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### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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. 2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

$\overline{\Delta}$	For the	2014 calen	dar year, or tax year beginn	ing	2014. a	and ending	1					
B	Check if a		C		, 201-1, 0	and onding	<u></u>	D Employ	er identific	ation number		
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	$\vdash$	ess change	The Advocacy Fund	L			-		31536			
	Nam	e change	P.O. Box 29229	04120				E Telepho				
	Initia	al return	San Francisco, CA	94129			L	415-	-561-	<u>6373                                   </u>		
	Final r	return/terminated										
	Ame	nded return					Į.	G Gross re	ceipts \$	12,734	.082.	
	Appl	lication pending	F Name and address of principal	officer Amanda	Keton	1	H(a) Is this a				101	
	□. +-		Same As C Above			ļ.	H(b) Are all s	subordinates	ıncluded?		H	
_	Tay av	empt status	501(c)(3) X 501(c) ( 4	) ◀ (insert no	.) 4947(a)(1) or	T   527	If 'No,' a	attach a list	(see instru	ictions)	Ш	
<u>.</u>					.) 4347(a)(1) 01	——						
<u></u>			w.tidesadvocacyfu				H(c) Group e					
K		f organization	X Corporation Trust	Association Other	L Ye	ear of formation	n 1992	MIS	tate of leg	al domicile CI	<u> </u>	
P		Summar	У									
	<b>1</b> 8	Briefly descri	be the organization's mission	on or most signific	cant activities: <u>Sp</u>	onsors	progra	ams_an	<u>d mak</u>	<u>es grant</u>	<u>:s_to_</u>	
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Ę	_											
Governance	_											
Š			ox 🕨 📙 if the organization			sed of mo	re than 25	5% of its		ets.	_	
			oting members of the govern			11.			3		6	
S	1		dependent voting members			•		•	4		5	
鼍			r of individuals employed in		14 (Part V, line 2a)				5		27	
Activities &			r of volunteers (estimate if r		.0				6		0	
ĕ	1		ed business revenue from P		• • •				7a		0.	
_	DI	vet unrelated	business taxable income f	rom Form 990-1,	ine 34		T		7b		0.	
	ا			11.				ior Year		Current Y		
Φ	1		and grants (Part VIII, line	•			18	<u>,519,8</u>		12,705		
Revenue	1	_	vice revenue (Part VIII, line		6,1		1.0	0,000.				
ě	1		ncome (Part VIII, column (A		•		ļ	1,7			267.	
Œ	1		e (Part VIII, column (A), lin		•			34,1			7,820.	
			e – add lines 8 through 11			ne 12)		<u>,561,8</u>		12,734		
	1		imilar amounts paid (Part I)				11	<u>,843,2</u>	12.	10,273	<u>5, 705.</u>	
	14 B	Benefits paid	to or for members (Part IX	L								
- A	, <b>15</b> S	Salaries, oth	er compensation, employee	1,206,641.			1,967,235.					
ĕ.	16a F	Professional	fundraising fees (Part IX, c	olumn (A), line 11	le) .			35,2	82,500.			
Expenses	" ьт	Total fundrai	sing expenses (Part IX, coli	mn (D) line 25)	<b>▶</b> 0.	2,500.						
2	17 C					2,300.					0.00	
			ses (Part IX, column (A), lin					<u>,418,2</u>			3,060.	
			es. Add lines 13-17 (must e			Fn	1 18	,503,3		14,556		
-	19 F	kevenue ies	s expenses. Subtract line 18	s from line 12	TOLIV.	<u> </u>	<b>!</b>	58,4		-1,822		
2 2	`			16		ည္တ	Beginnin	g of Curren	t Year	End of Y		
3.5			(Part X, line 16)		OCT 30 20	915   3	6	<u>,168,0</u>			7,606.	
* 2	21 T	otal liabilitie	es (Part X, line 26)			SE	<b> </b>	434,4	02.	<u>406</u>	<u>, 376.</u>	
Zū	22 N	<u>let assets o</u>	r fund balances. Subtract lir	ne 21 from line 20	DOBERT		_ 5	,733,6	48.	3,911	,230.	
P	nt II 🔐	Signatu	re Block	Lorenza Company	A RIVEIN	<u>ul</u>	_	-				
Und	er penaltie	es of perjury, I d	eclare that I have examined this returnater (other than officer) is based on a	n, including accompan	ying schedules and statem	nents, and to t	he best of my	y knowledge	and belief	, it is true, corre	ct, and	
com	plete Dec	laration of prep	arer (other than officer) is based on a	Il information of which	preparer has any knowled	ge			1			
			WOUNT!	/X				10/5	115	_		
Si	an	Signati	ure of officer	7 - 30		-	Dat	te /				
He	re	lacksquare $A$	MANDA KETON. 7	REASURER								
		Type o	r print name and title.	A B TILLY LINE								
_		Print/Type	preparer's name	Preparer's signature		Date		Check	' ıf P	TIN		
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Ma	у іпе Ін	งอ นเรตนรร โ	his return with the preparer	PHOMIT SDOVE ( (2	ee mstructions)					Yes	No	

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

Form 990 (2014)

	990 (2014) The Advocacy Fund	94-315368	87 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u>X</u>
1	Briefly describe the organization's mission	<del></del>	
	See Schedule 0		
2		prior	
	Form 990 or 990 EZ? See Schedule O	X	Yes No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat and revenue, if any, for each program service reported	ervices, as measure lions to others, the	ed by expenses. total expenses,
	a (Code: ) (Expenses \$ 14,004,240. including grants of \$ 10,273,705.)	(Revenue \$	10,000.)
-	THE FUND SUPPORTS THE PROMOTION OF ACTIVITIES THAT ENGAGE THE F		
	SOLUTIONS BEFORE POLICY-MAKERS. THE FUND ALSO SUPPORTS ORGANIZA		
	THAT ADVOCATE FOR STRONGER DEMOCRATIC INSTITUTIONS, SOCIAL AND		
	AND POLICY REFORMS.	<u> LIIVII OIII LIII</u>	m_00011011
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Δ1	b (Code. ) (Expenses \$ including grants of \$ )	(Revenue \$	
7.	Toolace	(1/6461146 4	
			- <b></b>
	~		
			_ <b></b>
4	c (Code. ) (Expenses \$ including grants of \$)	(Revenue \$	)
			<del></del>
			- <b></b>
	d Other program services (Describe in Schedule O.)		
4	(Expenses \$ including grants of \$ ) (Revenue	\$	)
4	e Total program service expenses ► 14,004,240.	<del></del>	<u>-</u>
BA			Form 990 (2014)

# Form 990 (2014) The Advocacy Fund Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or $X$ as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	<b>b</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? <i>If 'Yes,' complete Schedule D, Part VII</i> .	11 Ь		х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	13		X
-		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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16 <sup>.</sup>		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	<u></u>	<u> </u>

Form 990 (2014) The Advocacy Fund
Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			_
	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	
BAA		Form	990 (	(2014)

Check if Schedule O contains a response or note to any line in this Part V								
		Yes	No					
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	33							
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	- 1						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	$\neg$	1c X	-					
2 a 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  2 a	27							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	2 b X	1					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	<del> </del>					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	X					
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	<u> </u>	3 b						
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)?								
<b>b</b> If 'Yes,' enter the name of the foreign country. ▶		***						
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)		1						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. L	5 a	X					
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b	X					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c						
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 X						
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6ь Х						
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	L		1					
services provided to the payor?		7 a	↓					
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	L	7 b	<u> </u>					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c	ļ					
d If 'Yes,' indicate the number of Forms 8282 filed during the year			<b>-</b>					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	<del>                                     </del>					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u> </u>	71	↓					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g	<u> </u>					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	F	8						
· · · · · · · · · · · · · · · · · · ·		<del>^</del>	┼──					
<ul> <li>9 Sponsoring organizations maintaining donor advised funds.</li> <li>a Did the sponsoring organization make any taxable distributions under section 4966?</li> </ul>		<u> </u>	<del> </del>					
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	$\vdash$	9 a 9 b	├					
10 Section 501(c)(7) organizations. Enter:	$\vdash$	30	<del> </del> ,					
a Initiation fees and capital contributions included on Part VIII, line 12	ŀ	j						
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		1	1					
11 Section 501(c)(12) organizations. Enter:	$\rightarrow$	1	1					
a Gross income from members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources	$\dashv$	J	,					
against amounts due or received from them.)	-		_					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	Ľ	2a	├					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a is the organization licensed to issue qualified health plans in more than one state?		3a						
Note. See the instructions for additional information the organization must report on Schedule O.	-	<del> -</del>	<del> </del>					
·								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			1					
c Enter the amount of reserves on hand								
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 1	4a	X					
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		4 b						
BAA TEEA0105L 05/28/14	F	orm <b>990</b>	(2014)					

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 5 b Enter the number of voting members included in line 1a, above, who are independent 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other See Schedule O X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a X **b** Each committee with authority to act on behalf of the governing body? 8ь 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 X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule 0 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O Х 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O X 15 a  $\overline{\mathbf{x}}$ **b** Other officers or key employees of the organization . See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > See Schedule O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule 0) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records: Amanda Keton 1014 Torney Avenue, The Presidio San Francisco CA 94129 415-561-7804 BAA Form 990 (2014) TEEA0106L 11/13/14

Form 990	(2014)	The	Advocacy	Fund
	(2017)	1116	nuvucacv	runu

94-3153687

Page 7

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
	(C)									
(A) Name and Title	(B) Average hours per	than	one	box, an c	unles officer truste		ЮП	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Kriss Deiglmeier	2			ŀ	<b>,</b>					
CEO	0	X		X				11,825.	0.	1,577.
(2) Alice Kessler	1_		,							
Board Director	0	X						0.	0.	0.
(3) Deb Kinney	1									
Board Director	0	Х						0.	0.	0.
(4) Joseph Mouzon	_1									
Board Director	_0	Х						0.	0.	0.
(5) Michelle Ortiz	1									
Board Director	0	Х			_			0.	0.	0.
(6) Johanna Silva Waki	1					i	Ι,	•		
Board Director	0	Х						0.	0.	0.
(7) Amanda Keton	12_									
Secty/Treasurer	0	<u> </u>		X				44,033.	0.	5,871°.
(8) Christie George	50									
Project Director	0	l			X			151,058.	0.	25,683.
(9) Susan Chinn	50									
Project Director	0	<u> </u>				Х		140,000.	0.	8,400.
(10) Sanford Newman	50									
Project Director	0	]				X		120,000.	0.	25,271.
(11)										
(12)						<u></u>				
(13)										
(14)										

Form 990 (2014) The Advocacy Fund									94-315368	7	Pa	age 8
Part VII   Section A. Officers, Directors, Tru	ustees, I	Key	Εm			es,	and	d Highest Con	pensated Emp	loyee	<b>S</b> (cont	inued)
(A) Name and title	Average hours per week	box	. unie	check ess pe	sition more erson direct	than is both or/trus	n an tee)	compensation from	(E)  Reportable compensation from	amo	(F) stimated	ther
	(list any	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	or a	npensat from the ganization d relate janization	ed ed
(15)					-					_		
(16)											_	
(17)												
(18)					-				<del></del>			
(19)												
(20)												
(21)												
(22)							,					
(23)								_				
(24)												
(25)		<u> </u>										
1 b Sub-total							<b>&gt;</b>	466,916.	0.	<del></del>		
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						•	0. 466,916.	0. 0.	<del> </del>	66	<u>0.</u> 802.
2 Total number of individuals (including but not limited	I to those I	ısted	abo	ve) v	who	recei	ved			L		802.
from the organization 3				,					o o coponazio			
3 Did the organization list any former officer, direct	tor or tru	ıctoo	ko		anla		or b	nahost samaansa	tod omnloves		Yes	No
on line 1a <sup>3</sup> <i>If 'Yes,' compléte Schedule J for suc</i>	h individu	ıal								3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual									rrom	4	X	<u> </u>
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' <i>comple</i>	nsatio	on fr <i>ched</i>	om dule	any J fo	unre or suc	late ch p	ed organization or person	ındıvıdual	5	<u> </u>	X
1 Complete this table for your five highest compensation from the organization Report compensation	sated ind	eper	nden	t co	ntra	ctors	tha	at received more t	han \$100,000 of			
(A)  Name and business add		uie C	alei	luai	year	enui	ng v	Description			C) ensati	 on
Beekeeper Group, LLC 1331 G Str. NW, #900 Washington, DC 20005 Strategic Advisor							isor			000		
Center for Community Change 1536 U St. NW Washington, DC 20009								Program suppo				000
Latino Research & Communication 10423 Corley Dr. Whittier, CA 90604						04	Media strateg	ry	144,875.			
Masterflight Foundation 6000 IL Route 173	Richmon	d, ]	[L e	5007	71			Finance servi	ces		<u> 215,</u>	000.
Total number of independent contractors (including \$100,000 of compensation from the organization)		ited t	to the	ose	liste	d abo	ve)	who received more	than			
BAA	. 4	TEEA	0108	L 03/	09/15			<del></del>	<del></del>	Form	990	(2014

		Check if Schedule O co	ntains a	respo	inse or note to an	y line in this Part VI	ш.		. 🔲
	•					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1 a	Federated campaigns		1 a		· · · · · · · · ·		······	
돌	b	Membership dues		1 b					
5 5	С	Fundraising events.	۲	1 c					
ar A	d	Related organizations .		1 d			-		
2 =		Government grants (contributions	s)	1 e	<del>,,,,_</del>				İ
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grainsimilar amounts not included abo	· -	16	12 705 005				
운동		Noncash contributions included in			12,7 <u>05,995.</u>				
P P	_	Total. Add lines 1a-1f	1 111100 10 11	· <b>~</b> _	<b>*</b>	12,705,995.			
	<u>''</u>	Total Add lifes 14-11			Business Code	12,705,995.		<del></del>	
Program Service Revenue	2 a	Program Fees		┝	-	10,000.	10,000.		
ğ	ь			- <i>-</i>  -		10,000.	10,000.		
Ge	c								
Ž	l d				· · · · · · · · · · · · · · · · · · ·				
Š	۵				·			·	· · · · · ·
Гап	f	All other program service	revenue		<del></del>				<del></del>
ğ		Total. Add lines 2a-2f	10101144		<u> </u>	10,000.		<del></del>	
		Investment income (include	dina divir	donds	interest and	10,000.			
	3	other similar amounts)	uirig aivid	Jenus	, interest and	267.			_ 267.
	4	Income from investment of	of tax-ex	empt	bond proceeds	207.			207.
	5	Royalties .		•	<b>•</b>				
		<b>Г</b>	(ı) Rea	il	(II) Personal	-			
	6 a	Gross rents			-				1
	-	Less rental expenses			<b> </b>				
		Rental income or (loss)							
		Net rental income or (loss	s)		<u> </u>				
	1	Gross amount from sales of	(i) Securi	ties	(II) Other			·	
	/ a	assets other than inventory							
		Less: cost or other basis			<del> </del>				
	"	and sales expenses							•
	c	: Gain or (loss)			† <del></del>				1
		Net gain or (loss)							
9	8 a	Gross income from fundra	aısıng ev	ents				· · · · · · · · · · · · · · · · · · ·	
Other Revenu		(not including \$	on line 1	<u>c)</u>					]
<b><u>Ş</u></b>		See Part IV, line 18		-,. а	ļ				
౼	h	Less direct expenses		h					i
Ě		: Net income or (loss) from	n fundrais	una e	'L vents ▶				ł·
J		Gross income from gamir See Part IV, line 19		_					
				a	·	Į			ĺ
		Less direct expenses			<u>'</u>				
		: Net income or (loss) from			ties .			<u> </u>	
		Gross sales of inventory, and allowances	less retu	ırns a					
	t	Less cost of goods sold		t	)	}			1
		: Net income or (loss) from		finve	ntory				
		Miscellaneous Revenue		$\Box$	Business Code				
	11 a	Miscellaneous_	<b></b>	L		17,820.			17,820.
	į t	)		L					
	4	:		L		<u></u>			
	ŀ	All other revenue		L		<u> </u>			
		Total. Add lines 11a-11d				17,020.			
	12	Total revenue. See instru	uctions		<u> </u>	12,734,082.	10,000.	0.	18,087.
DAA						A0100 11/13/14			Form 990 (2014

Part IX Statement of Functional Expenses

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

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oth	ner organizations must c	omplete column (A)	
	Check if Schedule O contains a i				X X
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,273,705.	10,273,705.	,	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			Mary Mary Mary Mary Mary Mary Mary Mary	
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			e se	ļ
4	Benefits paid to or for members				,
5	Compensation of current officers, directors, trustees, and key employees	240,047.	176,741.	63,306.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages .	1,430,028.	1,270,891.	159,137.	
8	Pension plan accruals and contributions	1,430,020.	1,210,631.	139,137.	
0	(include section 401(k) and 403(b) employer contributions)	4,364.	1,756.	2,608.	
9	Other employee benefits	170,441.	155,079.	15,362.	
10	Payroll taxes	122,355.	98,158.	24,197.	
	Fees for services (non-employees).	122,000.	30,100.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	n Management				
	Legal	10,059.	6,013.	4,046.	<del> </del>
	Accounting	60,373.	0,015.	60,373.	
	Lobbying	20,000.	20,000.	0,313.	<del></del>
	Professional fundraising services. See Part IV, line 17	82,500.	20,000.		82,500.
	Investment management fees	02,500.			02,500.
ç	Other (If line 11g amt exceeds 10% of line 25, column	1 401 716	1 400 544	0.170	
12	(A) amount, list line 11g expenses on Schedulé 0)Sch (Advertising and promotion	) 1,491,716.	1,483,544.	8,172.	
13	Office expenses	62,979.	48,665.	14,314.	
14	Information technology				
15	Royalties.				
16	Occupancy	134,395.	110,329.	24,066.	
17	Travel	200,024.	174,026.	25,998.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,705.	43,525.	1,180.	
20	Interest		<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,455.	4,282.	173.	
23		17,902.	12,500.	5,402.	
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.)				
	Communications & Publications	84,284.	84,129.	155.	
	Dues, licenses, service fees	81,245.	27,785.	53, 460.	
	C Miscellaneous	20, 923.	13,112.	7,811.	
	d				
	e All other expenses.	14 555 555	44 004 015	150 550	
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	14,556,500.	14,004,240.	469,760.	82,500.
DA	Check here ► ☐ If following SOP 98-2 (ASC 958-720).				Form <b>900</b> (2014)

		Check if Schedule O contains a response or note to any line in this	Part X .			
				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1	
- 1	2	Savings and temporary cash investments	. [	4,311,877.	2	3,792,932.
	3	Pledges and grants receivable, net .	[		3	
Ì	4	Accounts receivable, net		1,846,226.	4	486,169.
	5	Loans and other receivables from current and former officers, director trustees, key employees, and highest compensated employees. ComPart II of Schedule L	rs, plete		5	
	6	Loans and other receivables from other disqualified persons (as defin section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri employers and sponsoring organizations of section 501(c)(9) voluntary embeneficiary organizations (see instructions). Complete Part II of Sche	hidina · 1		6	1
9	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use .	İ		8	
AS	9	Prepaid expenses and deferred charges	ľ		9.	31,101.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	18,324.			Ì
	b	Less accumulated depreciation. 10b	12,820.	8,047.	10 c	5,504.
	11	Investments – publicly traded securities.	12,020.	0,041.	11	3,304.
ļ	12	Investments – other securities See Part IV, line 11	ļ		12	
	13	Investments - program-related. See Part IV, line 11	ŀ		13	<del></del>
	14	Intangible assets .	Ì		14	<del></del>
	15	Other assets See Part IV, line 11	ţ	1,900.	15	1,900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	. 1	6,168,050.	16	4,317,606.
ヿ	17	Accounts payable and accrued expenses		434,402.	17	406,376.
	18	Grants payable	[		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	ļ	<u></u>	20	
. <u>\$</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule I	L		21	
Liabilities	22	Loans and other payables to current and former officers, directors, tr key employees, highest compensated employees, and disqualified per Complete Part II of Schedule L	ustees, ersons.		22	
	23	Secured mortgages and notes payable to unrelated third parties	ŀ		23	
	24	Unsecured notes and loans payable to unrelated third parties	ţ	<del></del>	24	
	25	Other liabilities (including federal income tax, payables to related this and other liabilities not included on lines 17-24). Complete Part X of	d parties, Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	. [	434,402.	26	406,376.
se		Organizations that follow SFAS 117 (ASC 958), check here ► X and lines 27 through 29, and lines 33 and 34.	complete			· · · · · · · · · · · · · · · · · · ·
Juc	27	Unrestricted net assets	ľ	680,335.	27	786,298.
ब्र	28	Temporarily restricted net assets	Ī	5,053,313.	28	3,124,932.
d E	29	Permanently restricted net assets	. [		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.				1
Ø	30	Capital stock or trust principal, or current funds	ľ		30	
<b>8</b>	31	Paid-in or capital surplus, or land, building, or equipment fund	t		31	·····
Asi	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net Assets	33	Total net assets or fund balances	ļ	5,733,648.	33	3,911,230.
Z	34	Total liabilities and net assets/fund balances	.	6, 168, 050.	34	4,317,606.

	m 990 (2014) The Advocacy Fund	94-31536	587	Pag	ge <b>12</b>
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,7	34,0	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,5	56,5	00.
3	Revenue less expenses Subtract line 2 from line 1 .	3	-1,8	22,4	18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	5,7	33,6	48.
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,9	11,2	
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
			1	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
		_			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re	wewed on a			
	separate basis, consolidated basis, or both	·		i	
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?	,	2 Ь	x	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	separate			
	basis, consolidated basis, or both:	•			
	X 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 oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				2
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3 a		
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3 b		

BAA

### **SCHEDULE C** (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

2014

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service

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

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 527 organizations Complete Part I-A only.

<ul> <li>Section 501(c)(3) organizations</li> </ul>	s,' to Form 990, Part IV, line 4, or Form 990 that have filed Form 5768 (election under sect that have NOT filed Form 5768 (election under	ion 501(h)): Complete	Part II-A. Do not complete	e Part II-B
	s,' to Form 990, Part IV, line 5 (Proxy Tax) ( en	see instructions) or I	Form 990-EZ, Part V, lin	e 35c
• Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
Name of organization	<del></del>		Employer identification	ation number
The Advocacy Fund			94-315368	
Part 1:A Complete if the o	rganization is exempt under section	on 501(c) or is a	section 527 organia	zation.
1 Provide a description of the	organization's direct and indirect political of	campaign activities in	Part IV. See Part	TV
2 Political expenditures			<b>▶</b> \$	
3 Volunteer hours				
Part B Complete if the o	rganization is exempt under section	on 501(c)(3).	· · · ·	
1 Enter the amount of any exc	cise tax incurred by the organization under	section 4955	► \$	
2 Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	<b>▶</b> \$	
3 If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		. Yes No
4a Was a correction made?	, , , , , , , , , , , , , , , , , , , ,	,		Yes No
<b>b</b> If 'Yes,' describe in Part IV				Lies Lino
	rganization is exempt under section	on 501(c) excep	t caction 501(cV2)	
	pended by the filing organization for section			26,645.
•	organization's funds contributed to other organ	·	7 exempt	
	nditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>►</b> \$	14,062. 40,707.
	e Form 1120-POL for this year?		<b>.</b>	X Yes No
organization made payments amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ains received that were promptly and directly delal action committee (PAC). If additional spanning	mount paid from the flivered to a separate of	filing organization's fund ditical organization, such	ds Also enter the
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1) Voices for Progress PAC	PO_BOX_33487 Washington, DC 20033	45-3067583	14,062.	
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2014 The Advocacy F	Fund
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Schedule C (Form 990 or 990-EZ) 2014

5010ddie 6 (101111 550 61 550-EE) 201				94-315.	
Part II-A Complete if section 501(	the organization h)).	is exempt under se	ction 501(c)(3) and	d filed Form 5768 (el	ection under
·				iated group member's name	e,
	•	share of excess lobbying	•		
B Check ► ☐ If the filir	ig organization check	ked box A and 'limited co	ontrol provisions apply	· .	
(The term	Limits on Lobbyir 'expenditures' mean	ng Expenditures is amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	•				
<b>b</b> Total lobbying expenditu	· ·	• • •	bying).		
c Total lobbying expenditu	•	d 1b)			<del></del>
<ul> <li>d Other exempt purpose e</li> <li>e Total exempt purpose e</li> </ul>		or 10 and 1d\			<del></del>
f Lobbying nontaxable an both columns.	nount. Enter the amo	unt from the following ta	ble in		
If the amount on line 1e, colo	<del></del>	he lobbying nontaxable	amount is:		
Not over \$500,000	<del>-                                    </del>	0% of the amount on line 1e		11 11 11 11	
Over \$500,000 but not over \$1,		100,000 plus 15% of the excess		The second second	
Over \$1,000,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	175,000 plus 10% of the excess			and the same of th
Over \$1,500,000 but not over \$		225,000 plus 5% of the excess	over \$1,500,000.		entropy of the second
g Grassroots nontaxable a	1.0	1,000,000.		· · · · · · · · · · · · · · · · · · ·	
h Subtract line 1g from lin					
i Subtract line 1f from line	•				<del></del>
j If there is an amount othe section 4911 tax for this	er than zero on either li s year?	ne 1h or line 1i, did the org	ganization file Form 4720	) reporting	Yes No
(Som	e organizations that	Year Averaging Period made a section 501(h) e below. See the instructi	lection do not have to		
	Lobby	ing Expenditures During	4-Year Averaging Per	iod	· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					_
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

### Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Ves' response to lines to through to helper provide in Bott IV a detailed describe	(a)		(b)	
or each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity.		No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		1 To 1 To 1 To 1 To 1 To 1 To 1 To 1 To		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?				
d Mailings to members, legislators, or the public?	$\vdash$			
e Publications, or published or broadcast statements?	-			
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?				
j Total Add lines 1c through 1:		e 1 %		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- FA-015			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912	1000	Series.		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	1		42,45,45	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	, or	· · · · · · · · · · · · · · · · · · ·	
section 501(c)(4), section 50 section 501(c)(4), section 501	1(c)(5)	, or		

		•		Tes	NO
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		-
7	1110				

## Part III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2 a	
<b>b</b> Carryover from last year	2 b	
c Total	. 2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

### Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

The organization made grants and paid organizations to hold elected officials accountable for their positions on immigration and environmental sustainability.

### **SCHEDULE D** · (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

,,,,,,,	a. ala alganismaali			Employer identification number
	The Advocacy Fund			04-2152607
Par	t   Organizations Maintaining Dono	or Advised Funds or Other Similar Fu wered 'Yes' to Form 990, Part IV, line	inds or Acc	94-3153687 counts.
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		]	·····
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in o organization's exclusive legal control?	donor advised	funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant full the donor or donor advisor, or for any other	nds can be use er purpose cor	ed only nferring Yes No
Par			_	
		wered 'Yes' to Form 990, Part IV, line	e 7.	
ı	Purpose(s) of conservation easements held by		of a historia-	lly important land area
	Preservation of land for public use (e.g., r	·		lly important land area historic structure
	Preservation of open space		or a certified	การเงาเช รถนบโนเซ
2	Complete lines 2a through 2d if the organization I last day of the tax year	neld a qualified conservation contribution in the fo	rm of a conser	vation easement on the
	,		H	ield at the End of the Tax Year
á	Total number of conservation easements.	•	2 a	
	Total acreage restricted by conservation ease		2 b	
•	: Number of conservation easements on a certi	fied historic structure included in (a)	2 c	
•	Number of conservation easements included in structure listed in the National Register		2 d	
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguished, or terminated by	the organization	on during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easement		andling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	s during the yea	ar
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements dur	ing the year	
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	section 170(h)	(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.			
Pai	र् ॥ Organizations Maintaining Colle	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	or Other Sine 8.	nilar Assets.
1:	alf the organization elected, as permitted unde art, historical treasures, or other similar assets hi in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in	enue stateme furtherance of	nt and balance sheet works of public service, provide,
1	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenu or public exhibition, education, or research in furt	e statement a herance of publ	nd balance sheet works of art, in service, provide the
	(i) Revenue included in Form 990, Part VIII,	line 1 .		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			►\$
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	ancial gain, pro	vide the following
	a Revenue included in Form 990, Part VIII, line		•	- \$ 
	b Assets included in Form 990, Part X			<b>►</b> \$

Ranging Organizations Mainta	ining Colle	ctions	or Art, Histo	orical Treasures,	or Other Similar Ass	sets (C	ontinu	iea)
3 Using the organization's acquisition items (check all that apply).	, accession, a	nd other	records, check a	ny of the following that	are a significant use of its	collection	on	
a 📑 Public exhibition			<b>d</b> Loan	or exchange programs	S			
b Scholarly research			e Other					
c Preservation for future gener	ations		· 🗀					
	The state of the dispersion of the dispersion and the state of the dispersion of the							
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or han to be mai	receive	donations of ar	t, historical treasures,	or other similar assets	Yes	· [	No
Escrow and Custodia line 9, or reported an	l Arrangen	nents.	Complete if t	he organization a		rm 99	0, Parl	īīv,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n, or oth	ner intermediary	for contributions or c	other assets not included	Yes	.       [	
b If 'Yes,' explain the arrangement in Part XIII and complete the following table								
•		,	•			Amour	nt	
<b>c</b> Beginning balance .					1c		<u> </u>	
d Additions during the year					1 d			
e Distributions during the year					1 e			
f Ending balance					16			
•		000	Dorf V. Ivon 01	·				1
2a Did the organization include an a					•	Yes	<b>`</b>	No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	спеск п	ere if the explai	nation has been provide	ded in Part XIII		L	
		41		(1)/ 11 5	000 5 1871	- 10		
Part V Endowment Funds. C								
	(a) Current	year	(b) Prior yea	r (c) Two years ba	ack (d) Three years back	(e)	Four year	s back_
1 a Beginning of year balance.								
<b>b</b> Contributions								_
c Net investment earnings, gains, and losses		i						
d Grants or scholarships								
<ul> <li>Other expenditures for facilities and programs</li> </ul>								
f Administrative expenses	L							
g End of year balance								
2 Provide the estimated percentag	e of the curre	nt year	end balance (lir	ne 1g, column (a)) hel	d as:	4		
a Board designated or quasi-endowm		-	કૃ	• • • • • • • • • • • • • • • • • • • •				
b Permanent endowment ▶								
c Temporarily restricted endowmer	nt ▶		8					
The percentages in lines 2a, 2b,		d equal	<del></del> _					
3a Are there endowment funds not in t	he possession	of the o	rganization that a	are held and administer	ed for the			l No
organization by						2-41	Yes	No
(i) unrelated organizations			•		•	3a(i)	<u> </u>	<del> </del>
(ii) related organizations				==		3a(ii)		<del> </del>
<b>b</b> If 'Yes' to 3a(ıı), are the related of	-					3b	L	<u> </u>
4 Describe in Part XIII the intended			ation's endowm	ent funds	<u> </u>			
Rant VIII Land, Buildings, and								
Complete if the organ	ization ans	wered	'Yes' to Forr	n 990, Part IV, lın	e 11a. See Form 99	0, Par	t X, Iır	ne 10.
Description of property			t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1a Land .								
<b>b</b> Buildings.								
c Leasehold improvements.		l –						
d Equipment				18,324	. 12,820.		E	,504.
e Other .		<del>                                     </del>		10,324	12,020.	-		, 504.
Total. Add lines 1a through 1e. (Colum	an (d) must s	ouel Eco	rm 990 Pa→ V	column (P) line 10-1				F04
BAA	iii (u) iiiust e	quai FUI	iii 550, Fart X,	column (B), line TUC)		lule D (F	orm 990	, 504.
PAA					Schel	יחוב או (נ	JIIII 236	7 2014

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .		
(2) Closely-held equity interests .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
<del></del>	<b>-</b>	
Part VIII Investments — Program Related.	-1.1\/1.1- [ 00	N/A
(a) Description of investment type		0, Part IV, line 11c. See Form 990, Part X, line
	(b) Book value	(c) Method of valuation: Cost or end-of-year market v
(1)		<del></del>
(2)		<del></del>
(3)	<del></del>	
(4)	<del></del>	<del> </del>
(5)	<del></del>	
(6)	<del>                                     </del>	
(7)	<del> </del>	<del></del>
(8)	<del> </del>	<del>                                     </del>
(9)	+	
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	<u> </u>	
Part IX Other Assets.	N/	<u> </u>
Complete if the organization answere	d 'Yes' to Form 99	00, Part IV, line 11d. See Form 990, Part X, line
	escription	(b) Book valu
(1)		· ·
(2)		
(3)		
(4) (5)	<u> </u>	
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column	(B), line 15.)	>
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to	Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25
(a) Description of liability	(b) Book value	<u>e</u> .
(1) Federal income taxes		
(2)		<del> </del>
(4)		
(4) (5)		
(4) (5) (6)		
(4) (5) (6) (7)		
(4) (5) (6) (7) (8)		
(4) (5) (6) (7) (8) (9)		
(4) (5) (6) (7) (8) (9) (10)		
(4) (5) (6) (7) (8) (9)	<b>&gt;</b>	

Part XI Reconciliation of Revenue per Audited Financial Statements With Reven	ue per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a	3.
1 Total revenue, gains, and other support per audited financial statements	1 12,734,082.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments 2a	refree trade is
b Donated services and use of facilities . 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	<b>3</b> 12,734,082.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b. 4a	
b Other (Describe in Part XIII.) 4b	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5 12,734,082.
Reconciliation of Expenses per Audited Financial Statements With Expe	nses per Return.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a	а.
1 Total expenses and losses per audited financial statements	1 14,556,500.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	
a Donated services and use of facilities . 2a	
<b>b</b> Prior year adjustments	17-64 V
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1	3 14,556,500.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
<b>b</b> Other (Describe in Part XIII.)	# Sand
c Add lines 4a and 4b	4c

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

### Part X - FIN 48 Footnote

The Organization has evaluated its current tax positions as of December 31, 2014 and is not aware of any significant uncertain tax positions for which a reserve would be necessary.

BAA

### SCHEDULE G (Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Departme≅t of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

-	or the organization					1	Employer Identifica	
<u> I'he</u>	Advocacy Fund						<u>94-315368</u>	<u> </u>
Par	Fundraising Activities. Comp Form 990-EZ filers are not re	plete if the organ	nization ai lete this p	nswered '\ art	es' to Form 990, Part I	V, line 1	7	
1	Indicate whether the organization	raised funds thr	ough any	of the follo	owing activities. Check	all that a	apply	
а	Mail solicitations			е	X Solicitation of non-	governm	ent grants	
b	片			-	Solicitation of gover	•	•	
	$\bowtie$	•			<b>□</b>	•	granto	
C				g	Special fundraising	everits		
	X In-person solicitations							
	Did the organization have a written o employees listed in Form 990, Pai	t VII) or entity i	n connect	ion with pi	rofessional fundraising	services	? .	X Yes No
	If 'Yes,' list the ten highest paid individed compensated at least \$5,000 by the	ne organization	(fundraise	ers) pursuai	nt to agreements under w	hich the	fundraiser is to t	be
(i)	Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts		ount paid to	(vi) Amount paid to
	or entity (fundraiser)		have custon of contr	dy or control ibutions?	from activity	fundra	etained by) iser listed in ilumn <b>(i)</b>	(or retained by) organization
_			Yes	No	<u> </u>			
	Jenkins-English 6710	1						
1	West. Chevy Chas MD 20815	Var Dev wk		x	2,568,793.		52,500.	2,516,293.
	Tonoma Plita 2475 Winda	Dan an	-		2,300,133.		32,300.	2,310,233.
2	Leonore Blitz 2475 Virgin Washington DC 20037	Donor Developmt		х	21,000.		30,000.	
3								
4								
5								
6								
7								
8	·							
9						1		
10								
Tota	I List all states in which the organizati			•	2,589,793.		82,500.	2,516,293.
3	List all states in which the organizati or licensing.	on is registered (	or licensed	to solicit c	ontributions or has been i	notified it	is exempt from	registration
	· ·	ET CN UT	ו אי ו	/V M3 M	ID ME MN MC NC N	MD MU	NIT NIM NIV	עם סע סף פא
	AK AL AR AZ CO CT DC RI SC TN UT VA WA WI	TATO			D ME MN MS NC I			
					_			
						- <del>-</del>		

Schedule G (Form 990 or 990-EZ) 2014. The Advocacy Fund	94-3153687	Page 2
Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990,		
more than \$15,000 of fundraising event contributions and gross income on For	m 990.F7 lines 1	and 6h

		List events with gross receipts gre	eater than \$5,000.	o ana gross moome	. 0111 01111 330 22,	mics i and ob.			
R	٠		(a) Event #1	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))			
E V F			(eveni type)	(event type)	(total number)				
REVEZUE	1	Gross receipts .							
	2	Less: Contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes .							
_	5	Noncash prizes							
D-RECT	6	Rent/facility costs							
Ē T	7	Food and beverages							
E P	8	Entertainment .							
EXPERSES	9	Other direct expenses							
3	10 11	Direct expense summary Add lines 4 thr Net income summary. Subtract line 10 fr	, ,		•				
Par		Gaming. Complete if the organiza		s' to Form 990. Par	t IV. line 19. or rep	orted more than			
		\$15,000 on Form 990-EZ, line 6a.	T	,					
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
Ë E	1	Gross revenue							
_	2	Cash prizes							
DIRECT S	3	Noncash prizes '							
C S T E S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor .	Yes %	Yes %	Yes %	,			
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)	•					
	8 Net gaming income summary Subtract line 7 from line 1, column (d)								
9 Enter the state(s) in which the organization conducts gaming activities.									
í	a is ti	he organization licensed to conduct gamin	g activities in each of t		· ·	Yes No			
		re any of the organization's gaming licensities,' explain.		or terminaled during th	•	Yes No			
BAA	<u></u>		TEEA3702L	09/16/14	Schedule <b>G</b> (For	m 990 or 990-EZ) 2014			

Sche	edule G (Form 990 or 990-EZ) 2014 The Advocacy Fund	94-3153687	Page 3
	Does the organization operate gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed administer charitable gaming?	to Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	1 1	
	a The organization's facility	. 13a	%
t	<b>b</b> An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and rec	ords	
	Name •		
	Address •		
ŧ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue If 'Yes,' enter the amount of gaming revenue received by the organization \$ are of gaming revenue retained by the third party \$ \$ c If 'Yes,' enter name and address of the third party:		No
	Name •		
	Address •		
16			
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
ŧ	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain t state gaming license?	he <b>Yes</b>	∏No
1	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	<del></del>	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	columns (III) and any additional	(v),
	•		

SCHEDIII E I	G	Grants and Oth	er Assistance	to Organization	δ,		OMB No 1545-0047 /
(Form 990)	GOV Comple	Governments, are omplete if the organization	Governments, and Individuals in the United States Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.	n the United Sta	ites I or 22.		2014
Department of the Treasury Internal Revenue Service	▶ Information about		<ul> <li>Attach to Form 990.</li> <li>Schedule I (Form 990) and its instructions is at www.irs.gov/form990.</li> </ul>	). ·uctions is at <i>www.fr</i> s.e	10v/form990.		Open to Public Inspection
Name of the organization			5			Employer identification number	ation number
The Advocacy Fund	-					94-3153687	7
1	General Information on Grants and Assistance	ance					
1 Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance?	records to substantiate the amount of the designations of the grants or assistant	ount of the grants or	ie grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants o	or assistance, and		X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	tion's procedures for monitorin	g the use of grant fur	ids in the United States		See P	Part IV	J
Part II Grants and Other As Form 990, Part IV, Ir	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be	Organizations a that received m	<b>izations and Domestic Governments.</b> Complete if the organization answered 'Yeceived more than \$5,000. Part II can be duplicated if additional space is needed	srnments. Comple art II can be duplic	Complete if the organization answered 'Yes' to be duplicated if additional space is needed.	ion answered 'Y space is needed	es' to
1 (a) Name and address of organization or government	on <b>(b)</b> EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACLU of Montana PO Box 1317							Criminal justice reform
59624	81-0445339 501c3	501c3	25,100.	0.			program
(2) AFL-CIO		50105	100.000	0			Economic
							Civic
	1600 26-4568349 501c4	50164	300.000	C	-		engagement program
#490	         	,	1	Í			
Washington, DC 20036	20-0748404 501c4	501c4	175,000.	0			reform program
(5) Auburn Theological Seminary	<u>\</u>						Public
3041 Broadway	15-0532053 50163	50103	000 02	C			education
(6) Bronx Defenders							Criminal
360 E. 161st St							justice reform
Bronx, NY 10451	13-3931074 501c3	501c3	127,000.	0.			program
O CA for Safe Neighborhoods	 						Criminal
1787_Tribute_Rd, #K	1 - 1			,			justice reform
Sacramento, CA 95815	94-3153687 501c4	501c4	2, 260, 000.	0.0			program
(8) CEL/Faithful America/OPEN	  -		-				Public
2150 Allston Way, #360	1			•			education
Ωį	45-3154473 501c3	501c3	50,000.	0.1			program
	501(c)(3) and government or	rganizations listed li	the line I table		:		19
3 Enter total number of other organizations listed in the line 1 table	ganizations listed in the line	1 table	-			•	25
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	l Notice, see the Instructions	s for Form 990.		TEEA3901L 06/19/14	06/19/14	Schedule	Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) The Advocacy Fund

Partill: Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

can be duplicated if additional space is freeded.	pace is rieeded.				•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(a) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-					
m					
4					
ហ					
9					
7					
Part II, column (b), and any other additional information required in Part I, line 2, Part III, column (b), and any other additional information.	vide the information	required in Part I,	line 2, Part III, col	umn (b), and any othe	er additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

TAF conducts due diligence on organizations being considered for grants & requires a

narrative and financial report detailing how funds were used.

Schedule I (Form 990) (2014)

### SCHEDULE J (Form 990)

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

Employer identification number 94-3153687

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Department of the Treasury Internal Revenue Service Name of the organization

The Advocacy Fund

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

**Questions Regarding Compensation** Perfell Yes No 1 a 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 First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 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. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nongualified retirement plan? 4 h c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 a The organization? 5 a b Any related organization? 5 b If 'Yes' to line 5a or 5b, describe in Part III 6 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 a The organization? 6 a **b** Any related organization? 6 b 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 payments not described in lines 5 and 6? If 'Yes,' describe in Part III 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 in Part III 8 X If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2014

Page 2

Schedule J (Form 990) 2014 The Advocacy Fund

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

For each individual whose compensation must be reported 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.

	(B) Bre	akdown of W	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(f) Base compensation	ation	(fi) Bonus and incentive compensation	(ii) Other reportable compensation	and other deferred compensation	Denefits	columns(B)(I)-(U)	in column (5) reported as deferred in prior Form 990
Christie George	L	058.	0.	0.	17,500.	8, 183.	176,741.	
Director	(ii) 0.	0.	0	0	0	   	0	0.
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ВАА			TEEA4102L 06/19/14	14			Schedule J	Schedule J (Form 990) 2014

# Schedule J (Form 990) 2014 The Advo

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

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2014

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Advocacy Fund

Employer identification number 94-3153687

### Form 990, Part III, Line 1 - Organization Mission

The Advocacy Fund supports public education, advocacy, and lobbying programs that promote social justice, public safety, education, and a sustainable, healthy environment. In addition, TAF supports civic engagement programs which advocate for stronger democratic institutions & policy reform.

### Form 990, Part III, Line 2 - New Services

Climate Advocacy Project and Racial Justice Project have donors interested in receiving more advice about grantmaking and several existing c3's in California have been provided with seed funding to start a c4 sister project at TAF.

### Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Kriss Deiglmeier served on the board of directors of Giving Sphere, which Joseph Mouzon served as the CEO. Giving Sphere was acquired by a third party in 2014 and TAF had no relationship with Giving Sphere before or after the sale.

### Form 990, Part VI, Line 11b - Form 990 Review Process

The organization's audit committee and legal counsel review the Form 990 prior to filing. The complete return is distributed to the board prior to filing.

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

On an annual basis, the directors, officers & key employees of the organization are requested to complete a conflict of interest disclosure survey.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The organization reviews comparability data from the following sources: The Chronicle of Philanthropy, Guidestar, Council on Foundations. The Advocacy Fund Board reviews both the performance and compensation annually. The Board or Board appointed committee meets annually with the officer(s) and determine compensation by considering comparability data, job performance, progress towards goals and

The Advocacy Fund Employer identification number 94-3153687

### Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

The organization reviews comparability data from the following sources: The Chronicle of Philanthropy, Guidestar, Council on Foundations. The Advocacy Fund Board reviews both the performance and compensation annually. The Board or Board appointed committee meets annually with the officer(s) and determine compensation by considering comparability data, job performance, progress towards goals and performance management reviews.

### Form 990, Part VI, Line 17 - List of States which this Return is Filed

AK AL AR AZ CO CT DC FL GA HI IL KS KY MA MD ME MN MS NC ND NH NJ NM NY OH OK OR PA RI SC TN UT VA WA WI WV

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Upon written request.

### Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management <u>&amp; General</u>	Fund- <u>raising</u>
Consultants-various Hardware & Software support Media print & design	1,306,884. 19,383. 157,277.	1,306,884. 19,383. 157,277.		
Other Services Total	$\frac{8,172.}{$1,491,716.}$	\$ 1,483,544.	8,172.         \$ 8,172.	\$ 0.