Yes"	on Form 000 Part IV	line 11e or 11f See Forn	n 000 Part V lina 25	:
() 5	0111 01111 990, Fait IV	(b) Book value	11 990, Fait A, iiile 20) <u>.</u>
1. (a) Description of liability (1) Federal income taxes		(b) Book value		
(2) DEFERRED RENT		149,066.		
(3) DEFERRED IMPROVEMENT ALLO	WANCE	232,053.		
(4) SUBGRANTS PAYABLE		2,134,467.		
(5)	+	_,,_,		
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	2,515,586.		

Schedule D (Form 990) 2017

^{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

Pa	art XI Reconciliation of Revenue per Audi	ted Financial Statements With Revenue	per Return.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited fir	nancial statements	1
2	Amounts included on line 1 but not on Form 990, Part	VIII, line 12:	
а	a Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С			
d			
е			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but		
а	a Investment expenses not included on Form 990, Part	VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5			
Pa	art XII Reconciliation of Expenses per Auc	lited Financial Statements With Expense	es per Return.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial stater	nents	1
2	Amounts included on line 1 but not on Form 990, Part	IX, line 25:	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	- · · ·		
d			
е	Add lines 2a through 2d		2e
3			
4	Amounts included on Form 990, Part IX, line 25, but no		
а	a Investment expenses not included on Form 990, Part	VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal h	Form 990, Part I, line 18.)	5
Pa	art XIII Supplemental Information.		
Prov	vide the descriptions required for Part II, lines 3, 5, and 9	; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete	this part to provide any additional information.	
.	D		
PA.	ART X, LINE 2:		
			TETONIC ONLY TE
TH.	E ORGANIZATION RECOGNIZES TH	E EFFECT OF INCOME TAX POS.	TTIONS ONLY IF
mtt	AND DOCUMENTS AND MODE I THE	V MILAN NOM OF DEING GUGMATI	NED MIE
TH	OSE POSITIONS ARE MORE LIKEL	Y THAN NOT OF BEING SUSTAIN	NED. THE
ΩD/	CANTEAUTON DOEC NOW DELTEVE	THE EINANGIAL CHAREMENING II	NOT IIDE ANY
OR	GANIZATION DOES NOT BELIEVE	ITS FINANCIAL STATEMENTS II	NCLUDE ANY
TTNT	ICEDMATN MAY DOCTMIONS		
OM	CERTAIN TAX POSITIONS.		

Schedule D (Form 990) 2017

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.

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

2017
Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND,

Employer identification number

95-3747267

<u>Part</u>	General Information on Activities Outside the United States. Complete if the organization answered "Yes" on
	Form 990, Part IV, line 14b.
1 6	For grantmakers. Does the erganization maintain records to substantiate the amount of its grants and other assistance

INC.

the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No.

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3	Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of offices in the region	`employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region			

	in the region	agents, and independent contractors in the region	gram services, investments, grants to recipients located in the region)	describe specific type of service(s) in the region	for and investments in the region
		in the region		ADVOCACY AND EDUCATION	w are region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	778,765.
EUROPE	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	2,120,114.
EAST ASIA & THE				ADVOCACY AND EDUCATION	
PACIFIC	0	0	PROGRAM SERVICES	ON TB & HIV/AIDS	733,448.
NORTH AMERICA	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	814,624.
CENTRAL AMERICA AND THE CARIBBEAN	0	0		ADVOCACY AND EDUCATION ON TB & HIV/AIDS	19,953.
			r ROOMER BERNIESE		15,555.
3 a Sub-total	0	0			4,466,904.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a					

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

Schedule F (Form 990) 2017

4,466,904.

and 3b)

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.

(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, FMV, appraisal, other)
		TB ACTION					
		PROJECT-ADVOCACY AND					
		EDUCATION ON TB &					
	EUROPE	HIV/AIDS	1191698.	INT'L WIRE	0.		
	SUB-SAHARAN	TB ACTION					
	AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
	BENIN, BOTSWANA,	EDUCATION ON TB &					
	BURKINA FASO,	HIV/AIDS	59,427.	INT'L WIRE	0.		
	·	TB ACTION					
		PROJECT-ADVOCACY AND					
		EDUCATION ON TB &					
	NORTH AMERICA	HIV/AIDS	814,624.	INT'L WIRE	0.		
		TB ACTION					
		PROJECT-ADVOCACY AND					
	SUB-SAHARAN	EDUCATION ON TB &					
	AFRICA	HIV/AIDS	344,690.	INT'L WIRE	0.		
		TB ACTION					
		PROJECT-ADVOCACY AND					
		EDUCATION ON TB &					
	EUROPE	HIV/AIDS	926,416.	INT'L WIRE	0.		
		TB ACTION					
		PROJECT-ADVOCACY AND					
	EAST ASIA AND THE	EDUCATION ON TB &					
	PACIFIC	HIV/AIDS	713,227.	INT'L WIRE	0.		
	SUB-SAHARAN	TB ACTION					
	AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
	BENIN, BOTSWANA,	EDUCATION ON TB &					
	BURKINA FASO,	HIV/AIDS	152,693.	INT'L WIRE	0.		
		RIGHT TO EDUCATION					
		THROUGH					
	SUB-SAHARAN	IMPLEMENTATION OF					
	AFRICA	NATIONAL LEVEL	19,659.	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

_____12

3 Enter total number of other organizations or entities

Part II	Continuation o			ations or Entities Outside the	United States	(Schedule E (Form 0	100) Part II line	1\	r age z
1	e of organization	(b) IRS code section and EIN (if applicable)	(a) Degion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				RIGHT TO EDUCATION					
				THROUGH					
				IMPLEMENTATION OF					
			AND THE CARIBBEAN		19,953.	INT'L WIRE	0.		
				RIGHT TO EDUCATION					
				THROUGH					
			EAST ASIA AND THE						
				NATIONAL LEVEL	20 221.	INT'L WIRE	0.		
				RIGHT TO EDUCATION					
				THROUGH					
			SUB-SAHARAN	IMPLEMENTATION OF					
			AFRICA	NATIONAL LEVEL	182 336	INT'L WIRE	0.		
				RIGHT TO EDUCATION	102,000.				
				THROUGH					
				IMPLEMENTATION OF					
				NATIONAL LEVEL	19 960	INT'L WIRE	0.		
					15,500.	- WIND			
						l			

Part III Grants and Other Assistance Part III can be duplicated if a			ates. Complete i	f the organization answered "Yes'	on Form 990, Part	t 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)

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

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) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 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; don't file with Form 990) _____ Yes 🗓 Yes 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) 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) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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)

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2017

6

Page 5

Part V | Supplemental Information

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.

PART I, LINE 2:

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT DOCUMENTATION SUBSTANTIATING ALL FUNDS REQUESTED AND RECEIVED.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Part I Fundraising Activities required to complete this par	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not		
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	I (II) ACTIVITY I have custody I in the control of							
		Yes	No					
3 List all states in which the organization or licensing.		contrib	utions	s or has been notified	d it is exempt from re	egistration		
-								

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990-EZ) 2017 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 SEATTLE WASHINGTON (add col. (a) through EVENT EVENT 11 col. (c)) (event type) (total number) (event type) 26,010. 42,609. 46,976. 115,595. 1 Gross receipts 2 Less: Contributions 42,609. 26,010. 46,976. 115,595. **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 17,200. 92,332. 7,679. 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) 2017

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

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2017 RESULTS EDUCATIONAL FUND, INC. 95-	3747267	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:		
а	The organization's facility	13a	%
	An outside facility		%
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 > \$		
С	If "Yes," enter name and address of the third party:		
	Name N		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	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	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 9b, 10)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	, ,
	, , , , , , , , , , , , , , , , , , , ,		
-			

Schedule 6	G (Form 990 or 990-EZ)	RESULTS	EDUCATIONAL	FUND,	INC.	95-3747267	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	ormation (continu	ued)				
					<u> </u>		

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

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: AL,AK,AR,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,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) (2017)

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	, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REASONABLE REQUEST.	
FORM 990, PART VII:	
PER IRS FORM 990 INSTRUCTIONS, FOR A SHORT YEAR RETURN TH	AT ENDS WITH
OR WITHIN THE CALENDAR YEAR, PART VII COLUMNS (D) AND (E)	ARE LEFT
BLANK, AND NO KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEE	S, OR HIGHEST
COMPENSATED INDEPENDENT CONTRACTORS HAVE BEEN REPORTED (B	ECAUSE SUCH
PERSONS ARE DETERMINED ACCORDING TO COMPENSATION RECEIVED	IN THE
CALENDAR YEAR ENDING WITH OR WITHIN THE TAX YEAR FOR WHIC	H THE RETURN
IS FILED).	
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)

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.

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

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

RESULTS EDUCATIONAL FUND, INC.

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

(b)

Primary activity

Employer identification number 95-3747267

(f)

Direct controlling

entity

•		,				-					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.										
(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 501(c)(3))	(f) Direct controlling entity	controlling contentity entity					
RESULTS, INC 52-1411039				001(0)(0))		Yes	No				
1101 15TH STREET NW	GRASSROOTS LOBBY TO END HUNGER AND POVERTY	DISTRICT OF COLUMBIA	501(C)(4)		RESULTS EDUCATIONAL FUND	х					

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	ations?	amount in box	managin partner	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		asseis	Yes	No	20 of Coffication	Yes N	5
_											
-	1										
	-										
											<u> </u>
	1										
	1										
											+
							•		•		•

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	(c) 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	Sec 512(l conti ent	ction 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.

Page 3

Yes No

Х

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) royalt	ties, or (iv) rent from a controlled entity	<i>l</i>			1a		X
b Gift, grant, or capital contribution to related of	organization(s)				1b		X
c Gift, grant, or capital contribution from relate	d organization(s)				1c		X
d Loans or loan guarantees to or for related org	ganization(s)				1d		X
e Loans or loan guarantees by related organiza	ation(s)				1e		X
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)							X
h Purchase of assets from related organization	n(s)				1h		X
i Exchange of assets with related organization	ı(s)				1i		X
j Lease of facilities, equipment, or other assets	s to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets	s from related organization(s)				1k		X
I Performance of services or membership or fu							X
m Performance of services or membership or fu							X
n Sharing of facilities, equipment, mailing lists,						Х	
o Sharing of paid employees with related organ						Х	
p Reimbursement paid to related organization(s) for expenses				1p	Х	
q Reimbursement paid by related organization	(s) for expenses				1q	Х	
r Other transfer of cash or property to related	organization(s)				1r		X
s Other transfer of cash or property from relate							X
2 If the answer to any of the above is "Yes," se							
(a)		(b)	(c)	(d)			
Name of related orga	ınization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)					
(1) RESULTS, INC.		0	108,490.	ACTUAL AMOUNT			
(2)							
(3)							
(4)							
(5)							
(6)							
732163 09-11-17		43		Schedule	R (For	n 990)	2017

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)	(e) Are all partners s 501(c)(3 orgs.? Yes N	(g) Share of end-of-year assets	Disprotionallocati	ppor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managi partne Yes N	or Percentage ownership

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STATE COPY

TAXABLE YEAR **2017**

California Exempt Organization Annual Information Return 728941 12-06-17 FORM

199

Ca	lendar Year	2017 or fiscal year beginning (mm/dd/yyyy)	01/01/201	. 7 , an	ıd ending (mr	n/dd/yyy	y)	09/	/30/2017 .	_
С	orporation/Or	ganization name				Calif	fornia corpo	oration nu	umber	
_		S EDUCATIONAL FUND, INC.					1061	854		
Α	dditional infor	mation. See instructions.				FE	[™] 95-3	7472	267	
S	treet address	(suite or room)				_	PMB no.			_
1	101 1	5TH STREET NW								
	ity				Sta	ate	ZIP code			
W.	ASHIN				I	DC	2000			
F	oreign country		gn province/state/coun	nty			Foreign po	ostal cod	e	
A B C D E F G H	Amended IRC Secti Final Info Enter date: Check act Federal re (4) X Is this a g Is this org If "Yes," w	Return on 4947(a)(1) trust rmation Return? Dissolved Surrendered (Withdrawn) Counting method: (1) Cash (2) X Accrual (3) cturn filed? (1) • 990T(2) • 990PF (3) • Other 990 series roup filing? See instructions yanization in a group exemption rhat is the parent's name?	Yes X No K I Yes X No K I Reorganized L I Other f Sch H (990) M I Yes X No O I P I	If exempt undergraph of exempt under engaged in positive state organization and meets the fee is required as the organization the organization of	litical activitie ation exempt the gross rec is exempt ur filling fee exc l. ation a Limite zation file For income? ation under at a prior year? n 1023/1024	es? See i under Ra eipts from der R&7 eption, con d Liabilit m 100 o udit by th	nstructior %TC Section m nonme rC Section check box y Compar r Form 10	ns on 2370 mber so n 23701 . No filir ny? o9 to	• Yes X N 01g? • Yes X N 0urces \$ Id ng • Yes X N • Yes X N • Yes X N • Yes X N	lo _ lo
I		ganization have any changes to its guidelines	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Date filed with	IRS					
_		ted to the FTB? See instructions		tion B and C						—
÷	uiti •	Gross sales or receipts from other sources. From					•	1	411,816.	
	Receipts and Revenues	 Gross dues and assessments from members and Gross contributions, gifts, grants, and similar amount and gross receipts for filing requirement test. Add line 1 to This line must be completed. If the result is less than \$50, Cost of goods sold Cost or other basis, and sales expenses of assets 	affiliates Ounts received through line 3. 000, see General Infori	mation B		STMT STMT	1 •	2 3 4		00
		7 Total costs. Add line 5 and line 68 Total gross income. Subtract line 7 from line 4					•	7 8	22,602. 26,111,457.	00
-	Expenses	9 Total expenses and disbursements. From Side 2,						9	10,711,300.	
_	-vhouses	10 Excess of receipts over expenses and disburseme						10	15,400,157.	00
		11 Total payments					•	11		00
		12 Use tax. See General Information K					•	12		00
	F	13 Payments balance. If line 11 is more than line 12,						13		00
•	iling Fee	Use tax balance. If line 12 is more than line 11, su						14	10.	00
		15 Filing fee \$10 or \$25. See General Information F.16 Penalties and Interest. See General Information J						16		
										00 00
		17 Balance due. Add line 12, line 15, and line 16. The Under penalties of perjury, I declare that I have examined this retiit is true, correct, and complete. Declaration of preparer (other that	urn, including accompantay naver) is based a	anying schedule	es and statemen	its, and to	the best of	my knov	wledge and belief,	50
Si He		Signature of officer	Title			Date		2	● Telephone 202-783-4800 ● PTIN	
		Preparer's signature				Check self-em	if nployed ►	I	P01444196	
D-	id					Sell-ell	ipioyeu		● FEIN	
	eparer's	Firm's name (or yours, if self-				7.0		5	52-1853933	
Use Only		employed) 10500 LITTLE PATUXE and address COLUMBIA, MD 21044	SNT PARKW	IAY, SU)TTE 7	/ U		- 1	● Telephone 410-884-0220	
_		May the FTB discuss this return with the preparer show	vn above? See instr	ructions			• X		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.

	79.00 00 00 23,959.00 72,183.00 11,816.00
Receipts 4 Gross rents 4 from 5 Gross royalties 5 Other 6 Gross amount received from sale of assets (See Instructions) STATEMENT 3 6	00 00 23,959.00 72,183.00
from 5 Gross royalties 5 Gross amount received from sale of assets (See Instructions) STATEMENT 3 6 6	00 23,959. ₀₀ 72,183. ₀₀
Other 6 Gross amount received from sale of assets (See Instructions) STATEMENT 3 • 6	23,959. ₀₀ 72,183. ₀₀
	72,183.00
	/2,183. ₀₀
	66,905.00
	$\frac{00}{34,187.00}$
12 Other salaries and wages • 12 2,7	$\frac{34,10,00}{28,170.00}$
Expenses 13 Interest • 13	00
	21,816.00
	95,825.00
	43,876.00
ments 16 Depreciation and depletion (See instructions) - 16 17 Other Expenses and Disbursements SEE STATEMENT 6 17 2,9	20,521.00
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	11,300.00
Schedule L Balance Sheet Beginning of taxable year End of taxable year	
Assets (a) (b) (c)	(d)
	,786,805.
2 Net accounts receivable 79,816.	45,565.
3 Net notes receivable •	
4 Inventories •	
5 Federal and state government obligations • Investments in other hands	
6 Investments in other bonds	
7 Investments in stock 8 Mortgage loans	
8 Mortgage loans 9 Other investments STMT 7 22,385.	
10 a Depreciable assets 541,069. 552,592.	
b Less accumulated depreciation (222,427.) 318,642. (262,880.)	289,712.
	<u> </u>
	,842,721.
13 Total assets 6,691,345. 23	,964,803.
Liabilities and net worth	
14 Accounts payable	514,553.
15 Contributions, gifts, or grants payable	
16 Bonds and notes payable •	
17 Mortgages payable 18 Other liabilities STMT 9 404,592. 2	E10 E00
	,519,580.
19 Capital stock or principal fund	
20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund	,930,670.
22 Total liabilities and net worth 6,691,345.	,964,803.
Schedule M-1 Reconciliation of income per books with income per return	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.	
1 Net income per books • 15,400,157. 7 Income recorded on books this year	
2 Federal income tax • not included in this return •	
3 Excess of capital losses over capital gains 8 Deductions in this return not charged	
4 Income not recorded on books this year against book income this year	
5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8	
deducted in this return 10 Net income per return.	
6 Total. Add line 1 through line 5 15,400,157. Subtract line 9 from line 6 15	,400,157.

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1				
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT			
BILL AND MELINDA GATES FOUNDATION	PO BOX 23350 SEATTLE, WA 98102	06/29/17	9,750,000.			
GLASER PROGRESS FOUNDATION	1601 SEOND AVE STE 1080 SEATTLE, WA 98101	03/07/17	5,000.			
GORDON IRLAM	23 CORONADO AVENUE LOS ALTOS, CA 94022	01/12/17	30,000.			
KEATING FAMILY FOUNDATION	1400 B. GRAHAM DR. SUITE 102 TOMBALL, TX 77375	07/17/17	10,000.			
ELLEN KEMPLER	7090 SW 48TH LANE MIAMI, FL 33155	07/26/17	25,000.			
CHARLES GUST	2833 CASCADIA AVE. SOUTH SEATTLE, WA 98144	06/02/17	16,000.			
ED AND LUCINDA WINSLOW	166 DANNELL DRIVE STAMFORD, CT 06905	06/09/17	5,000.			
WELLSPRING ADVISORS, LLC	P.O. BOX 3075 SOUTHEASTERN, PA 19398	08/16/17	60,707.			
CENTER ON BUDGET AND POLICY PRIORITIES	820 FIRST STREET NE, SUITE 510 WASHINGTON, DC 20002	07/14/17	75,000.			
THEODORE MOSER	106 ROSS CIRCLE OAKLAND, CA 94618	04/19/17	15,000.			
TB ALLIANCE	40 WALL STREET NEW YORK, NY 10005	07/28/17	5,000.			
CHILDREN'S INVESTMENT FUND FOUNDATION	7 CLIFFORD STREET LONDON UNITED KINGDOM W1S 2FT	03/17/17	827,358.			
THE ANNIE E. CASEY FOUNDATION	701 ST. PAUL STREET BALTIMORE, MD 21202	07/20/17	50,000.			
THE ANN AND HENRY ZARROW FOUNDATION	401 S. BOSTON AVE. SUITE 900 TULSA, OK 74103	04/20/17	20,000.			
WALLACE GENETIC FOUNDATION	4910 MASSACHUSETTS AVE. NW, #221 WASHINGTON, DC 20016	04/19/17	20,000.			

RESULTS EDUCATIONAL FUN	D, INC.		95-3747267
UPLIFT FOUNDATION	P.O. BOX 5101 UPPER MARLBORO, MD 20775	01/20/17	200,000.
STOP TB PARTNERSHIP	CHEMIN DU POMMIER 40 GENEVA, LE GRAND-SACONNEX, SWITZERLAND 1218	07/21/17	5,000.
OPEN SOCIETY INSTITUTE	410 W. 58TH STREET NEW YORK, NY 10019	05/30/17	245,466.
RESULTS FOR DEVELOPMENT	1111 19TH STREET NW WASHINGTON, DC 20036	06/08/17	5,000.
THE NEW VENTURE FUND	1201 CONNECTICUT AVE. NW, SUITE 300 WASHINGTON, DC 20036	03/08/17	25,000.
PRITZKER FAMILY FOUNDATION	111 S. WACKER DR., STE. 4000 CHICAGO, IL 60606	06/30/17	50,000.
GLOBAL PARTNERSHIP FOR EDUCATION	1850 K STREET NW, SUITE 625 WASHINGTON, DC 20006	09/15/17	7,500.
CAPITAL FOR GOOD USA	1536 E. LANCASTER AVE. PAOLI, PA 19301	05/02/17	475,000.
BRAC MICROFINANCE	75 MOHAKHALI DHAKA BANGLADESH 1212	08/08/17	10,000.
1000 DAYS	1400 16TH STREET NW, SUITE 210 WASHINGTON, DC 20036	06/07/17	5,000.
RUSSELL BRENNEN	442 IRVINGTON DRIVE SAN ANTONIO, TX 78209	07/26/17	5,000.
JAMES CHAPUT AND MARTHA KARNOPP	13631 E. MARINA DRIVE, APT. 106 AURORA, CO 80014	08/24/17	10,000.
BILL CLAPP	1601 5TH AVE. SUITE 1900 SEATTLE, WA 98101	03/27/17	5,000.
WILLIAM DICKERSON	606 HOLIDAY STREET SNOHOMISH, WA 98290	07/20/17	5,000.
GAVI ALLIANCE	1776 I STREET NW, SUITE 600 WASHINGTON, DC 20006	07/28/17	5,000.
JOHN HATCH	4 FAJADA WASH SANTA FE, NM 87508	06/27/17	25,000.
PETER STOEL	3025 SW MORRIS AVE. CORVALLIS, OR 97333	07/31/17	10,000.
ALAN NEWBERG	9255 ILLAHEE ROAD NE BREMERTON, WA 98311	07/17/17	5,000.

^{12,012,031.}

RESULTS EDUCATIONAL FUND), INC.		95-3747267
TOTAL INCLUDED ON LINE 3			
CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDR	ESS	
KEN SCHATZ	10214 GARDEN ALCOV	E DR. TAMPA,	FL 33647
PROPERTY DESCRIPTION	DATE OF GIFT TOT	AL AMOUNT	FMV OF GIFT
STOCK DONATION	05/26/17	6,531.	6,531.

TOTAL INCLUDED ON LINE 3

6,531.

CA 199 GROSS AM	OUNT FROM SAL	E OF AS	SETS	S	TATEMENT 3
DESCRIPTION	DA ACQU		DATE SOLI		THOD UIRED
				PUR	CHASED
	COST OR OTHER BASIS	DEPRE	c.	EXPENSE OF SALE	GROSS SALES PRICE
	22,441.		0.	0.	23,959.
DESCRIPTION	DA ACQU		DATE		THOD UIRED
				PUR	CHASED
	COST OR OTHER BASIS	DEPRE(c.	EXPENSE OF SALE	GROSS SALES PRICE
	161.		0.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6	22,602.		0.	0.	23,959.
CA 199	OTHER INCOM	E		S	TATEMENT 4
DESCRIPTION					AMOUNT
LOSS ON CURRENCY CONVERSION EDUCATIONAL EVENTS CONTRACTS MERCHANDISE & BOOK SALES					<6. 163,014. 102,051. 7,124.
TOTAL TO FORM 199, PART II, LINE	7				272,183.

CA 199	COMPENSATION (OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND AI	DDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
KUL GAUTAM 1101 15TH S WASHINGTON,	STREET NW		CHAIRMAN 3.00	0.
BETH WILSON 1101 15TH S WASHINGTON,	STREET NW		SECRETARY 3.00	0.
JAN TWOMBLY 1101 15TH S WASHINGTON,	STREET NW		TREASURER 3.00	0.
ROGER HUDSO 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.
STEVEN MCGE 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.
CINDY CHANG 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR UNTIL JULY 2017 3.00	0.
MARIAN WRIG 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.
PANKAJ AGAF 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.
VALERIE HAR 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.
WILLIAM DIC 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.
PROF. MUHAN 1101 15TH S WASHINGTON,	STREET NW		DIRECTOR 3.00	0.

RESULTS EDUCATIONAL FUND, INC.		95-3747267
SCOTT LECKMAN, M.D., F.A.C.S. 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
ERNEST LEOVINSOHN 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
MAXINE THOMAS 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 3.00	0.
S. ASHISH BALI 1101 15TH STREET NW WASHINGTON, DC 20005	DIRECTOR 5.00	0.
JOANNE CARTER 1101 15TH STREET NW WASHINGTON, DC 20005	EXECUTIVE DIRECTOR 34.00	134,187.
TOTAL TO FORM 199, PART II, LINE 11		134,187.
a. 100		
CA 199 OTHE	CR EXPENSES	STATEMENT 6
DESCRIPTION	R EXPENSES	STATEMENT 6

CA 199 OTHER INVESTMENTS	3	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	22,385.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	22,385.	0.
CA 199 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES DEPOSITS DUE FROM RESULTS, INC., A RELATED ORGANIZATION	775,466. 92,755. 21,896. 336,467.	225,740. 21,896. 117,178.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,226,584.	14,842,721.
CA 199 OTHER LIABILITIES	5 	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED RENT DEFERRED IMPROVEMENT ALLOWANCE SUBGRANTS PAYABLE DEFERRED REVENUE	142,041. 260,276. 0. 2,275.	149,066. 232,053. 2,134,467. 3,994.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	404,592.	2,519,580.

CA 199	CASH CONTRIBUTIONS, GIFTS, AND SIMILAR AMOUNTS PA	STATEMENT 10	
ACTIVITY CLASSIFICAT	ION		
TB ACTION PROJECT			
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RESULTS UK	2ND FLOOR, 31-33 BONDWAY, VAUXHALL - LONDON, UNITED KINGDOM SW8 1SJ	NONE	1,191,699.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
PRINCESS OF AFRICA FOUNDATION	STREET ADDRESS UNKNOWN - JOHANNESBURG, SOUTH AFRICA	NONE	59,427.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GHA FRANCE	14 BOULEVARD DE DOUAUMONT - PARIS, FRANCE 75017	NONE	926,416.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RESULTS CANADA	9 LAURIER, PO BOX 1485 - GATINEAU, CANADA QC J8X 3Y3	NONE	816,624.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
KENYA AIDS NGO CONSORTIUM	CHAKA ROAD OFF ARGWINGS KODHEK RD PO BOX 69866-0040	NONE	

- NAIROBI, KENYA

344,690.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
RESULTS INTERNATIONL AUSTRALIA	PO BOX 1019, NEWPORT BEACH, NSW 2016 - AUSTRALIA	NONE	713,227.
DONEES NAME CITAM+	DONEES ADDRESS 1101 15TH ST. NW, STE. 1200	RELATIONSHIP 	AMOUNT
	- WASHINGTON, DC 20005		152,693.
	TOTAL FOR THIS ACTIVITY		4,204,776.
ACTIVITY CLASSIFICATI	ON 'H & EDUCATION ON TB AND HIV/A	rng	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GLOBAL CAMPAIGN FOR EDUCATION	1101 15TH STREET NW - WASHINGTON, DC 20005	19,659.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FORO DAKAR HONDURAS	1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	NONE	19,953.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
NEW INDONESIA	1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	NONE	20,221.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
WORLD AIDS CAMPAIGN INTERNATIONAL	1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	NONE	182,336.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
EDUCATIN COALITION OF ZIMBABWE	1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	NONE	19,960.	
ACTIVITY CLASSIFICATI	TOTAL FOR THIS ACTIVITY ON		262,129.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
RESULTS UK	2ND FLOOR, 31-33 BONDWAY, VAUXHALL - LONDON, UNITED KINGDOM SW8 1SJ	NONE	1,191,699.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
PRINCESS OF AFRICA FOUNDATION	STREET ADDRESS UNKNOWN - JOHANNESBURG, SOUTH AFRICA	NONE	59,427.	
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT	
GHA FRANCE	RANCE 14 BOULEVARD DE DOUAUMONT - NONE PARIS, FRANCE 75017			

DONEES NAME	EES NAME DONEES ADDRESS RELATIONS		AMOUNT
RESULTS CANADA	9 LAURIER, PO BOX 1485 - GATINEAU, CANADA QC J8X 3Y3	NONE	816,624.
DONEES NAME KENYA AIDS NGO CONSORTIUM	DONEES ADDRESS CHAKA ROAD OFF ARGWINGS KODHEK RD PO BOX 69866-0040 NAIROBI, KENYA	RELATIONSHIP NONE	AMOUNT 344,690.
DONEES NAME RESULTS INTERNATIONL AUSTRALIA	DONEES ADDRESS PO BOX 1019, NEWPORT BEACH, NSW 2016 - AUSTRALIA	RELATIONSHIP —————— NONE	AMOUNT 713,227.
DONEES NAME CITAM+	DONEES ADDRESS 1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	RELATIONSHIP 	AMOUNT 152,693.
ACTIVITY CLASSIFICATI	TOTAL FOR THIS ACTIVITY ON		4,204,776.
DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
GLOBAL CAMPAIGN FOR EDUCATION	1101 15TH STREET NW - WASHINGTON, DC 20005	NONE	19,659.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
FORO DAKAR HONDURAS	1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	NONE	19,953.
DONEES NAME NEW INDONESIA	DONEES ADDRESS 1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	RELATIONSHIP ————— NONE	20,221.
DONEES NAME WORLD AIDS CAMPAIGN INTERNATIONAL	DONEES ADDRESS 1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	RELATIONSHIP ————— NONE	AMOUNT
DONEES NAME EDUCATIN COALITION OF ZIMBABWE	DONEES ADDRESS 1101 15TH ST. NW, STE. 1200 - WASHINGTON, DC 20005	RELATIONSHIP NONE	AMOUNT 19,960.
TOTAL INCLUDED ON FO	TOTAL FOR THIS ACTIVITY RM 199, PART II, LINE 9		262,129.

TAXABLE YEAR

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 2018. 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 262,157. SEE STATEMENT 11 552,592. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 43,876. 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) 43,876. 16 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		DEPREC	CIATION			STATEN	MENT 11
			COST OR BASIS		METHOD		DEPRE- CIATION	BONUS
43	TELEPHONE (
50	3 EXECUTIVE	E DESKS	23,243.	-				
52	FURNITURE	08/22/07	1,227.	1,227.	SL	7.00	0.	
76	6-4 DRAWER		1,379. ES	1,379.	SL	7.00	0.	
	2 SHELF BOO	06/03/08	4,893.	4,893.	SL	7.00	0.	
		06/03/08	1,492.	1,492.	SL	7.00	0.	
	DELL COMPUT	02/28/10	1,407.	1,407.	SL	5.00	0.	
82	DELL COMPUT		1,407.	1,407.	SL	5.00	0.	
83	DELL COMPUT	TER .	1,407.				0.	
89	COMPUTER		1,918.				0.	
93	T610 SERVER	RWITH SONIC	WALL	-				
96	2 DDESKTOPS	5	12,086.	-			0.	
107	OCHOA COMPU		2,338.	2,338.	SL	5.00	0.	
	DELL LAPTOR	07/03/11	1,043.	940.	SL	5.00	0.	
		08/31/11	1,112.	981.	SL	5.00	0.	
	CONFERENCE	08/31/11	1,038.	918.	SL	5.00	0.	
110	MACKBOOK FO		OUCHANE 1,682.	1,484.	SL	5.00	0.	
111	MACKBOOK FO		EN 1,682.	1.484.	SL	5.00	0.	
113	ADDITIONAL			985.		7.00	148.	
126	COMPUTERS I	OR MARK BUT	LER AND JACE	KIE REIDI	NGER			
129	HIV AND TB		2,320.	1,894.		5.00	193.	
130	HIV AND TB	06/11/12 COSTUMES	4,000.	3,400.	SL	5.00	333.	
132	COMPUTER FO	07/18/12 OR ALYSON GO	4,000. LDSMITH	3,467.	SL	5.00	467.	
	LAPTOP FOR	08/31/12	1,097.	1,097.	SL	5.00	0.	
		08/31/12	1,234.	1,009.	SL	5.00	165.	
135	COMPUTER FO	OR ANGELA PE 10/31/12	RIERA 1,296.	1,034.	SL	5.00	194.	

136	LEASEHOLD	IMPROVEMENT	(PROFESSIONAL	L SERVICE	S/DESIGN)	
		05/24/13	23,217.			.00 1,741.
137	LEASEHOLD		(CONSTRUCTION	-		
100		05/30/13	2,030.		SL 10	.00 152.
138	LEASEHOLD		(CABLING/WIR		GT 10	.00 973.
120	LEASEHOLD	06/24/13 IMPROVEMENT	12,977. (FURNITURE S			.00 973. REVISIONS)
139	TEASEROLD	06/27/13	4,896.			.00 367.
140	LEASEHOLD	IMPROVEMENT	•			
140	ппиоппопр	07/26/13	3,912.			.00 293.
141	LEASEHOLD	IMPROVEMENT	-	•		
		07/30/13	1,205.		SL 10	.00 90.
142	LEASEHOLD	IMPROVEMENT	(ADDITIONAL (CABLE RUN	1)	
		08/12/13	635.	202.	SL 10	.00 48.
143	LEASEHOLD		(CABLING & F			
		08/19/13		2,685.		.00 653.
144	LEASEHOLD		(POST CD COM			
4.5		08/26/13		703.		.00 171.
145	LEASEHOLD		(OFFICE MOVE			00 122
116	LEASEHOLD		1,767. (PMTS TO VENI			.00 133.
140	TEASEROLD		264,629.			.00 21,340.
1/17	COMDITUED (SSMAN-DELL LA			.00 21,340.
14/	COMI OTER (1,140.		-	00 171.
148	FURNITURE/		CLES UNIT(ID-		51	171
			26,964.		SL 10	.00 2,022.
149	FURNITURE/		CLES UNIT (ID			, .
			32,980.	10,169.	SL 10	.00 2,474.
150	LAPTOP - T	OSHIBA (JOAN				
			2,204.	1,323.	SL 5.0	331.
151	LAPTOP - D	ELL (COLIN S				
1 - 0			1,170.	683.	SL 5.0	176.
152	LAPTOP - D	ELL (MEREDIT		602	GT	176
152	T ADMOD D	10/31/13 ELL (JEN ST		683.	SL 5.0	176.
133	DAFIOE - D		1,100.	623.	SL 5.0	00 165.
154	4 STORAGE	CREDENZA (20		023.	У	105.
131	1 01010101	06/03/08	1,427.	1,427.	SL 7.0	00 0.
157	AVADIRECT	LAPTOP(REF14		_,,	, , ,	
		07/31/14	1,478.	641.	SL 5.0	00 222.
158	MARK BUTER	LAPTOP (REF				
		12/31/14	1,614.	565.	SL 5.0	00 242.
159	JACKIE LAP	TOP (REF1448				
		12/31/14	1,614.	565.	SL 5.0	00 242.
160	JOH LAPTOP		4			
1 . 1		12/31/14	1,573.	551.	SL 5.0	236.
T 9 T	HANNAH LAP	TOP (REF145)		E E 1	GT F	226
160	WIND CHOD	12/31/14	1,573.	551.	SL 5.0	236.
102	KIAKA SHUK	T LAPTOP (RI 12/31/14	1,300.	455.	SL 5.0	00 195.
163	JEN LAPTOP		1,300	±33•).(193.
±03	JUN LIMITOF	12/31/14	1,300.	455.	SL 5.0	00 195.
164	JERUSA LAP	TOP (REF1453		-33.		
		12/31/14	1,300.	455.	SL 5.0	195.

RESULTS EDUCATIONAL FU	ND, INC.			95-3747267
165 CYNTHIA LAPTOP (RE	 F 1454)			
12/31/	14 1,300.	455. S	5.00	195.
166 COMPUTER EQUIPMENT	SONICWALL			
03/17/	14 1,188.	1,040. S	L 2.00	0.
167 COMPUTER EQUIPMENT				
10/31/	15 42,432.	10,416. S	5.00	6,365.
168 COMPUTER EQUIPMENT				
12/31/	•	2,472. S	5.00	1,854.
169 COMPUTER EQUIPMENT				
06/30/	17 14,465.	S	5.00	723.
OTAL TO FORM 3885	552,592.	262,157.	-	43,876.

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

Failure to submit this report annually no later than the 15th day of the 5th month 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:	nge of address				
RESULTS EDUCATIONAL FUND, INC. Name of Organization		nded report				
1101 15TH STREET NW Address (Number and Street)	Corporate or Organization No. C1061854					
WASHINGTON , DC 20005 City or Town, State and ZIP Code	Federal Em	ployer I.D. No. 95-3747267				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Attorney General's R						
Gross Receipts Fee Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u> </u>		
Less than \$25,000 0 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	\$15 \$22 \$30	25		
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $\frac{01/01/20}{5}$ Gross annual revenue \$ $\frac{25,994,246}{5}$ Total assets \$	17endi 23,	ng <u>09/30/2017</u>) list: 96 4 ,803.				
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT				
Note: If you answer "yes" to any of the questions below, you must attach a se "yes" response. Please review RRF-1 instructions for information requi		ge providing an explanation and details f	or eac	ch		
			Yes	No		
 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? 				Х		
2. During this reporting period, were there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?				х		
3. During this reporting period, did non-program expenditures exceed 50% of gro	oss revenue	?		Х		
4. During this reporting period, were any organization funds used to pay any pen with the Internal Revenue Service, attach a copy.	alty, fine or	judgment? If you filed a Form 4720		Х		
5. During this reporting period, were the services of a commercial fundraiser or fulf "yes," provide an attachment listing the name, address, and telephone numbers.	•			Х		
 During this reporting period, did the organization receive any governmental fur name of the agency, mailing address, contact person, and telephone number. 	nding? If so,			X		
7. During this reporting period, did the organization hold a raffle for charitable pu		yes," provide an attachment indicating				
the number of raffles and the date(s) they occurred. 8. Does the organization conduct a vehicle donation program? If "yes," provide a	an attachme	nt indicating whether the program is		Х		
operated by the charity or whether the organization contracts with a commerce				Х		
 Did your organization have prepared an audited financial statement in accorda principles for this reporting period? 	ance with ge	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 accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete.						
MARK BUTLER DIRECTOR OF FINANCE						
Signature of authorized officer Printed Name	Tit					

729291 12-27-17 RRF-1 (08/2017)

** 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)

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

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

 \blacktriangleright Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning ~JAN~1~,~2017~ and ending ~SEP~30~,~and ending SEP 30, 2017

OMB No. 1545-0047
2017
<u> </u>
Open to Public
Inspection

B Check if applicable		C Name of organization		D Employer	dentific	cation number	
Г	Addres						
F	change Name change				35_3'	747267	
F	cnange Initial return	Doing business as Number and street (or P.0. box if mail is not delivered to street address)	Room/suite				
F	Final	1101 15TH STREET NW	hoom/suite	E Telephone number 202-783-4800			
_	—lreturn/ termin			G Gross receipts \$ 26,134,05			
Г	ated Amend	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005					
F	return Applic	-		H(a) Is this a of			
_	Ition pendir	SAME AS C ABOVE		for subordinates?Yes X No H(b) Are all subordinates included? Yes No			
$\overline{}$	Tay-eye	empt status: X 501(c)(3) 501(c) ()	or 527	1		list. (see instructions)	
		e: NWW.RESULTS.ORG	0, 02,	H(c) Group ex		· · · · · · · · · · · · · · · · · · ·	
_		organization: X Corporation Trust Association Other ▶	L Year			State of legal domicile: CA	
		Summary			1		
	$\top a$	Briefly describe the organization's mission or most significant activities: GENE	RATING	THE WII	L T	O END	
Governance		HUNGER AND THE WORST ASPECTS OF POVERTY.					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispo	sed of more	than 25% of it	s net as	sets.	
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			з	15	
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			. 4	14	
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			. 5	0	
Activities &	6	Total number of volunteers (estimate if necessary)			. 6	11	
₽cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			. 7a	0.	
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.	
				Prior Year		Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		2,517,6		25,722,243.	
Revenue	9	Program service revenue (Part VIII, line 2g)		461,3		272,189.	
Be.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			783.	1,436.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<13,971. 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)		3,345,413.		4,466,904.	
		Benefits paid to or for members (Part IX, column (A), line 4)		4,107,2		3,557,259.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,107,2	0.	<u> </u>	
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 222,2	56			0.	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,589,7	712.	2,625,202.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,042,3			
		Revenue less expenses. Subtract line 18 from line 12				> 15,344,881.	
or	3	rievende less expenses, oubtract line 10 from line 12		ginning of Currer			
ets	20	Total assets (Part X, line 16)		6,691,3		23,964,803.	
ASS	21	Total liabilities (Part X, line 26)		1,107,6		3,034,133.	
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		5,583,5	713.	20,930,670.	
	art II	Signature Block			•		
Un	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the b	est of my	/ knowledge and belief, it is	
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowled	ge.		
				Date			
Sig	jn 💮	Signature of officer					
He	re	MARK BUTLER, DIRECTOR OF FINANCE					
		Type or print name and title	1.)oto I		II DTIN	
_		Print/Type preparer's name Preparer's signature		Date	Check if	PTIN	
Pai		LISA CHEIFETZ			self-employe		
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	CIITME	Firm's	EIN 🕨	52-1853933	
US	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY, COLUMBIA, MD 21044	POTIF		no /11	0-884-0220	
N 4 -	v +b = 15	•		Prione	11U. ± 1		
	<u>y tne IF</u> 001 11-2	RS discuss this return with the preparer shown above? (see instructions)	ione			X Yes No Form 990 (2017)	

1 4	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? Yes X No 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
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:)(Expenses \$ 7,944,646. including grants of \$ 4,376,896.) (Revenue \$ 109,175.) ACTION GLOBAL HEALTH PARTNERSHIP - ACTION IS A PARTNERSHIP OF LOCALLY ROOTED ORGANIZATIONS AROUND THE WORLD THAT ADVOCATES FOR LIFE-SAVING CARE FOR MILLIONS OF PEOPLE WHO ARE THREATENED BY PREVENTABLE DISEASES. SUPPORTED BY A WASHINGTON, DC-BASED SECRETARIAT, ACTION PARTNERS WORK TOGETHER TO INCREASE INVESTMENTS AND BUILD POLITICAL SUPPORT FOR GLOBAL HEALTH.
	(Code:) (Expenses \$ 1,698,796 • including grants of \$ 90,008 •) (Revenue \$ 163,014 •)
4b	(Code:)(Expenses 1,698,796. including grants of 90,008.) (Revenue \$ 163,014.) EDUCATION AND ADVOCACY TO END POVERTY - RESULTS EDUCATIONAL FUND, INC., PERFORMS CUTTING-EDGE RESEARCH AND OVERSIGHT; EDUCATES AND MOBILIZES GRASSROOTS ADVOCATES, POLICY MAKERS, AND THE MEDIA; AND TRAINS VOLUNTEERS IN PUBLIC SPEAKING, COMMUNITY ORGANIZING, GENERATING MEDIA, AND EDUCATING THEIR ELECTED OFFICIALS ON ISSUES OF POVERTY.
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 9,643,442.
	Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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	4.0		X
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19		_ 22

Form **990** (2017)

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				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic government on Part IX, column (A), line 1º 1º 1º 1º 1º 1º 1º 1º 1º 1º 1º 1º 1º	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 31 // "Yes," complete Schedule I, Parts I and III 21 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 // "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, directors, furutese, key ampleyoes, and highest compensated employees? If "Yes," complete Schedule I and 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 25s 24a 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. 25c Section 501(5(3), 501(44), and 501(42)9 organizations. On the organization engage in an excess benefit transaction with a disqualified person during the year? 24d Did the organization area that it engaged in an excess benefit transaction with a disqualified person and uning the year? 25c Section 501(5(3), 501(44), and 501(42)9 organizations prior forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25d 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 organizations prior forms 990 or 990-E27 If "Yes," complete Schedule L, Part III 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, 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 27 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organizatio	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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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 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 1 degraph and year in transaction with a disqualified person on any tax-exempt bonds of the organizations. Did the organization expanse 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-E2? If "Yes," complete Schedule L, Part I 25b X 25b 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 25b X 27b 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 tarnily member of any of these persons? If "Yes," complete Schedule L, Part II 27c X 28b Was the organization provide a grant or other assistance to an officer, director, trustee, key employee; bir "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sched	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling 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 c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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, III, or IV, and Part V, line 1 34 X 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 X 36 Section 501(c)(3) organi	06		250		
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36				
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization		If "Yes," complete Schedule R, Part V, line 2	36		X
and that is treated as a partnership for foderal income tay purposes? If "Ves " complete Schedule R. Part VI	37				
and that is treated as a partnership for rederal income tax purposes? If res, complete ochedule in, if ar vi		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2017)

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 0				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ib °				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
_	(gambling) winnings to prize winners?	 I	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0				
	filed for the calendar year ending with or within the year covered by this return		OI-			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b			
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	-		3b		- 25	
	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
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	account) :	4 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	
	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		X	
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?	ı	7с		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X	
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 received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airplane		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8			
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		0			
a	Pid the agree with a constitution made and the state of t		9a			
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	•				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	4.0		v	
14a			14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b Form	990	(2017)	
			rut it		/	

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

	to line da, ob, or rob below, describe the circumstances, processes, or changes in schedule of 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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?						
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		Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
		7b		х			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76					
8		0-	Х				
	The governing body?	8a	X	_			
b	Each committee with authority to act on behalf of the governing body?	8b	Λ				
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,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X				
11a	a 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	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
	Other officers or key employees of the organization	15b		X			
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100					
16-							
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х			
	taxable entity during the year?	16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CO, CT, DC, FL, GA, HI	<u>, 11</u>	, KS	,KY			
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) and 990-T (Section 501(c)(3)s only) are	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain in Schedule O)						
19	19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and						
	statements available to the public during the tax year.						
20							
	THE ORGANIZATION - 202-783-4800						
	1101 15TH STREET NW, WASHINGTON, DC 20005						
	SEE SCHEDILE O FOR FILL LIST OF STATES	Form	000	(2017)			

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

 $\overline{}$	
77	
. x .	
42	

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	ss person is both an ad a director/trustee)		h an	compensation	compensation	amount of
	week	\vdash	l a		1	1	100)	from	from related	other
	(list any hours for	direct				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (stee			ısate		(W-2/1099-MISC)	(W 2/ 1033 WIIGO)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	umbei		(** = *********************************		and related
	below	idual	tution	-e	Key employee	est co	Jer.			organizations
	line)	Indiv	Instii	Officer	Keye	Highest compensated employee	Former			
(1) KUL GAUTAM	3.00									
CHAIRMAN	1.00	Х		Х						
(2) BETH WILSON	3.00									
SECRETARY	1.00	Х		Х						
(3) JAN TWOMBLY	3.00									
TREASURER	1.00	Х		Х						
(4) ROGER HUDSON	3.00									
DIRECTOR	1.00	Х								
(5) STEVEN MCGEE	3.00									
DIRECTOR	1.00	Х								
(6) CINDY CHANGYIT-LEVIN	3.00	l								
DIRECTOR UNTIL JULY 2017	1.00	Х								
(7) MARIAN WRIGHT EDELMAN	3.00	١								
DIRECTOR	1.00	Х								
(8) PANKAJ AGARWAL	3.00									
DIRECTOR	1.00	Х								
(9) VALERIE HARPER	3.00	,,								
DIRECTOR	1.00	Х								
(10) WILLIAM DICKERSON	3.00	,,								
DIRECTOR	1.00	Х				_				
(11) PROF. MUHAMMAD YUNUS	3.00	. ,								
DIRECTOR	1.00	Х				-				
(12) SCOTT LECKMAN, M.D., F.A.C.S.	1.00	x								
DIRECTOR LEONINGOIN	3.00	Δ				\vdash				
(13) ERNEST LEOVINSOHN	1.00									
OIRECTOR (14) MAXINE THOMAS	3.00	^								
DIRECTOR	1.00	v								
(15) S. ASHISH BALI	5.00					\vdash				
DIRECTOR	2.00									
(16) JOANNE CARTER	34.00									
EXECUTIVE DIRECTOR	6.00	\mathbf{I}		X						
(17) MARK BUTLER	38.00					+				
DIRECTOR OF FINANCE	2.00	1		x						
DIRECTOR OF FIRMINGS	1 2.00		L		<u> </u>	1	<u> </u>	l	l .	- 000

732007 11-28-17 Form **990** (2017)

Form 990 (2017) RESULTS									95-37	47267	7 Р	age 8	
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	not c unle	Posi heck r ss per id a di	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimat mount other	of	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compensation from the organization and related organizations		
1b Sub-total													
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A												
 Total number of individuals (including but r compensation from the organization 	not limited to th	nose	liste	ed at	oove	e) wł	no re	eceived more than \$100	0,000 of reportable	·	1		
3 Did the organization list any former officer				-	-	-		•	•		Yes	No X	
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15 	um of reportab	le cc	mp	ensa	ation	and	d otl	•	the organization			X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsati	on f	rom	any	unr	elat	ted organization or indiv	idual for services			Х	
Section B. Independent Contractors													
Complete this table for your five highest countries the organization. Report compensation for													
(A) Name and business	address	NC	NI	3				(B) Description of s	services	Compe	C) ensatio	on	
							\dashv						
							\dashv						
Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nite	d to	thos	se lis	sted	d above) who received m	nore than				
										Eorm	gan	(2017)	

Pa	rt VI	III Statement of Reven	nue					
		Check if Schedule O conta	ains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a					
Gra	b	b Membership dues	1b					
ts,		c Fundraising events						
ia ia		d Related organizations						
ons, Sir		e Government grants (contributi						
utic	f	f All other contributions, gifts, grant		25 722 242				
S		similar amounts not included abov		25,722,243. 6,531.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in linesTotal. Add lines 1a-1f			25,722,243.			
<u></u>		Total Add lines ta 11		Business Code	,,,			
æ	2 a	a EDUCATIONAL EVENTS		900099	163,014.	163,014.		
e Zi	b	CONTRACTS		900099	102,051.	102,051.		
Se	c	MERCHANDISE & BOOK SALE	ES	900099	7,124.	7,124.		
ran ?ev	c	d						
Program Service Revenue		e						
ъ.	f	f All other program service reve						
		g Total. Add lines 2a-2f			272,189.			
	3	Investment income (including other similar amounts)			79.			79.
	4	Income from investment of tax			,,,,			1
	5	Royalties						
		···· /	(i) Real	(ii) Personal				
	6 a	a Gross rents	,	, ,				
	b	b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	23,959.					
	L	b Less: cost or other basis and sales expenses	22,441.	161.				
		c Gain or (loss)			>			
		d Net gain or (loss)	, ,		1,357.			1,357.
Φ	8 a	a Gross income from fundraising	g events (not					
Other Revenue		including \$						
3eV		contributions reported on line	•					
ē		Part IV, line 18						
₹		b Less: direct expenses			1 (16			1 616
		Net income or (loss) from fund	-	>	<1,616.	>		<1,616.
	9 8	a Gross income from gaming ac Part IV, line 19						
	r	b Less: direct expenses						
		c Net income or (loss) from gam						
		a Gross sales of inventory, less						
		and allowances	а					
	b	b Less: cost of goods sold	b					
	C	c Net income or (loss) from sales						
	4.	Miscellaneous Revenue		Business Code				
		LOSS ON CURRENCY CONVER		900099	<6.	>		<6.>
		b						+
	0	d All other revenue						
		e Total. Add lines 11a-11d			<6.	>		
	12	Total revenue. See instructions.			25,994,246.	272,189.	0	. <186.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D-	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	4 466 004	4 466 004		
	individuals. See Part IV, lines 15 and 16	4,466,904.	4,466,904.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 464	150 150	24 714	10 (00
	trustees, and key employees	189,464.	152,150.	24,714.	12,600
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 720 170	2 201 722	262 507	162 050
7	Other salaries and wages	2,728,170.	2,201,723.	362,597.	163,850
8	Pension plan accruals and contributions (include	EE 660	44 010	7 000	2 7/10
_	section 401(k) and 403(b) employer contributions)	55,669. 362,140.	44,918.	7,009.	3,742 24,342
9	Other employee benefits	221,816.	292,205.		
10	Payroll taxes	221,810.	178,681.	28,320.	14,815
11	Fees for services (non-employees):				
a		31,149.	24,652.	6,497.	
b		19,729.	16,939.	2,790.	
С		19,729.	10,939.	4,790.	
	Lobbying				
e	, , , , , , , , , , , , , , , , , , ,	2,622.		2,622.	
f	Investment management fees	2,022.		2,022.	
g	, ,	900,780.	837,183.	63,597.	
40	column (A) amount, list line 11g expenses on Sch O.)	5,276.	1,563.	3,713.	
12	Advertising and promotion	146,876.	90,125.	56,751.	
13	Office expenses	19,885.	11,788.	8,097.	
14 45	Information technology	17,003.	11,700.	0,057.	
15 16	Royalties	195,825.	168,135.	27,690.	
16 17	Occupancy	872,244.	853,401.	18,843.	
17 18	Payments of travel or entertainment expenses	072,211.	033,401.	10,013.	
10					
19	for any federal, state, or local public officials Conferences, conventions, and meetings	318,785.	235,221.	83,564.	
20		2=3,7330			
20 21	Payments to affiliates			+	
21 22	Depreciation, depletion, and amortization	43,876.	35,176.	5,793.	2,907
23	Insurance	20,637.	17,780.	2,857.	= ,
23 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	BAD DEBT	29,528.		29,528.	
b	DUES AND SUBSCRIPTIONS	15,080.	14,898.	182.	
c	LICENSES AND FEES	2,910.	,	2,910.	
d		,		, , , ,	
e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	10,649,365.	9,643,442.	783,667.	222,256
<u> </u>	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)				

Part 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	1,278,960.	1	1,409,330.
2	Savings and temporary cash investments	3,764,958.	2	7,377,475.
3	Pledges and grants receivable, net	775,466.	3	14,477,907.
4	Accounts receivable, net	79,816.	4	45,565.
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			
_ω	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
As 8			8	
9	Inventories for sale or use	92,755.	9	225,740.
		7277331	9	22377100
lua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 552,592.			
		318,642.	10c	289,712.
l aa b		22,385.	11	205,712.
11	Investments - publicly traded securities	22,303.		
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	358,363.	14	120 07/
15	Other assets. See Part IV, line 11	6,691,345.	15	139,074. 23,964,803.
16	Total assets. Add lines 1 through 15 (must equal line 34)	703,040.	16	514,553.
17	Accounts payable and accrued expenses	703,040.	17	314,333.
18	Grants payable	2 275	18	2 004
19	Deferred revenue	2,275.	19	3,994.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>s</u> 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L		22	
_ 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	402,317.	25	2,515,586.
26	Total liabilities. Add lines 17 through 25	1,107,632.	26	3,034,133.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es	complete lines 27 through 29, and lines 33 and 34.			
ဋ 27	Unrestricted net assets	2,280.	27	79,318.
<u>ig</u> 28	Temporarily restricted net assets	5,581,433.	28	20,851,352.
후 29	Permanently restricted net assets		29	
ឨ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
p	and complete lines 30 through 34.			
क्ष 30	Capital stock or trust principal, or current funds		30	
Š 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	5,583,713.	33	20,930,670.
34	Total liabilities and net assets/fund balances	6,691,345.	34	23,964,803.

orm	1990 (2017) RESULTS EDUCATIONAL FUND, INC.	95-3	4/26/	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,994				
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,649				
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	unrealized gains (losses) on investments 5					
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	20,930	, 6	70.		
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 O.						
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	e basis,					
	consolidated basis, or both:						
	Separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization RESULTS EDUCATIONAL FUND, INC. 95-3747267 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4372082.	28691946.	2505573.	2517656.	25837838.	63925095.
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	105000	00601016	0505550	0545656		60005005
4	Total. Add lines 1 through 3	4372082.	28691946.	2505573.	2517656.	25837838.	63925095.
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,						22612242
_	column (f)						33612342. 30312753.
	Public support. Subtract line 5 from line 4.						30312733.
	indar year (or fiscal year beginning in)	/=\ 0010	(h) 0014	(-) 001E	(4) 0010	(-) 0017	(f) Total
		(a) 2013 4372082	(b) 2014 28691946.	(c) 2015 2505573.	2517656	25837838	(f) Total 63925095.
_	Amounts from line 4	4372002.	20071740.	2303373•	2317030.	23037030.	03723073.
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	10,201.	5,825.	10,759.	6,719.	1,436.	34,940.
9	Net income from unrelated business		3,0231	207.000	0 7 7 2 3 3	2,2300	31,3100
Ŭ	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.)	2,154.	7,371.	1,596.		<6.	> 11,115.
11							63971150.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	,876,657.
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	on 501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2017 (I					14	47.39 %
15	Public support percentage from 2016					15	34.86 %
16a	33 1/3% support test - 2017. If the o	•		,		,	
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					·
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
40	organization meets the "facts-and-circ		•		,		
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 1/a, or 1/k	o, cneck this box a	and see instruction	1S

Schedule A (Form 990 or 990-EZ) 2017

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.)

Section A. Pub	olic Support	siow, picade com	piete i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

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		Yes	No
	1		
	•		
	2		
	3a		
	Sa		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	_		
	6		
	7		
	7		
	8		
	U		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	90-EZ	2017

Pai	rt IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
h	A family member of a person described in (a) above?	11b		
	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		
	ction B. Type I Supporting Organizations			
	zaca za apperang enganizatione		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	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	ction C. Type II Supporting Organizations			
000	on or type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	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		
Sec	ction D. All Type III Supporting Organizations			
	one of the state o		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		
Sec	ction 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 instruction)	ions).		
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	e instructions	s).	
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			

Schedule A (Form 990 or 990-EZ) 2017

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

732025 10-06-17

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	g Orga	anizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	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-functiona	lly integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		, ,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	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	annual distributions. Add lines 1 through 6.			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive		
	(provid	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4	- I			
8		down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
		s from 2015			
		s from 2016			
		o from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part \	/I Su	pplemer	ntal Info	rmation	. Provide the	explanatio	ns requi	ired by I	Part II line 1	I0· Part II	line 17a	or 17b: Pa	urt III. line 12 [.]
	Par line Sed	t IV, Sectio 1; Part IV,	n A, lines Section D s 5, 6, and	1, 2, 3b, 3 , lines 2 aı	c, 4b, 4c, 5a,	6, 9a, 9b, 9 Section E,	9c, 11a, lines 1c,	11b, an 2a, 2b,	d 11c; Part 3a, and 3b	IV, Section; Part V, I	on B, lines ine 1; Par	s 1 and 2; I t V, Sectio	Part IV, Section C, n B, line 1e; Part V,
PART				EXPI	LANATIO	N:							
THE	ORGA	NIZATI	ON IS	PREI	PARING	A SHO	RT YE	EAR 1	RETURN	BECZ	AUSE	IT IS	
CHAN	GING	ITS A	CCOUN	TING	PERIOD	YEAR	END	FRO	M DECE	MBER	31 Т	O SEP	rember
30.													

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

OMB No. 1545-0047

Name of the organization

Employer identification number

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	$oxed{X}$ 501(c)($oxed{3}$) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s 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 Rule	
	n 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 Rules	
sections 509(a)(1) any one contributo	n 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.
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't cor	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 here the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 he 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) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	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
2		\$\$ <u>827,358.</u>	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.)

RESULTS EDUCATIONAL FUND, INC.

95-3747267

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t 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
			990 990-EZ or 990-PF) (2017

Name of orga	anization			Employer identification number
RESIII.T	'S EDUCATIONAL FUND, IN	C		95-3747267
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations desc	ribed in sectio	n 501(c)(7), (8), or (10) that total more than \$1,000 fo
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,	000 or less for the	e year. (Enter this info. once.)
(a) No	Use duplicate copies of Part III if addition	al space is needed.	1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			_	
		(e) Transfer o	of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No. from				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
_	Transferee's name, address, at	nd ZIP + 4	Re	lationship of transferor to transferee
()))				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer o	of gift	
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor 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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Pai			ds or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(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		rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n 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		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	•	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
_	\$		70 (1) (1) (7) (1)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
Pai	conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
· u	Complete if the organization answered "Yes" on Form		other ommar Addets.
12	If the organization elected, as permitted under SFAS 116 (AS		oment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public ext	,, ,	,
	the text of the footnote to its financial statements that descri		rance of public service, provide, in Part Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in furtherance of p	dublic service, provide the following amounts
	relating to these items:		> \$
	(i) Revenue included on Form 990, Part VIII, line 1		L A
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar assets for finance	
~	the following amounts required to be reported under SFAS 1		nai gain, provide
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
	Assets included in Form 990, Part X		
U	Associa moluubu ii i tiilii sso, Falt A		Ψ Ψ

Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Ti	reasures, o	or Other	Similar As	sets(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a sig	nificant use of	its collection	items
	(check all that apply):								
а	Public exhibition	d	ı 🔲 1	_oan or exc	change progra	ams			
b	Scholarly research	е	. 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how th	ey further	the organizati	on's exem	pt purpose in F	Part XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	asures, or oth	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the orgar	nization's c	ollection?			Yes	No_
Par	reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" on F	form 990, Part	IV, line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not ir	ncluded		
	on Form 990, Part X?							Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liability	/?	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on F	orm 990, Parl	IV, line 10).		
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d	i) Three years ba	ck (e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								_
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a)) held as:	•			
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶	 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	and administe	ered for the	organization		
	by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	>			3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment f	unds.				-	
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a.	See Form 990), Part X, li	ne 10.		
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	(d) Book	value
1a	Land								
	Buildings								
	Leasehold improvements				26,261.		33,223.	193	,038.
	Equipment				33,899.		12,876.		,023.
	Other			4	12,432.		16,781.		,651.
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)		.	289	,712.

Schedule D (Form 990) 2017

Part VII	Investments -	Other Securiti	es.

Complete if the organization answered "Yes"	on 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)		
(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)		
(6)		
(7)		

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

(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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	

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	149,066.
(3)	DEFERRED IMPROVEMENT ALLOWANCE	232,053.
(4)	SUBGRANTS PAYABLE	2,134,467.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,515,586.

^{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) 2017

a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

1

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2017

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

95-3747267

RESULTS EDUCATIONAL FUND, General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

United States. 3 Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is I	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	778,765.
EUROPE	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	2,120,114.
EAST ASIA & THE	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	733,448.
NORTH AMERICA	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	814,624.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	ADVOCACY AND EDUCATION ON TB & HIV/AIDS	19,953.
Sub-total Total from continuation sheets to Part I	0	-			4,466,904.
c Totals (add lines 3a and 3b)	0				4,466,904.

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

Schedule F (Form 990) 2017

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, FMV appraisal, other)
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		EUROPE	HIV/AIDS	1191698.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	59,427.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		NORTH AMERICA	HIV/AIDS	814,624.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		SUB-SAHARAN	EDUCATION ON TB &					
		AFRICA	HIV/AIDS	344,690.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
			EDUCATION ON TB &					
		EUROPE	HIV/AIDS	926,416.	INT'L WIRE	0.		
			TB ACTION					
			PROJECT-ADVOCACY AND					
		EAST ASIA AND THE	EDUCATION ON TB &					
		PACIFIC	HIV/AIDS	713,227.	INT'L WIRE	0.		
		SUB-SAHARAN	TB ACTION					
		AFRICA - ANGOLA,	PROJECT-ADVOCACY AND					
		BENIN, BOTSWANA,	EDUCATION ON TB &					
		BURKINA FASO,	HIV/AIDS	152,693.	INT'L WIRE	0.		
			RIGHT TO EDUCATION					
			THROUGH					
		SUB-SAHARAN	IMPLEMENTATION OF					
		AFRICA	NATIONAL LEVEL	19,659.	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

12

Part II		f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	, ago <u>a</u>
1 (a) Name	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				RIGHT TO EDUCATION					
				THROUGH					
			CENTRAL AMERICA	IMPLEMENTATION OF					
			AND THE CARIBBEAN	NATIONAL LEVEL	19,953.	INT'L WIRE	0.		
				RIGHT TO EDUCATION					
				THROUGH					
			EAST ASIA AND THE	IMPLEMENTATION OF					
			PACIFIC	NATIONAL LEVEL	20,221.	INT'L WIRE	0.		
				RIGHT TO EDUCATION					
				THROUGH					
			SUB-SAHARAN	IMPLEMENTATION OF					
			AFRICA	NATIONAL LEVEL	182,336.	INT'L WIRE	0.		
				RIGHT TO EDUCATION					
				THROUGH					
			SUB-SAHARAN	IMPLEMENTATION OF					
			AFRICA	NATIONAL LEVEL	19,960.	INT'L WIRE	0.		

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 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)	

Page 4

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; don't 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V | Supplemental Information

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.

PART I, LINE 2:

Schedule F (Form 990) 2017

GRANT RECIPIENTS ARE REQUIRED TO SUBMIT DOCUMENTATION SUBSTANTIATING ALL FUNDS REQUESTED AND RECEIVED.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: RIGHT TO EDUCATION THROUGH IMPLEMENTATION OF

NATIONAL LEVEL ADVOCACY STRATEGIES

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 organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

RESULTS EDUCATIONAL FUND, INC.

Employer identification number 95-3747267

Part I Fundraising Activities required to complete this par	Complete if the organization answet.	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						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3 List all states in which the organization or licensing.		contrib	utions	s or has been notified	d it is exempt from re	egistration
-						

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 RESULTS EDUCATIONAL FUND, INC. 95-3747267 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SEATTLE WASHINGTON (add col. (a) through EVENT EVENT 11 col. (c)) (event type) (total number) (event type) 26,010. 42,609. 46,976. 115,595. 1 Gross receipts 2 Less: Contributions 115,5<u>95</u>. 26,010. 42,609. 46,976. 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 7,679. 9 Other direct expenses 17,200. 92,332. 117,211 **10** Direct expense summary. Add lines 4 through 9 in column (d) <1,616 11 Net income summary. Subtract line 10 from line 3, column (d) 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 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:		
_			
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	∟ No

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Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 RESULTS EDUCATIONAL FUND, INC. 95-3	/4/	<u> 26 /</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:			
	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:	100		/0
14	ther 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	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$			
C	s 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			
47	Many distance of the fifth of the second			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		.,	
	retain the state gaming license?	. Ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year > \$			
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, li	nes 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule 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)			
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-						
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-						
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

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: AL,AK,AR,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,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) (2017)

RESULTS EDUCATIONAL FUND, INC.	95-3747267
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS 1023, 990, GOVERNING DOCUMENTS	, CONFLICT OF
INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO TH	E PUBLIC UPON
REASONABLE REQUEST.	
FORM 990, PART VII:	
PER IRS FORM 990 INSTRUCTIONS, FOR A SHORT YEAR RETURN TH	AT ENDS WITH
OR WITHIN THE CALENDAR YEAR, PART VII COLUMNS (D) AND (E)	ARE LEFT
BLANK, AND NO KEY EMPLOYEES, HIGHEST COMPENSATED EMPLOYEE	S, OR HIGHEST
COMPENSATED INDEPENDENT CONTRACTORS HAVE BEEN REPORTED (B	ECAUSE SUCH
PERSONS ARE DETERMINED ACCORDING TO COMPENSATION RECEIVED	IN THE
CALENDAR YEAR ENDING WITH OR WITHIN THE TAX YEAR FOR WHIC	H THE RETURN
IS FILED).	
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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

95-3747267

Part I Identification of Disregarded Entities. Com	plete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(6				
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-ye	ar assets	Direct c er	g	
Part II Identification of Related Tax-Exempt Organorganizations during the tax year.	nizations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had or	ne or more	related tax-exe	empt	
(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 sectio		(f) ct 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				RESULT	'S		
WASHINGTON, DC 20005	HUNGER AND POVERTY	DISTRICT OF COLUMBIA	501(C)(4)		EDUCAT	'IONAL FUND	X	
				1				

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o

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	(c) 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	Sec 512(k contr ent	tion b)(13) rolled tity?
		country)		2				Yes	No
									
	-								
									<u> </u>
									<u> </u>

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

Page 3

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 transaction	ns with one or more r	elated organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	у			1a		Х
b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related organizations				11		Х
m Performance of services or membership or fundraising solicitations by related organic				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organizate	tion(s)			1n	Х	
Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				1p	Х	<u> </u>
q Reimbursement paid by related organization(s) for expenses				1q	X	
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inve	olved		
(1) RESULTS, INC.	0	108,490.A	CTUAL AMOUNT			
(2)						
(3)						
(4)						
(5)						
(6)						
32163 09-11-17			Schedule F	R (Forr	n 990	2017

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 al 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)	Genera	l or Percenta
of entity		(state or foreign	excluded from tax under	orgs.	(3) ?	total	end-of-year	alloca	ations?	of Schedule K-1	partn	ownersh
		country)	sections 512-514)	Yes N		income	assets	Yes	No	(Form 1065)	Yes I	10
					_							
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					T							
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				\vdash	\dashv			-	\vdash		\vdash	
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