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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

| A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20 | | | | | | | | | | | |
|---|-------------------------|--|---|----------------------|-----------------------------|---------------------------------------|---------------------|----------------------|---------------------|--------------------------|------------------|
| | | | | | | | | yer identification n | umber | | |
| Ē. | | change | Doing Business As | | <u> </u> | | | | • | 26-3390444 | |
| H | Name cl | | Number and street (or F | ot delivered to stre | et address) | Room/suit | e . | E Telepho | one number | | |
| 뭄 | | • | 301 Battery street | | | , | Fic | or 5 | | 415-728-3429 | |
| 片 | initial ref | | | ovince country a | nd ZIP or foreign no | stal code | | | | | |
| 片 | | Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return San Francisco CA 94111 G Gross | | | | | | | | | 1,990,001 |
| 片 | Amende | | San Francisco CA 94 F Name and address of p | | Amy Fuerstenau | <u> </u> | | Wal le this c.o. | | r subordinates? Yes | <u> </u> |
| Ш | Applicat | on pending | - | rincipal officer | Ally Fuersteria | | | | | es included? Yes | |
| | | | Same as C above | [7] | \ | 1 | | _ ` ` ` | | a list. (see instruction | |
| <u> </u> | | mpt status: | 501(c)(3) | √ 501(c) (4 |) ◀ (insert no) L | 1 4947(a)(1) or | 527 | - | · | • | ,,,,, |
| <u>J</u> | Website | | w.greentechfund.org | | 7 | 1 | | | | n number ► | DE |
| | | | Corporation Trust | Association | _ Other ► | L Yea | r of formation | on. 2008 | IVI State | e of legal domicile | DE |
| Р | art I | Summ | | | | | 0 | r A-ti | Fundia | | |
| | 1 | _ | escribe the organizati | | r most significa | int activities: | Green | lech Action | runa is | established to r | eauce |
| Governance | 1 | global gr | eenhouse gas emissio | ons. | | | | | | | |
| nai | ŀ | | ··· | | | | | | | | |
| Ver | 2 | | is box ▶□ if the org | | | | | | | its net assets. | |
| ဗ္ဗ | 3 | | of voting members o | | | | | | 3_ | | 3 |
| ∞ | 4 | | of independent voting | | | | | | 4 | | 1 |
| ţi. | 5 | Total nun | nber of individuals er | nployed in cale | endar year 2013 | 3 (Part V, line | 2a) . | | 5 | | 12 |
| Activities & | 6 | Total nun | nber of volunteers (e: | stimate if nece | ssary) | | | | 6 | | 0 |
| Ac | 7a | Total unre | elated business reve | nue from Part ' | VIII, со рди (С) | Jine 12 . | <u>.</u> | | 7a | | 0 |
| | b | Net unrel | ated business taxabl | e income from | Form 996-1-1 | #AED | .] | | 7b | | 0 |
| | | | | | 0 | | | Prior Ye | ar | Current Y | ear |
| Revenue | 8 | Contribut | ions and grants (Par | t VIII, line 1h) ↓ | $ \mathcal{E} $. NOV 2 | 4.2014 1 |) - - - | 3 | ,834,671 | 1 | ,990,001 |
| | 9 | | service revenue (Par | | ~ | - 2017 | 입. [| | | | |
| | 10 | | nt income (Part VIII, d | | es 3, 4, and 7d) | <u>-</u> | ଥ . 🗆 | | | | |
| ŭ | 11 | | enue (Part VIII, colun | | | And Te). | 7. [| | | | |
| | 12 | Total reve | enue—add lines 8 thro | ough 11 (must | equal Part VIII, o | olumn (A), lin | rd 12) | 3 | ,834,671 | 1 | ,990,001 |
| | 13 | | | | | | | 5 | ,478,000 | | 763,966 |
| | 14 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | | | | | | | | |
| ~ | 15 | • | other compensation, e | • | | | 5-10) | | 95,455 | | 91,586 |
| Se | 16a | - | nal fundraising fees | | • | | | | | | |
| Expenses | b | | draising expenses (Pa | - | | | , , | | | | |
| Ä | 17 | | penses (Part IX, colur | | | e) | | | 385,842 | | 431,668 |
| | 18 | | enses. Add lines 13- | | | | ' | 5 | ,959,297 | 1 | ,287,220 |
| | 19 | | less expenses. Subti | | | | | | 124,626) | | 702,781 |
| _ 0 | | nevenue | less expenses. Oubti | act line to no | | · · · · · · · · · · · · · · · · · · · | | eginning of Cu | | End of Ye | |
| Net Assets or Fund Balances | 20 | Total acc | ets (Part X, line 16) | | | | | | ,000,690 | 1 | ,094,227 |
| Bala | 20 | | ilities (Part X, line 16) | | | | · · | <u>'</u> | 684,926 | | 75,682 |
| E G | 21 22 | | s or fund balances. | | | | · · - | | 315,764 | 1 | ,018,545 |
| | rt II | | ure Block | Subtract line 2 | i iloiii iiile 20 | <u> </u> | | | 0.0,.01 | | ,010,040 |
| | | | y, I declare that I have exa | anned this return | ingluding accompa | nuna schodules | and statem | ents and to th | ne hest of r | ny knowledge, and | helief it is |
| true | ber penai e. correct | ties of perjur | ete. Declaration of prepare | r (other than office | r) is based on all info | ormation of which | h preparer h | nas any knowle | edge. | ny knowicago ana | Donor, it is |
| | · | · / | | <u>`</u> | <u> </u> | · | | | 5.1.2 | 1 | |
| Sig | n | Signs | ature of officer | | | | | Dai | .e | 117 | |
| Jig Tei | | Olgina | | | 0 × 0 | ودر لي ر | 10 . | ling cl | ·Λ·C | | |
| ıcı | | Type | or print name and title | 1/0.2 | e , xx | $\sim \sim$ | | × 10 0 4 | <u> </u> | | - |
| | | | pe preparer's name | I Drops | arer's signature | | Date | | T | PTIN | |
| Pai | | | о ргерагог э натте | Frepa | o orginatoro | | " | | Check self-emp | ıf | |
| ² re | pare | | | L_ | | | | - I - | _! | , | |
| | e Onl | y Firm's na | | | | | | | 's EIN ► | | |
| 1 | | | ddress > | | n chave? /cas !: | actructions\ | | | ne no | ΠVaa | □No |
| | | | this return with the | | | iou ucuons) | | | · · · | | 90 (2013) |
| or I | Paneru | ork Reduc | tion Act Notice, see t | he separate ins | tructions. | | Cat No. | 11282Y | | rorm 9 | 30 (2013) |

For Paperwork Reduction Act Notice, see the separate instructions.

| Part | · | |
|------|---|-------------|
| | Check if Schedule O contains a response or note to any line in this Part III | . ☑ |
| 1 | Briefly describe the organization's mission: | |
| | Green Tech Action Fund is established to support public policy, advocacy, and educational work designed to promote clean en | ergy |
| | technologies and energy efficiency and thereby reduce global greenhouse gas emissions | |
| | | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | ∡i 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? | ☑ 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 measu | red by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to | |
| | the total expenses, and revenue, if any, for each program service reported. | , |
| | | |
| 4a | (Code:) (Expenses \$ 763,966 including grants of \$ 763,966) (Revenue \$ | |
| ча | Various grant making in total to support clean energy technologies and energy efficiency. | , |
| | various grant making in total to support clean energy technologies and energy enticlency. | |
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| 4b | (Code:) (Expenses \$ | |
| 710 | Media and advocacy activities to protect Ohio's renewable portfolio standard. | , |
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| 4c | (Code:) (Expenses \$ 47,000 including grants of \$) (Revenue \$) | |
| | Advance national climate and energy policy objectives. | |
| | | |
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| | *************************************** | |
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| | | |
| 4d | Other program services (Describe in Schedule O.) | |
| | (Expenses \$ 273,521 including grants of \$) (Revenue \$) | |
| 4e | | |
| | Total program service expenses ► 1,157,487 | |

| Part | V 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 | <u> </u> | ✓ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | ✓ | |
| 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 | | 1 |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 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 | | 1 |
| 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 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 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 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | , |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | · ✓ |
| 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 | | 1 |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | √ |
| 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 | | √ |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | \ |
| | 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 | 1 | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | √ | |
| 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 | | ✓ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | √ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | _ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | <u>,</u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | √ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>√</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | <u>·</u> |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | $\neg \uparrow$ | ` |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | <u></u> |
| | , oo to mio boa, sie ale organization attaon a bop) or no about of mioritation to the rotaling | | ¹ 990 | (2013) |

| Form 99 | 90 (2013) | | | Page 4 |
|----------|---|------------|----------|---------------|
| Part | 'Checklist of Required Schedules (continued) | | Yes | l Na |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | √ | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | , v | 1 |
| 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 | √ | |
| 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 | | √ |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | √ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | √ |
| 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 | | √ |
| 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 so, complete Schedule L, Part II | 26 | | √ |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 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): | | | ī |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28b 28c | | <u>√</u> √ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | ✓ |
| 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 | | ✓ |
| 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 | | ✓_ |
| 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 | ✓ | |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | ✓ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | - 55 | | |
| 38 | Part VI | 37 | √ | ✓ |
| | | Form | 990 | (2013) |

| · Oilli a | 90 (2013) | | | Page |
|-----------|--|------------|-----|--|
| Part | | | | |
| | 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 19 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b | 1 | | 1 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 12 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | _ | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | / |
| b | If "Yes," enter the name of the foreign country: | 4 a | | <u> </u> |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 1 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | ✓ | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | ۱ ا | , | |
| 7 | gifts were not tax deductible? | 6b | ✓ | |
| 7 a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| - | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | 711 | | |
| Ū | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | _ |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | Ì | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| ь 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | j | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | Ī | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | _ |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | ' | 1 | |
| D | the organization is licensed to issue qualified health plans | j | 1 | |
| С | Enter the amount of reserves on hand | ļ | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | 1 | <u> </u> |
| | | _ + | | |

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

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| • | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | | | |
|----------|--|----------|----------|----------|
| 0 | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | • | . ₹ |
| Secti | ion A. Governing Body and Management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | ·— | 163 | 140 |
| Ia | If there are material differences in voting rights among members of the governing body, or | 7 | ĺ | 1 |
| | if the governing body delegated broad authority to an executive committee or similar | | | İ |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 | | |
| | any other officer, director, trustee, or key employee? | 2 | 1 | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | ✓ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | √ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | √ |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | ✓ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | ۱ ـ ـ | | |
| . | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 7a | | ✓ |
| b | stockholders, or persons other than the governing body? | 7b | | ✓ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | / B | | |
| • | the year by the following: | ĺ | | |
| а | The governing body? | 8a | ✓ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | 1 |
| 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 | | ✓ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | ue C | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | ✓ |
| 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? | 101 | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | _ |
| 11a | | 11a | ✓ | |
| 12a | Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i> | 12a | 1 | |
| 12a b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | ✓ | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 125 | _ | |
| • | describe in Schedule O how this was done | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | √ |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | √ |
| 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 | | ✓ |
| b | Other officers or key employees of the organization | 15b | | _✓ |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | <u> </u> |
| 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 | | |
| Section | on C. Disclosure | TOD | i | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► California | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | , | , | .,, |
| | ☐ Own website ☐ Another's website ☑ 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 interesting the conflict of interesting the conflict of the conflic | erest p | oolicy | , and |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records | of the | | |
| | organization: ► Birgit Finkbeiner, 301 Battery Street, Floor 5, San Francisco CA 94111, 415-728-3429 | | | |

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

| _ | • |
|------|---|
| Page | 1 |

| | • | · | | | |
|--------|----|--|----------------|---------------------------------------|-----|
| Part V | 11 | · Compensation of Officers, Directors, Trustees, K | (ey Employees, | Highest Compensated Employees, | and |
| | | Independent Contractors | | | |

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 no | or any relate | d org | aniz | atic | n c | ompe | nsa | ted any curren | t officer, director | r, or trustee. |
|---|--|-------|-----------------------|---------------|--------------|---------------------------------|--------|--|---|--|
| | | | | - | C) | | | | | |
| (A) Name and Title | (B) Average hours per | box, | unles | neck ss pe | rson | e than o is both or/trust | n an | (D) Reportable compensation | (E) Reportable compensation from | |
| | week (list any hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Eric Heitz | 0.3 | | | | | | | | | |
| President / Chair | 39.7 | ✓_ | | ✓ | | | | 2644 | 349936 | 72203 |
| (2) Rose McKinney-James | .2 | | | | | | | | | |
| Board Member | | ✓ | | | | | | 0 | 0 | 0 |
| (3) Amy Rosenbaum, | .2 | | | | | | | | | |
| Board member | | ✓ | | | | <u> </u> | | 0 | 0 | <u> </u> |
| (4) Kris Mayes, | .2 | | | | | } | | | | |
| Board Member | | ✓ | | | | | | 0 | 88000 | 0 |
| (5) Amy Fuerstenau | 1.2 | | | | | | | | | |
| Executive Director | 38.8 | | | | ✓ | | | 5472 | 176934 | 26108 |
| (6) Robert O'Connor | | | | | | | | | | |
| Former CFO | | | | | | | ✓ | 0 | 233299 | 2005 |
| (7) Barbara Wagner | | | | | | | | | | |
| Former COO | | | | | | | ✓ | 0 | 251632 | 67991 |
| (8) | - | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | VII Section A. Officers, Directors, Trus | tees, Key E | mploy | /ees | s, a | nd F | lighe | st C | ompensated E | mployees (c | ontinue | ed) | | |
|------|--|--------------------------------------|--|-----------------------|-------------|--------------|--|----------|-------------------------|---------------------------------------|---------|------------------------|-------------------|-------------|
| | | | | | | C) | | | ĺ | 1 | İ | | | |
| | (A) | (B) Position (do not check more than | | | | | e than o | one | (D) | (E) | | | (F) | |
| | Name and title | Average hours per | box, unless person is both officer and a director/trus | | | | | an | Reportable compensation | Reportable compensation from | | Estimated amount of | | |
| | | week (list any | | | | т- | | | from | related | - 1 | C | other | |
| | | hours for related | r divi | nstiti | Officer | ey e | agig Maga Maga Maga Maga Maga Maga Maga | Former | the organization | organization (W-2/1099-M | | | ensat om the | |
| | | organizations | dual | tior | 4 | 팔 | st c | 역 | (W-2/1099-MISC) | (** = ***** | / | orga | nizatio | on |
| | | below dotted line) | Individual trustee or director | lal tr | | Key employee |) mp | | : | | | | relate nızatıo | |
| | | | tee | Institutional trustee | | | Highest compensated employee | | | | | | | |
| | | | | Φ | | | <u> </u> | | | | | | | _ |
| (15) | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | ŀ | | | | | | | | |
| 4.03 | - | | | | | | | | | | | | | |
| (16) | * | ļ | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | | | |
| 3 | ** | | | | | | | | | | | | | |
| (18) | | | | | | | | | · | | | | | |
| | | | | | | | | | ļ | | | | | |
| (19) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | | | |
| (04) | | | | | 1 | | | | | · | | | | |
| (21) | | | | | | | | | i | | | | | |
| (22) | | | | _ | | | | | | | + | | | |
| 3==2 | ••••••••••••••••••••••••••••••••••••••• | | | ł | | | | | | | | | | |
| (23) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u></u> | | |
| (24) | | | | - } | | | | | | | | | | |
| (05) | | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | — | 8,116 | 1,099, | 801 | | 16 | 68,307 |
| C | Total from continuation sheets to Part | | n A | | | | | • | | | | · · · | | |
| d | Total (add lines 1b and 1c) | | | | | . <u>.</u> | | ▶ | 8,116 | 1,099, | 801 | | 16 | 68,307 |
| 2 | Total number of individuals (including but | not limited | to th | | | | |) wl | ho received mo | ore than \$10 | 0,000 (| of | | |
| | reportable compensation from the organi | zation ► 0 | | | | | | | | | | | | · · · · · · |
| ^ | Billion and all the same | C | | | 4 . | | | | ماسانا بناء | | | | Yes | No |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete S | | | | | | | mp | loyee, or nign | est compen | sated | 3 | _ | 1 |
| 4 | For any individual listed on line 1a, is the | | | | | | | n ai | nd other comp | encation fro | m tha | - | ✓ | 1 |
| - | organization and related organizations | areater tha | an \$1 | 50.0 | 000 | 9 <i>If</i> | "Yes | s." | complete Sch | edule J for | such | | | |
| | individual | | | | | | | | | | | 4 | 1 | |
| 5 | Did any person listed on line 1a receive o | | | | | | | | | ation or indi | vidual | | | 1 |
| | for services rendered to the organization? | If "Yes," c | omple | ete S | Sch | edu | le J f | or s | uch person | · · · _ · · | | 5 | | ✓ |
| | n B. Independent Contractors | | | | | | | | | | 4 | | | |
| 1 | Complete this table for your five highest of | | | | | | | | | | | | | |
| | compensation from the organization. Rep year. | ort comper | isalio | 11 10 | er Li | e C | alenu | ar y | ear ending with | i Or within ti | ie orga | ii iizati(|) II S I | lax |
| | (A) · | | | | | | | | (B) | | | (C) | | |
| | Name and business add | ress | | | | | | | Description of se | ervices | С | ompens | atıon | |
| | | · · · | | | | | | | *** | · · · · · · · · · · · · · · · · · · · | | - | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Total number of independent contracto | ro (includi- | a bu | | . 11 | mis | | 4h | oco listad al- | wal who | | | | |
| 2 | received more than \$100,000 of compens | | | | | | | C) II | ose listed abo | ve) will | | | | |

Form **990** (2013)

| Part VIII · Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | |
|--|-----|--|------------------|-------------------|--|---|--|--|
| | | Check if Schedule O contains a res | oonse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns 1a | | | revenue | ļ | 312-314 | |
| ည်း ၌ | b | Membership dues 1b | | | | | | |
| ξ, Ā | C | Fundraising events 1c | | | | • | | |
| ia gi | d | Related organizations 1d | 1,000,000 | | | | | |
| ns, | e | Government grants (contributions) 1e | | | | | | |
| er. | f | All other contributions, gifts, grants, | i | | | | | |
| 뜣된 | | and similar amounts not included above 1f | 990,001 | | | | | |
| id C | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | ▶ | 1,990,001 | | | | |
| ïre | | | Business Code | | | | | |
| ¥er | 2a | | | | | | | |
| æ | b | | | | | | | |
| /ice | С | | | | | | | |
|)en | d | | | | | | | |
| E S | е | | | | | | | |
| Program Service Revenue | f | All other program service revenue. | | | | | | |
| Pro | g | Total. Add lines 2a-2f | ▶ | | | | | |
| | 3 | Investment income (including divide | | | | | | |
| | | and other similar amounts) | ▶ | | | | | |
| | 4 | Income from investment of tax-exempt bo | nd proceeds ► | | | | | |
| | 5 | Royalties | · . | | | | | |
| | | (i) Real | (ii) Personal | | | | | |
| | 6a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | i | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | > | | | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less. cost or other basis | | | | | | |
| | - | and sales expenses . | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | d | Net gain or (loss) | — | | | | | |
| • | | | | | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | | | | | | |
| ě | | of contributions reported on line 1c). | | | | | | |
| 7 | | See Part IV, line 18 a | | | | | | |
| Ě | b | Less: direct expenses b | | | | | 1 | |
| ١ | | Net income or (loss) from fundraising | events . ► | | | |] | |
| | | Gross income from gaming activities. | | | | | | |
| | | See Part IV, line 19 a | | | | | | |
| | b | Less: direct expenses b | | | | | | |
| | | Net income or (loss) from gaming active | /ities ▶ | | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | | returns and allowances a | | | | | | |
| | h | Less: cost of goods sold b | | | | | | |
| | | Net income or (loss) from sales of inve | entory ► | | | | | |
| ł | | Miscellaneous Revenue | Business Code | | | | | |
| ŀ | 11a | | | | | | | |
| | b | | | | | | | |
| | C | | | | | l | | |
| | d | All other revenue | | | | | <u> </u> | |
| } | e | Total. Add lines 11a–11d | | | | | | |
| | 12 | Total revenue. See instructions | ۲ | 1,990,001 | · | <u> </u> | | |
| | _ | | | , | | | <u> </u> | |

Form **990** (2013)

| | t IX Statement of Functional Expenses | | II - 4b | | (4) |
|-----------------|--|------------------------|-----------------------------|---------------------------------|---------------------------------------|
| Secur | on 501(c)(3) and 501(c)(4) organizations must con | | | | |
| Don | Check if Schedule O contains a respon of include amounts reported on lines 6b, 7b, | ise or note to any iir | (B) | (C) | |
| 8b, 9l | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 763,966 | 763,966 | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 8,116 | | 8,116 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 61,514 | | 61,514 | |
| 9 | Other employee benefits | 21,956 | | 21,956 | |
| 10 | Payroll taxes | 21,550 | | 21,330 | |
| 11 | Fees for services (non-employees): | | | | |
| ·· a | Management | | | | |
| b | Legal | 5,788 | | 5,788 | |
| C | Accounting | 14,350 | | 14,350 | |
| d | Lobbying | 393,521 | 393,521 | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 140 | | 140 | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,702 | | 1,702 | |
| 14 | Information technology | 3,761 | | 3,761 | |
| 15 | Royalties | 7.407 | | 7.407 | |
| 16 | Occupancy | 7,197 | | 7,197 | · |
| 17 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | | | | |
| 23 | Insurance | 1,405 | | 1,405 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Miscellaneous | 2,903 | | 2,903 | |
| b | Banking fees | 651 | | 651 | |
| C | Tax filing fees | 250 | | 250 | |
| d | | | | + | |
| e 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 1 207 220 | 1 157 407 | 120 722 | |
| <u>25</u> 26 | Joint costs. Complete this line only if the | 1,287,220 | 1,157,487 | 129,733 | |
| 40 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | | | | |

 Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash—non-interest-bearing 929,690 954,227 2 2 71,000 3 140,000 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 Assets 7 8 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10c 10b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV. line 11 . . . 12 Investments-program-related. See Part IV, line 11 13 13 14 14 15 Other assets. See Part IV, line 11 15 1,000,690 16 1,094,227 16 Total assets. Add lines 1 through 15 (must equal line 34) 184,926 17 75,682 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . 500,000 24 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 25 684,926 26 75,682 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 315,764 27 1,018,545 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 32 32 315,764 33 1.018.545 33

1,094,227

1,000,690

34

| Page | 1 | 2 |
|------|---|---|
| | | |

| Part | XI Reconciliation of Net Assets | | | | | | |
|---|--|---------|--|----------|----------|----------|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u>· · · </u> | <u> </u> | | <u>U</u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 0,001 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u> </u> | 7,220 | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | _ | | | 2,781 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 31 | 5,764 | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | _ | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 33, column (B)) | 10 | | | 1,01 | 8,545 | |
| Part | XII Financial Statements and Reporting | | | | | | |
| _ | Check if Schedule O contains a response or note to any line in this Part XII | | | | | | |
| | | | _ | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | | _ | | | ! | |
| | If the organization changed its method of accounting from a prior year or checked "Other," exp | olain i | in | | | | |
| | Schedule O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | . [| 2a | | ✓ | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | iled o | or [| | | ! | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | ł | | | 1 | |
| b Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | d on | а | | | ! | |
| | separate basis, consolidated basis, or both: | | | | | i | |
| | ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov | ersigl | nt | | | | |
| _ | of the audit, review, or compilation of its financial statements and selection of an independent accou | ntant? | ? | 2c | ✓ | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | | | | Ī | |
| | Schedule O. | | ļ | | | } | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth i | in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | . | 3a | | ✓ | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | go th | ie | | | | |
| ~ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at | ıdits. | | 3b | | | |
| | | | | Form | 1990 | (2013) | |
| | | | | | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

| Name o | of the organization | | Employer identification number |
|--------|--|---|---|
| Green | Tech Action Fund | | <u>26-3390444</u> |
| Par | t I Organizations Maintaining D | onor Advised Funds or Other Similar Fu | inds or Accounts. |
| | Complete if the organization as | nswered "Yes" to Form 990, Part IV, line 6 |). |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) . | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors a | and donor advisors in writing that the assets | held in donor advised |
| | | bject to the organization's exclusive legal cont | |
| 6 | Did the organization inform all grantees, | donors, and donor advisors in writing that gra | ant funds can be used |
| | | the benefit of the donor or donor advisor, or | |
| | | <u> </u> | · · · · · · · · · Yes 🗌 No |
| Par | | | |
| | | nswered "Yes" to Form 990, Part IV, line 7 | • |
| 1 | | eld by the organization (check all that apply). | |
| | · · · · · · · · · · · · · · · · · · · | g., recreation or education) Preservation | |
| | Protection of natural habitat | ☐ Preservation | of a certified historic structure |
| _ | ☐ Preservation of open space | | the state of the second second |
| 2 | | nization held a qualified conservation contribut | Held at the End of the Tax Year |
| | easement on the last day of the tax year. | | _ |
| а | Total number of conservation easements | | |
| b | | easements | |
| C | | certified historic structure included in (a) | |
| d | | cluded in (c) acquired after 8/17/06, and not egister | · · 2d |
| • | | ified, transferred, released, extinguished, or te | |
| 3 | tax year ► | med, transferred, released, extinguished, or ter | minated by the organization during the |
| 4 | Number of states where property subject | to conservation easement is located | |
| 5 | | policy regarding the periodic monitoring, in | espection, handling of |
| • | | rvation easements it holds? | |
| 6 | Staff and volunteer hours devoted to mo | nitoring, inspecting, and enforcing conservation | n easements during the year |
| | • | | |
| 7 | Amount of expenses incurred in monitori | ng, inspecting, and enforcing conservation eas | sements during the year |
| | ▶ \$ | | |
| 8 | | ted on line 2(d) above satisfy the requirements | |
| | (i) and section 170(h)(4)(B)(ii)? | | · · · · · · Tyes 🗌 No |
| 9 | In Part XIII, describe how the organizatio | n reports conservation easements in its revenu | ie and expense statement, and |
| | | the text of the footnote to the organization's fi | inancial statements that describes the |
| | organization's accounting for conservation | | |
| Part | | ollections of Art, Historical Treasures, o | |
| | | swered "Yes" to Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted | under SFAS 116 (ASC 958), not to report in it | ts revenue statement and balance sneet |
| | works of art, historical treasures, or off | er similar assets held for public exhibition, ext of the footnote to its financial statements the | education, or research in lutifierance of |
| | • | | 1 |
| b | If the organization elected, as permitted | d under SFAS 116 (ASC 958), to report in its per similar assets held for public exhibition, e | s revenue statement and balance sheet |
| | public service, provide the following amo | | ducation, or research in futurerance of |
| | | | L C |
| | (i) Revenues included in Form 990, Part | VIII, line 1 | Р Ф |
| • | (II) Assets included in Form 990, Part X | ks of art, historical treasures, or other similar | Ψ |
| 2 | following amounts required to be reported | d under SFAS 116 (ASC 958) relating to these | items: |
| - | • | | |
| a | | , line 1 | |
| b | Assets included in Full 330. Fall A . | | w |

| Part | III Organizations Maintaining | Collections of | Art, His | orical Tre | asures, o | r Other Similar | Assets (continued) |
|------|--|--------------------------------------|------------------------|------------------------------|----------------------------|-----------------------------------|--------------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | accession, and ot | ther reco | ds, check a | ny of the | following that are a | a significant use of its |
| а | ☐ Public exhibition | | d | Loan or | exchange | programs | |
| b | ☐ Scholarly research | | е | Other | | | |
| С | ☐ Preservation for future generations | ; | | | | | |
| 4 | Provide a description of the organizat XIII. | ion's collections | and expla | in how they | further the | e organization's ex | empt purpose in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | solicit or receive than to be mainta | donation ained as p | s of art, histoart of the or | torical trea ganization | sures, or other sinds collection? | nilar · 🔲 Yes 🗌 No |
| Part | IV Escrow and Custodial Arra | | | | | | |
| | Complete if the organization | answered "Yes | " to Forr | n 990, Part | IV, line 9 | , or reported an a | amount on Form |
| | 990, Part X, line 21. | | | | | | . <u> </u> |
| 1a | Is the organization an agent, trustee, | custodian or oth | ner interm | ediary for c | contribution | ns or other assets | not |
| | included on Form 990, Part X? | | | | | | · Yes No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | ete the fo | llowing table |) : | | A |
| | | | | | | | 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 amour | | | | | | |
| | If "Yes," explain the arrangement in Pa | art XIII. Check her | e if the ex | planation ha | as been pr | ovided in Part XIII | <u> Ll</u> |
| Par | V Endowment Funds. | | " to Form | ~ 000 Dod | N/ line 1 | 0 | |
| | Complete if the organization | (a) Current year | (b) Pro | | Two years b | | ack (e) Four years back |
| | | (a) Current year | (0) FIR | n year (C | | de (d) Tillee years b | ack (c) roor years back |
| 1a | Beginning of year balance | · _ | | | | | • |
| b | Contributions | | | | | | |
| С | Net investment earnings, gains, and | | | | | İ | |
| | losses | | | | | | |
| d | Grants or scholarships | | <u> </u> | | | | |
| е | Other expenditures for facilities and | | | | | 1 | |
| _ | programs | | | | | | |
| f | Administrative expenses | | | _ | | | |
| g | End of year balance | | d balana | - /line 1g. ea | olumn (a)) k | nold oo: | |
| 2 | Provide the estimated percentage of the | | | e (iiile 19, co | Juliiii (a)) i | ieiu as. | |
| a | Board designated or quasi-endowmer Permanent endowment ▶ | 0/ | 70 | | | • | |
| | | [%] | | | | | |
| С | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2 | | nn 0% | | | | |
| 3a | Are there endowment funds not in the | | | zation that a | re held an | d administered for | the |
| oa | organization by: | , poodoodion o. u | | | | | Yes No |
| | (i) unrelated organizations | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | | . 3a(ii) |
| h | If "Yes" to 3a(ii), are the related organi | | | | | | . 3b |
| 4 | Describe in Part XIII the intended uses | | | | | | |
| Part | | | | | | | |
| | Complete if the organization | answered "Yes | " to Forr | n 990. Part | IV, line 1 | 1a. See Form 99 | 0, Part X, line 10. |
| | Description of property | (a) Cost or of | | (b) Cost or ot | her basis | (c) Accumulated | (d) Book value |
| | _ 55511P4511 - | (investm | | (other |) ' | depreciation | |
| 1a | Land | | | | | | |
| b | Buildings | | | _ | | | |
| c | Leasehold improvements | | | | | | |
| d | Equipment | | | | " | | |
| | Other | | | | | | |
| | Add lines 1a through 1e. (Column (d) m | nust equal Form 9 | 90, Part) | (, column (B |), line 10(c) |).) ▶ | |

| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | Part VII | | | 000 Dort IV line | 11h Con Form | 200 Dark V line 40 |
|---|------------------|--|--|--|-----------------------|---------------------------------------|
| Cost or end of year market value | | | | | | |
| | | | | | Cost or end- | of-year market value |
| (3) Other (A) (B) | | | | | | |
| (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C | | · · · · · · · · · · · · · · · · · · · | | | | |
| (5) (6) (7) (8) (8) (8) (9) Total (Column (b) must equal Form 990, Part X, cot. (B) line 12) ► Fart VIII Investments — Program Related. Complete if the organization answered "Yes" to 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 (7) (8) (9) (9) (9) (9) (9) (10) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19 | (3) Other | | | | | |
| (C) (C) (C) (C) (C) (C) (C) (C) (C) (C) | | | | | | |
| (5) (6) (7) (7) (8) (8) (9) (9) (1) | ****** | | | | | |
| (G) (G) (G) (G) (G) (G) (G) (G) (G) (G) | | | | | | |
| (i) (ii) (iii) (i | | | | · | | |
| (G) (F) Total. (Column (b) must equal Form 990, Part X, cot. (B) line 12.) ▶ Part XIII Investments — Program Related. | | | | | | |
| Total, Column (b) must equal Form 990, Part X, cot. (B) line 12) ► | | | | | | |
| Investments | | | | | | |
| Investments | Total. (Column (| b) must equal Form 990, Part X, col. (B) line 12) | | | | |
| (a) Description of investment (b) Book value (c) Method of valuation (Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | | d. | | | |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (10) (10) (10) (10) (10) (10) (10) (10 | | Complete if the organization ans | wered "Yes" to Forr | n 990, Part IV, line | 11c. See Form 9 | 990, Part X, line 13. |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" to 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" to 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) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (2) (3) Federal income taxes (3) Federal income taxes (4) (5) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) (5) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) (5) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal incom | | (a) Description of investment | | (b) Book value | | |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets. Complete if the organization answered "Yes" to 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" to 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) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (2) (3) Federal income taxes (3) Federal income taxes (4) (5) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) (5) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) (5) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (1) Federal income taxes (2) Federal income taxes (3) Federal income taxes (4) Federal income taxes (5) Federal income taxes (6) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal income taxes (9) Federal incom | (1) | | | | | |
| (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part X Complete if the organization answered "Yes" to 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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) Ine 15. (9) Ine 15.) (9) (9) (9) (9) (9) (9) (9) (9) (9) (| | | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to 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" to 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 0 (2) (3) (4) (6) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | _(3) | | | | <u> </u> | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to 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" to 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 0 (2) (3) (4) (5) (6) (7) (6) (9) (9) Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | _(4) | | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to 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) Part X Other Liabilities. Complete if the organization answered "Yes" to 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 0 (2) (3) (4) (6) (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" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) | | | | | | |
| (8) (9) (9) (9) (1014) (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (a) (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | | | | | |
| (9) Part X Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | | | | | |
| Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. | Total (Column (| h) must equal Form 990, Part Y, col. (R) line 13.) | | | | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (7) (9) (9) (10) (10) must equal Form 990, Part X, col. (B) line 15.) . ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to 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 0 (2) (3) (4) (5) (6) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10 | | | | | | |
| (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.) | , divin | | wered "Yes" to Forr | n 990. Part IV. line | 11d. See Form 9 | 990. Part X. line 15. |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | (1) | | | | | |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | (4) | | | | | |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | (5) | | | ······································ | | |
| (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" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | _(6) | | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | · · · · · · · · · · · · · · · · · · · |
| Other Liabilities. Complete if the organization answered "Yes" to 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | (9) | ma (h) must a sual Form 000. Port V. o | ol (D) line 15) | | | |
| Complete if the organization answered "Yes" to 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 0 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | OI. (B) IIIIe 15.) | · · · · · · · · · · · · · · · · · · · | | |
| Ine 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) (3) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 0 | Part X | | ward "Vaa" ta Earn | n 000 Part IV lina | 110 or 11f Soo | Form 000 Port V |
| (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | wered res to ron | ii 990, Fait IV, iiile | The Or Thi. See | Onn 990, Fait X, |
| (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | 1. | | (b) Book value | | | |
| (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | come taxes | | 0 | | |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 0 | | | | | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 0 | | | | | | |
| | | I must equal Form 000 Part Y col (R) line 25 1 | | | | |
| | | | ide the text of the footno | | 's financial statemen | ts 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

| | Complete if the organization answered "Yes" to Form 990, | Part IV, line 12a. | • | |
|-------------------|---|------------------------|-------------------------|------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 8 | 1 | 1,990,001 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 _ 1 | | |
| a | Net unrealized gains on investments | | | |
| b | Donated services and use of facilities | | | |
| c | Recoveries of prior year grants | | | |
| d | Other (Describe in Part XIII.) | | | |
| e | Add lines 2a through 2d | | <u>2e</u> | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | 1 1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | | | |
| C | Add lines 4a and 4b | | | 1 000 001 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 1,990,001 |
| Part | Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" to Form 990, | | | |
| 1 | | | 1 | 1,287,220 |
| 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 | Other losses | | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | } | |
| b | Other (Describe in Part XIII.) | 4b | | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1) | ne 18.) . . . | 5 | 1,287,220 |
| | XIII Supplemental Information. | | | |
| 2; Part Form 9 | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par 190, Schedule D, Part X, Line 2 and is exempt from federal and state income taxes under Section 501(c)(4) of the Ir | t to provide any ad | ditional information. | ···· |
| section | is | | | |
| The Fu | and follows the guidance on accounting for uncertainty in income taxes issued by F. | ASB ASC Topic 740 | As of December 31, 201 | 3, |
| manag | ement evaluated the Foundation's tax positions and concluded that the Fund had n | naintained its tax exe | mpt status and had take | n no uncertain |
| that re | quired adjustment to the financial statements. With few exceptions, the Fund is no I | onger subject to inco | me tax examinations by | federal or state |
| authori | ties for the years before 2010 and 2009, respectively | | , | |
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| Schedule D (Fo | m 990) 2013 | Page 5 |
|----------------|--------------------------------------|--------|
| Part XIII | Supplemental Information (continued) | |
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| SCHEDULE | _ | Grants and Other Assistance to Organizations, Governments, and Individuals OMB No. 1545-0047 | er Assistance to | o Organiza | ations. Go | vernments, and | Individuals | OMB No. 1545-0047 |
|--|---|---|---|--|---|--|--|--|
| (Form 990) | | in the United St | States |) | | • | | 2013 |
| Department of | Department off the Treasury Internal Revenue Service | Complete if the organization answered "Yes to Form 990, Part IV, line 21 or 22 Attach to Form 990 | zation answered "Yes | to Form 990, | Part IV, line 21 | or 22 | | |
| Name of organization Green Tech Action Fu | Name of organization Green Tech Action Fund | | | | | | | Employer identification number 26-339044 |
| Part | | General Information on Grants and Assistance | n on Grants and | Assistance | - | | | |
| | | I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants assistance? | ion maintain records to for the grants or assist | substantate ance, and the | the amount of selection crite | on maintain records to substantiate the amount of the grants or assistance, the for the grants or assistance, and the selection criteria used to award the grants or minimum. | nce, the e grants or | ⊠Yes⊡No |
| | 2 | Describe in Part IV | e organization's proc | edures for mo | onitoring the u | the organization's procedures for monitoring the use of grant funds in the United States | he United States | |
| Part II | | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unit States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be | he organization's p ne organization answ 5,000. Check this bo | rocedures for lered "Yes" to x if no one rec | r monitoring Form 990, Pa cipient receive | V the organization's procedures for monitoring the use of grant funds in the United if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that n\$5,000. Check this box if no one recipient received more than \$5,000. Part II can be | ds in the United recipient that Part II can be | |
| | | duplicated if additional space is needed | al space is needed | | 0 | | | |
| # | 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ч | Blue Green Alliance, Inc. 408 C street NE Washington, DC | 26-4086284 | 501c4 | \$15,000 | 0\$ | e/u | n/a | To support lowering the Regional Greenhouse Gas Initiative cap |
| 2 | Christian Coalition of America 8730 Northpark Blvd Building 1, Suite D Charleston, SC 29406 | 75-2372537 | 501c4 | \$25,000 | 0\$ | e/u | n/a | To support work on the passage of the Energy Savings and Industrial Competitiveness Act |
| e e | Citizens' Utility Board of Oregon 610 SW Broadway, #400 Portland, OR 97205 | 93-0888912 | 501c4 | \$30,000 | os S | e/u | n/a | To support polling on the proposed Oregon Hydropower Ballot Measure |
| 4 | Conservation New Hampshire Voter Center 88 North Main Street, Suite 303 Concord, NH 03301 | 11-3399458 | 501c4 | \$10,000 | 0\$ | n/a | n/a | To support lowering the Regional Greenhouse Gas Initiative cap |
| S | Environmental Defense Action Fund 257 Park Avenue South, 17th Floor New York, NY 10010 | 90-0080500 | 501c4 | \$10,000 | 0\$ | n/a | n/a | To undertake strategic polling to protect North Carolina's renewable energy law |
| 9 | Environmental Law & Policy Center of the 36-3866530 Midwest 35 East Wacker Drive, Suite 1600 Chicago, IL 60601 | 36-3866530 | 501c3 | \$50,000 | 0\$ | u/a | n/a | To support lowering the Regional Greenhouse Gas Initiative cap |
| 7 | Federation of State Conservation Voter Leagues (Conservation Minnesota voter Center) 1101 West River Parkway, Suite 250 Minneapolis, MN 55415 | 41-1949625 | 501c4 | 009'6\$ | 0\$ | n/a | n/a | To create a targeting database in Minnesota |

| 8 | MI Energy Innovation Business Council n/a | | n/a | 000′0ε\$ | 0\$ | e/u | n/a | To develop and implement specific policy |
|----|---|------------|--------------------------|-----------|-----|-----|-----|--|
| | 120 N Washington Square, Suite 805 | | | | | | | recommendations to expand deployment of |
| | Lansing, MI 48933 | | | | | | | advanced energy in Michigan |
| 6 | North Carolina Clean Energy Business | 80-0912572 | 501c6 (pending) \$25,000 | \$25,000 | 0\$ | n/a | n/a | |
| | Alliance | | | | | | | Defense of the North Carolina Renewable Energy |
| | 1111 Haynes Street, Suite 109 | | | | | | | Investment Tax Credit and North Carolina Energy |
| | Raleigh, NC 27604 | | | | | | | Efficiency Portfolio Standard |
| 10 | Ohio Advanced Energy Economy | 45-3200638 | 501c6 | \$50,000 | 0\$ | n/a | n/a | Defending and consolidating support for Ohio's |
| | 21 West Broad Street, Suite 500 | | | | | | | energy efficiency resource standard and |
| | Columbus, OH 43215 | | | | | | | renewable portfolio standard |
| 11 | Partnership Project Action Fund | 81-0606786 | 501c4 | \$400,000 | 0\$ | n/a | n/a | To support paid media accountability ads and |
| | 1225 I Street, NW Suite 307 | | | | | | | field mobilization |
| | Washington, DC 20005 | | | | | | | |
| 12 | Protecting Ohio's Energy Future | 46-4176137 | n/a | \$110,000 | 0\$ | n/a | n/a | To support a paid media advocacy effort designed |
| _ | 3601 Green Rd Suite 220 | | | | | | | to defeat or improve Ohio Senate Bill 58 |
| | Beachwood NE 44122 | | | | | | | |

Green Tech Action Fund requires grantees to submit full and complete written reports to Green Tech Action Fund containing a description of the progress that grantee has made towards achieving the purposes for which the grant was made. Additionally, a financial accounting of the expenditure of the grant funds and copies of any publications resulting form the grant, should be submitted to Green Tech Action Fund.

may conduct an inspection of grantee's records and reports

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1

\$634.45

Grant Refunds

SCHEDULE J (Form 990).

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization **Green Tech Action Fund** 26-3390444 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ Housing allowance or residence for personal use ☐ First-class or charter travel Payments for business use of personal residence ☐ Travel for companions Health or social club dues or initiation fees ☐ Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract ☐ Compensation committee ☐ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c Participate in. or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a 5b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

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

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

| Note. The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. | or eac | th listed individual mu | st equal the total amo | unt of Form 990, Pa | t VII, Section A, line 1 | a, applicable columr | D) and (E) amounts (D) ו | for that individual. |
|---|----------|---|--|---|--------------------------------|---|---|---|
| | | (B) Breakdown o | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | į |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(I)-(D) | (F) Compensation reported as deferred in prior Form 990 |
| | (3) | 7.637 | | 7 | 264 | 772 | 3,186 | |
| 1 Eric Heltz, President / Chair | € | 348,965 | | 971 | 34,994 | 36,668 | 421,597 | |
| Amy Fuerstenau. Executive | E | 5,446 | | 26 | 454 | 330 | 6,255 | |
| 2 Director | E | 176,091 | | 843 | 14,667 | 10,568 | 202,258 | |
| Barbara Wagner, former COO | 8 | | | | | | | |
| 3 | € | 250,654 | | 978 | 25,163 | 42,828 | 319,623 | |
| Robert O'Connor, former CFO | 8 | | | | | | | |
| 4 | <u>e</u> | 233,218 | | 82 | 1,458 | 546 | 235,304 | |
| | € | | | | | | | |
| S | € | | | 1 2 2 3 4 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | | | | |
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| | (6) | | | | | | | |
| 7 | € | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | |
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Schedule J (Form 990) 2013

| Page 3 | for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part | | | | | | | -, | | | | Schedule J (Form 990) 2013 |
|----------------------------|---|--|--|---|--|---|--|----------------------------|--|----------------------------|--|----------------------------|
| | , and for Part II. Also | | | | | | | | | | | U |
| | 5b, 6a, 6b, 7, and 8 | | | | | | | | | | | |
| | b, 3, 4a, 4b, 4c, 5a, | | | 1 | | | | | | | | |
| | or Part I, lines 1a, 1 | | | 1 | | | | | | | | |
| | criptions required f | | | | | | | | | | | |
| al Information | Provide the information, explanation, or descriptions required for any additional information. | | | | | | | | | | | |
| Schedule J (Form 990) 2013 | Provide the information, expla for any additional information. | | | | | • | | | | | | |
| Schedule J (F | Provic for any | | | | | | | i i i i i i | | i 1 1 1 2 4 | | |

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| Green Tech Action Fund | 26-339044 |
|--|--|
| Form 990, Part III, Line 4D, Other Program Services: | |
| Other Program Work directly engaged by Green Tech Action Fund | |
| Expenses: 237,521 including grants of \$0 Revenue \$0 | |
| "Other Program Expenses" are direct programmatic activities that the fund may pursue when it is more | re efficacious than grant making. In |
| these situations, the fund may convene meetings, conduct research, contract with consultants or take | other direct efforts in achieving its |
| mission. | |
| | |
| Form 990, Part VI, Section A, line 8b | |
| The organization does not have committees with the authority to act on behalf of the governing body. | The functional responsibilities of any |
| committees are executed by the full board. | |
| | |
| Form 990, Part VI, Section A, Line 2 | |
| Amy Fuerstenau (Key employee) has a business relationship with Eric Heitz (Director and Officer) as t | hey are employees of a related |
| organization that Eric Heitz serves as director. | |
| ····· | |
| Form 990, Part VI, Section A, Line 11 | |
| A copy of this form 990 and attachments have been reviewed by the organizations' outside counsel ar | d a copy was presented to board |
| members for their review prior to filing. | |
| | |
| Form 990, Part VI, Section B, Line 12c | |
| Green Tech Action Fund regularly and consistently monitors and enforces compliance with its conflic | t of interest policy by annually |
| distributing the policy to all directors and receiving statement from each director that the director: | |
| a. received a copy of the policy | |
| b. read and understood the policy | |
| c. agrees to comply with the policy | |
| d. understands that the policy applies to all committees and subcommittees having board-delegated p | owers. |

| Schedule O (Form 990 or 990-EZ) (2013) | Page |
|--|---|
| Name of the organization | Employer identification number |
| Form 990, Part VI, Section C, Line 19 | |
| Green Tech Action Fund provides copies of its governing documents, conflict of interest policy and finan | cial statements upon request. |
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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Green Tech Action Fund

Part I

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| Partnerships |
|---------------------|
| d Unrelated |
| Organizations and I |
| Related (|

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

► Attach to Form 990. ► See separate instructions.

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

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OMB No. 1545-0047

Employer identification number Inspection 26-339044

(f)
Direct controlling
entity (g) Section 512(b)(13) controlled entity? ဍ 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. Yes (f)
Direct controlling
entity (e) End-of-year assets 509(a)(1) n/a (e)
Public charrty status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)(3) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) California (b) Pnmary activity See Schd R, Part VII (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (1) The Energy Foundaiton, 301 Battery Street, Floor 5 San Francisco CA 94111 EIN: 94+3126848 (a) Name, address, and EIN of related organization

Part II

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Schedule R (Form 990) 2013

Cat No 50135Y

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

Schedule R (Form 990) 2013

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2013 (k) Percentage ownership ŝ Part IV, 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. Yes (j) General or managing partner? ŝ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (h) Percentage Yes ownership amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI end-of-year assets (g) Share of (g) (h)
Share of end-of- Disproportionate year assets allocations? ŝ (f) Share of total Yes income (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct controlling entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
I Direct controlling entity (b) Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization (1) Part IV Part III 9 2 ල **€** 9 ල 9 9 뒥 0 8 **£** 8

| | 34, 35b, or 36. |
|---------------------|--|
| : | Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. |
| | es" on Form 99 |
| | on answered " |
| | if the organizat |
| | ions Complete |
| | ited Organizat |
| | ions With Rela |
| я R (Form 990) 2013 | V Transact |
| Scheduk | Part |

| Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. | | | | | Yes | 9 1 |
|---|--|----------------------------|---|---------------------------------------|--------------|-------------|
| 1 During the tax year, did the organization engage in any of the following transaction | following transactions with one or more related organizations listed in Parts II-IV? | related organi | zations listed in Parts |] | | ļ. |
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | tity | | • | | 1a | > |
| b Giff. grant, or capital contribution to related organization(s) | · · · · · · | | | | 1 | > |
| | | | | | 10 / | _ |
| | • | | • | · · | 7 7 | <u> </u> |
| d Loans of loan guarantees to of for related organization(s) | | | | | ם | > |
| e Loans or loan guarantees by related organization(s) | | | | | 1e | > |
| | | | | | | |
| f Dividends from related organization(s) | | | | | + | > |
| | • | • | • | · · · · · · · · · · · · · · · · · · · | : ; | <u> </u> |
| g Sale of assets to related organization(s) | | | | | 19 | > |
| h Purchase of assets from related organization(s) | | | | | 무 | > |
| i Exchange of assets with related organization(s) | | | | • | = | > |
| i Lease of facilities, equipment, or other assets to related organization(s) | | | | • | i- | > |
| | | | | , | | |
| k i ease of facilities equipment or other assets from related organization(s) | | | | | <u></u> | 1 |
| | organization(s) | | | · · · · | == | <u> </u> |
| | organization(s) | | | | = 1 | \ |
| _ | organization(s) | | | | Ę, | <u>></u> |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | nization(s) | | | • | > u | |
| o Sharing of paid employees with related organization(s) | | | | | 10 < | |
| | | | | | -‡ | 1 |
| | | | | | 1p < | |
| q Reimbursement paid by related organization(s) for expenses | | | | | 19 | > |
| | | | | | | |
| r Other transfer of cash or property to related organization(s) | | | | | + | > |
| s Other transfer of cash or property from related organization(s) | | • | | | 1s | / |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must | on who must complete this line, | | including covered relationships and transaction thresholds. | ships and transactio | on thresho | olds. |
| (6) | | Œ | 3 | 5 | | |
| (a) Name of related organization | | (b) Transaction type (a-s) | (c) Amount involved | Method of determining amount involved | g amount inv | olved |
| | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
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| (4) | | | | | | |
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| (2) | | | | | | |
| (9) | | | | | | |
| | | | | Schedule R (Form 990) 2013 | ۶ (Form 99 | 30) 2013 |

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

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) Pnmary activity | (c) Legal domicile (state or foreign | (d) Predominant Income (related, | (e) Are all partners section | (f) Share of total income | (g) Share of end-of-year | (h) Disproportionate allocations? | (i) c Code V—UBI amount in box 20 | (i) General or managing | (k) Percentage ownership |
|--------------------------------------|------------------------|--|------------------------------------|-------------------------------|---------------------------------|--------------------------------|---|---|-------------------------------|--------------------------------|
| | | country) | unrelated, excluded from tax under | l 501(c)(3) organizations? | | | | of Schedule K-1 (Form 1065) | partner? | |
| | | | (+10-215 SHODOS | Yes No | | | Yes No | | Yes No | |
| (1) | · | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| (5) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (6) | • | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | 1 | | | | | | | | | |
| (13) | | | | | | | _ | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| | | | | | | | | Sche | dule R (For | Schedule R (Form 990) 2013 |