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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)

OMB No 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

	ror	nie Z	115 calendar year, or tax year beginning	anu	enuing	,				
В	Chec	k if cable	C Name of organization			D Employer identi	fication number			
_						}				
Ĺ		ddress nange ame	HEALTHY DEMOCRACY FUND)						
Ļ	cr	nange	Doing business as		,		1457207			
Ĺ	in	itial turn	Number and street (or P.O. box if mail is not de	•	Room/suite	E Telephone number				
	ire	nal turn/	3583 N.E. BROADWAY STR	EET		(50)	(503)841-6865			
_	at	ed ed	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	472,431.			
		mended turn	H(a) is this a group	return						
	tio	oplica- on	F Name and address of principal officer:ROB	IN TEATER		for subordinate	es? Yes X No			
	Pe	ending	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No			
ī	Tax	-exem	ot status: X 501(c)(3) 501(c)(✓ (insert no.)	or 527	If "No," attach	a list. (see instructions)			
J			► HEALTHYDEMOCRACY.ORG			H(c) Group exempt	on number 🕨			
				ssociation Other	L Year		M State of legal domicile: OR			
	art		ummary							
(I)			ofly describe the organization's mission or mos	significant activities: SEE	SCHEDU	LE O				
	2		,	<u> </u>						
ة شر. ع	<u> </u>	2 Ch	eck this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net :	assets.			
	5		mber of voting members of the governing body	•	000 01 111010	3	·			
<u> </u>			mber of independent voting members of the go			4				
ہے لے ا	•				•	· · · · · —	1 -			
			al number of individuals employed in calendar							
Activities			al number of volunteers (estimate if necessary)			. 6				
1 4	₹ 7		al unrelated business revenue from Part VIII, co		•	78				
- c		b Net	unrelated business taxable income from Form	990-T, line 34		7t				
•	- }				\	Prior Year	Current Year			
<u>a</u>	8 پا		ntributions and grants (Part VIII, line 1h)		·	564,971				
Revenue	9) Pro	gram service revenue (Part VIII, line 2g)			95				
à	10	0 inv	estment income (Part VIII, column (A), lines 3, 4	, and 7d)		0				
	1	1 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)		0.	0.			
	12	2 Tot	al revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		565,066				
	1:	3 Gra	nts and similar amounts paid (Part IX, column (A), lines 1-3)		32,732	0.			
	14	4 Ber	refits paid to բլաբաթարիցը (Part IX, c plumn (A	A), line 4)		0 .	0.			
Ų	2 1		aries, other compensation, employee benefits (` [222,156	204,741.			
ď	2 16		fessional fundraising fees (Part IX, commn (A),		0.					
Expenses		b Tot	al fundaising expenses Part & column (D), lin	97.						
ŭ	۱ ا آ	7 Oth	er expenses (Part IX, column (A), lines 1a-11d	11f-24e)		483,500	141,462.			
	18		1 1			738,388				
	19	a Rev	al expenses. Add lines 13,17 (must equal Part I renue less expenses. Subtract line 18 from line	19	-	-173,322				
5		1101	ordoloss experies to nom line	12	Pa	ginning of Current Year				
t Assets or	20 20) Tot	al assets (Part X, line 16)		De	93,255				
ASS			al liabilities (Part X, line 26)	•••••••	. }					
Net/	2				ļ	107,350				
	ट् <u>य 22</u> Part		assets or fund balances Subtract line 21 from ignature Block	line 20		-14,095	112,133.			
			of perjury, I declare that I have examined this return,				ny knowleage and belief, it is			
u u	e, coi	iect, ai	d complete. Declaration of preparer (other than office	r) is based on all information of wr	nich preparer	nas any knowledge.	77			
			Signature of officer			Date	16			
Sig			1			Date				
Here ROBIN_TEATER, EXECUTIVE DIRECTOR Type or print name and title										
					·					
_		- I	nt/Type preparer's name	Preparer's signature	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ate Check	PTIN			
Paid YEE LEE MCGEE							yed P01294356			
	epare		n's name GARY MCGEE & CO.	LLP		Firm's EIN				
Us	e Only	y Firi	m's address 🛌 808 S.W. THIRD A		0					
							503) 222-2515			
Ma	ay the	e IRS c	liscuss this return with the preparer shown abo	ve? (see instructions)			Yes No			

Form 990 (2015)

Part IV	Checklist of Required Schedules	
raitiv	Oliecklist of Ledalied Octionales	

			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_1_	X	l
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	}
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	İ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•		5		x
6	similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- -		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	}	x
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7		7	}	х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		ļ
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	{		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	}		
	as applicable.	}		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			}
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.15		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	· [X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40	}	v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
"	column (A) lines 6 and 11e2 if "Ves." complete Schedule G. Part I			v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_	{	37
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</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	990	X

Note. All Form 990 filers are required to complete Schedule O

Form **990** (2015)

27-1457207

HEALTHY DEMOCRACY FUND

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 .. . Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa X **b** Each committee with authority to act on behalf of the governing body? 8b X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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 15a 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶OR 17 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 O) Describe in Schedule O 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ROBIN TEATER - 503-841-6865 3583 N.E. BROADWAY STREET, PORTLAND, OR 97232

Page 7

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

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

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one				on:	(D) Reportable	(E) Reportable compensation from related	(F) Estimated	
	hours per week	box	box, unless person is both an officer and a director/trustee)				h an		compensation from	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NED CROSBY	2.00		1	}		}				
BOARD MEMBER		X		<u> </u>		<u> </u>		0.	0.	0.
(2) MARGE EASLEY	2.00	1		1	1	1		1		1
BOARD MEMBER		X						0.	0.	0.
(3) MICK MORTLOCK	2.00	1		1	}					
BOARD MEMBER	<u> </u>	X						0.	0.	0.
(4) MANJU BAZZELL	10.00	1							_ (_
CHAIR		X		X				19,519.	0.	0.
(5) PAT BENN	2.00	l								
VICE CHAIR	1 - 0 - 0 - 0	X	_	X				0.	0.	0.
(6) SU MIDGHALL	2.00	1								
SECRETARY		X		X		-	_	0.	0.	0.
(7) ROBIN TEATER	2.00									•
TREASURER	10.00	X		X				0.	0.	0.
(8) TYRONE REITMAN	40.00	ł						100 167		•
EXECUTIVE DIRECTOR	 			X		-		100,167.	0.	<u> </u>
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghes	it C	Compensated Employe	es (continued)				
	(A)	(B)	(C)					(D)	(E)	}		(F)		
	Name and title				Reportable Reportal		1	Estimated		d				
		hours per	ьох	, unle	ss pe	rson	is boti	an	compensation	compensation	i i		of	
	. w			cer an	dad	recto	r/trus	(66	from	from related	1	•	other	
		(list any	ector			1			the	organizations			pensa	
		hours for related	5			}	ated		organization	(W-2/1099-MIS	⁽²⁾		om the	
		organizations	ustee	Tust		يوا	Bells		(W-2/1099-MISC)		}	•	anızatı 1 relate	
		below	He He	le noc		ploye	ខ្លួ				1		nızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	e e	Highest compensated employee	orme			- 1	orga	1112411	71.5
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	Sub-total							>	119,686.		0.			<u>0.</u>
	Total from continuation sheets to Part V	I, Section A					. !	>	0.		0.			0.
	Total (add lines 1b and 1c)							<u>►</u>	119,686.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable)			_
	compensation from the organization							_					7	1
											г		Yes	No
3	Did the organization list any former officer,		stee	e, ke	y en	olqn	yee,	or l	highest compensated e	nployee on	- (1	1	
	line 1a? If "Yes," complete Schedule J for s										-	3		X
4	For any individual listed on line 1a, is the su	-		-					·	he organization	- {	1	1	
	and related organizations greater than \$150			-					•		-	4		X
5	Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services	- 1	{		
	rendered to the organization? If "Yes," com	plete Scheduk	9 <i>J f</i>	or su	ıch j	oers	on					5		X
Sec	tion B. Independent Contractors									 				
1	Complete this table for your five highest co	-								•	sense	ation fr	mor	
	the organization. Report compensation for	the calendar y	ear e	endu	ng w	<u>ıth c</u>	or wi	thir	the organization's tax y	ear.				
	(A)	4.1.						1	(B)		_	(C)	
	Name and business	adoress	NC	NE	<u> </u>			_	Description of s	ervices		omper	sation	
										}				
								4						
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2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	l above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 🕨)							
						_					I	Earm C	90 (2	Δ1 <u>6</u>)

			Check if Schedule O cont	sine a reenonee	or note to any lin	e in this Part VIII			
			Orieck is Octobable O cont	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Fundraising events	1b	383,946. 170,774. Business Code	383,946.			
Program Service Revenue	2	b c d	All other program service reve		900099	88,485.	88,485.		
	_		Total. Add lines 2a-2f		>	88,485.			
	3 4 5		Investment income (including other similar amounts) Income from investment of tax Royalties	 x-exempt bond	▶				
Other Revenue	6	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(II) Personal				
	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(II) Other				
		d a	Net gain or (loss)	g events (not of 1c). See	>				
Oth	9	c a		Iraising events itivities. See	>				
1	10	c a	Less: direct expenses	ing activities . returns a	. •				
		c_	Less: cost of goods sold Net income or (loss) from sales Miscellaneous Revenue	s of inventory e	Business Code				
		b c	All other revenue						
	12	ę	All other revenue		•	472,431.	88,485.	0.	0.

Form 990 (2015) HEALTHY DEMOC
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	(B)	(C) Management and	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign		,	ł	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16		 		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 630	40.010	27 256	0 564
	trustees, and key employees	88,639.	42,819.	37,256.	8,564
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			}	
-	persons described in section 4958(c)(3)(B)	89,135.	70,585.	7,980.	10,570
7	Other salaries and wages	05,133.	70,363.	7,900.	10,570
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions) Other employee benefits	6,916.		6,916.	
10		20,051.	12,512.	5,622.	1,917
11	Payroll taxes	20,031.	12, 312,	5,022.	
''a			}	}	
b	Legal				
C	Accounting	11,086.		11,086.	
		11,000.		11,000.	
	0 0 0 10 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	41,794.	18,828.	22,966.	
12	Advertising and promotion			2273001	
13	Office expenses	4,237.	545.	3,620.	72
14	Information technology	2,401.		2,209.	192
15	Royalties				
16	Occupancy	12,701.		12,701.	
17	Travel	27,199.	14,513.	12,643.	43
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		ļ	}	
19	Conferences, conventions, and meetings	10,485.	6,323.	2,723.	1,439
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CIR COMMISSION FUNDING	30,000.	30,000.		
b	MISCELLANEOUS EXPENSES	1,559.	397.	1,162.	
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	346,203.	196,522.	126,884.	22,797
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1	1	
	educational campaign and fundraising solicitation.	1	}	}	
	Check here if following SOP 98-2 (ASC 958-720)		1		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 50,755. 107,904. Cash - non-interest-bearing 1 2 2 42,500 Pledges and grants receivable, net 3 3 Accounts receivable, net 21.998. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 instr). Complete Part II of Sch L 6 Assets 7 7 R Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation ______ 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 ... 12 13 Investments - program-related, See Part IV, line 11 13 14 14 15 15 129,902 93,255. Total assets, Add lines 1 through 15 (must equal line 34) 16 16 107,350. 17,769. Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue . .. 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 107,350. 17,769. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -121,081. 27 94,133. 106,986. 18,000. 28 Temporarily restricted net assets 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 -14,095 33 112,133. Total liabilities and net assets/fund balances 93,255 129,902. 34

	990 (2015) HEALTHY DEMOCRACY FUND	27-145	7207	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
	•			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		431.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,203.
3	Revenue less expenses. Subtract line 2 from line 1	3	126	,228.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-14	,095.
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,	ļ		
	column (B))	10	112	,133.
Pa	t 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.		}	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	}	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	} }	1
	separate basis, consolidated basis, or both:		} {	1
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	j
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,)
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit	1 1	ĺ
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2015)

12-16-15

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury .

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 27-1457207 HEALTHY DEMOCRACY FUND Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

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

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

Se	ction A. Public Support						
Cale	ndar year (òr fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ	ļ				
	include any "unusual grants.")	291,374.	373,940.	424,311.	564,971.	383,946.	2,038,542,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	291,374.	373,940.	424,311.	564,971.	383,946.	2.038.542.
5	The portion of total contributions						
	by each person (other than a	1		ļ			
	governmental unit or publicly			,	İ		
	supported organization) included						
	on line 1 that exceeds 2% of the					Í	
	amount shown on line 11,					}	
	column (f)		,				1,104,856.
6	Public support. Subtract line 5 from line 4						933,686.
	ction B. Total Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	291,374.	373,940.	424,311.	564,971.	383,946.	2,038,542,
8	Gross income from interest,						
	dividends, payments received on			Ì			
	securities loans, rents, royalties	į		į		ļ	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			}		1	
	business is regularly carried on		·	1		1	
10	Other income. Do not include gain						
	or loss from the sale of capital		Ì)		ì	
	assets (Explain in Part VI.)	[Ì	}		ì	
11	Total support. Add lines 7 through 10						2,038,542,
	Gross receipts from related activities,	etc. (see instruction	ons)	 ,		12	130,985.
	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	45.80 %
15	Public support percentage from 2014	Schedule A, Part	il, line 14			15	%
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				. ▶ 🗓
b	33 1/3% support test - 2014. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual						. ▶□
17a	10% -facts-and-circumstances test	t - 2015. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	ind line 14 is 10% o	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						. ▶□
b	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ						. ▶□
18	Private foundation. If the organizatio						
						dule A (Form 990)	

Part III Support Schedule for O	rganizations	Described in	Section 509(a))(2)		7 4 0 7 7 4 4 4 5	
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to							
qualify under the tests listed below, please complete Part II)							
Section A. Public Support							
Calendar year (òr fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
1 Gifts, grants, contributions, and							
membership fees received. (Do not				}			
include any "unusual grants.")				<u> </u>		<u></u>	
2 Gross receipts from admissions,		[Ì	}		
merchandise sold or services per- formed, or facilities furnished in		1		}			
any activity that is related to the		j	}	}			
organization's tax-exempt purpose				 	ļ		
3 Gross receipts from activities that		1	,	}		}	
are not an unrelated trade or bus-		į	ł	}	}		
iness under section 513		-			 		
4 Tax revenues levied for the organ-		1		}			
ization's benefit and either paid to		l		Ì	}		
or expended on its behalf		 	 	 	 		
5 The value of services or facilities		1		}	}		
furnished by a governmental unit to							
the organization without charge		 			 		
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and		 	 	 	 		
3 received from disqualified persons		}		f		•	
b Amounts included on lines 2 and 3 received		 		 			
from other than disqualified persons that		}		}			
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c Add lines 7a and 7b					 		
8 Public support. (Subtract line 7c from line 6)					 		
Section B. Total Support			<u></u>	·		·	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total	
9 Amounts from line 6					\		
10a Gross income from interest,		}		ļ	}		
dividends, payments received on securities loans, rents, royalties					}		
and income from similar sources		 			ļ <u> </u>		
b Unrelated business taxable income		[}			
(less section 511 taxes) from businesses			1		}	1	
acquired after June 30, 1975		ļ					
c Add lines 10a and 10b					ļ		
11 Net income from unrelated business activities not included in line 10b.							
whether or not the business is		}		Ì			
regularly carried on 12 Other income. Do not include gain		 			 		
or loss from the sale of capital		}		}	}		
assets (Explain in Part VI.)		ļ			 		
 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for t 	ho organization!	first second this	d fourth or fifth to		- F01(a)(2) i		
check this box and stop here	ne organization s	s iirst, second, tnir	a, tourth, or titth ta	ax year as a secu	on 50 (c)(3) organiz	ation,	
Section C. Computation of Public	Support Pe	rcentage					
15 Public support percentage for 2015 (lin			column (fi)		15	%	
16 Public support percentage from 2014 S	• • •	•			16		
Section D. Computation of Invest					×		
17 Investment income percentage for 201			ne 13, column (f))		17	%	
18 Investment income percentage from 20					18	%	
19a 33 1/3% support tests - 2015. If the o		•		15 is more than :			

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
}		
3a		
3b		
3c		
4a		
1		
4b		
40		
4c		
}		
_5a		
5b		
5c		
6		
7_		
8		
9a		
9b		
9c		
10a		
10b		
990 or 99	0-EZ)	2015

27-1457207 Page 6							
iee instru	ctions. All						
ar	(B) Current Year (optional)						
	(B) Current Year						

Schedule A (Form 990 or 990-EZ) 2015 HEALTHY DEMOCRACY FUND Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. S other Type III non-functionally integrated supporting organizations must complete Sections A through (A) Prior Ye Section A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount. 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 _5_ Multiply line 5 by .035 6

-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	7		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	⁄∙ıntear	ated Type III supporting orga	anization (see

7

Schedule A (Form 990 or 990-EZ) 2015

Recoveries of prior-year distributions

instructions)

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsív	e	
	(provide details in Part VI), See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iti)
۰	ion F. Pilotuin Allonations (son in structions)	Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6		<u> </u>	<u> </u>
2	Underdistributions, if any, for years prior to 2015		ļ	
	(reasonable cause required-see instructions)			<u> </u>
3_	Excess distributions carryover, if any, to 2015:			1
a			<u> </u>	<u> </u>
b		<u> </u>		<u> </u>
С			<u> </u>	
d	From 2013	 		
е	From 2014			
f_	Total of lines 3a through e			
g_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2015 distributable amount			
<u> i </u>	Carryover from 2010 not applied (see instructions)			
_ <u>i</u> _	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	 		
4	Distributions for 2015 from Section D,		}	1
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount		<u> </u>	
	Remainder Subtract lines 4a and 4b from 4.		ļ	ļ
5	Remaining underdistributions for years prior to 2015, if		}	}
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	 		
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).		 	
7	Excess distributions carryover to 2016. Add lines 3)			
	and 4c.			
8_	Breakdown of line 7:	 	 	
_ <u>a</u>			<u> </u>	
_ <u>b</u> _	Evene from 2012			
	Excess from 2013		 	
	Excess from 2014			
e	Excess from 2015		l	l

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015	HEALTHY 1	DEMOCRACY	FUND	27-1457207 F	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1: Part IV, Section D, lin	ation. Provide , 3b, 3c, 4b, 4c, es 2 and 3: Part	the explanations re 5a, 6, 9a, 9b, 9c, 1 IV. Section E. lines	equired by Part II, line 10; Par 1a, 11b, and 11c; Part IV, Sec 1c, 2a, 2b, 3a and 3b; Part V	t II, line 17a or 17b; Part III, line 12, stion B, lines 1 and 2; Part IV, Section C line 1; Part V, Section B, line 1e; Part V or any additional information.	0,
						
	······································					
	 					
						
						
						
						
		 				
						
			···			
						

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Name of organization

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ➤ 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 its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number 27-1457207

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

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

HEALTHY DEMOCRACY FUND

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

1.6	arti-A Complete il tile oi	gamzation is exempt an	idei section son(c)	or is a section of o	i garnzanori.
1 2 3		· · · · · · · · · · · · · · · · · · ·		> \$	
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c))(3)	
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section was a correction made?	x incurred by organization mana	gers under section 495		
-		ganization is exempt un	der section 501(c)	, except section 501(c)(3).
2	Enter the amount directly expended Enter the amount of the filing orgative exempt function activities	ed by the filing organization for sinization's funds contributed to describe the filing organization for sinization's funds contributed to describe the filing organization for sinization	ection 527 exempt functions for some content of the	section activities \$ section 527 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes No h the filing organization e amount of political
	(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

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

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if the org	HEALTHY DEM ganization is exer	OCRACY FUND	n 501(c)(3) and file	27-1 ed Form 5768 (e	457207 Page 2 election under
expenses, and sha	re of excess lobbying	expenditures).	Part IV each affiliated	group member's nam	e, address, EIN,
Limi	ation checked box A ai its on Lobbying Expe ditures" means amou	nditures		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to infl Total lobbying expenditures to infl Total lobbying expenditures (odd).	uence a legislative boo				
 c Total lobbying expenditures (add I d Other exempt purpose expenditure e Total exempt purpose expenditure 	es			323,406. 323,406.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	n columns.	64,681.	
If the amount on line 1e, column (a) o	or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5		0 plus 10% of the exc			
Over \$1,500,000 but not over \$17		0 plus 5% of the exce			
Over \$17,000,000	\$1,000,0				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			16,170.	
h Subtract line 1g from line 1a. If zer	o orloss optor O			0.	
i Subtract line 1f from line 1c. If zero	• • • • • • • • • • • • • • • • • • • •	• •••• •	• • •	0.	
j If there is an amount other than ze	• • • • • • • • • • • • • • • • • • • •	 line 1i did the organiza			
reporting section 4911 tax for this		ine ii, did tre organiza	MOIT 1118 FOITH 4720	Г	
reporting section 4911 tax for this					Yes No
(Some organizations the	hat made a section 5	raging Period Under 01(h) election do not l ate instructions for lin	nave to complete all o	f the five columns b	elow.
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	68,863.	61,499.	135,758.	64,681.	330,801.
b Lobbying ceiling amount (150% of line 2a, column(e))					496,202.
c Total lobbying expenditures	323.	3,320.	5,858.		9,501.
d Grassroots nontaxable amount e Grassroots ceiling amount	17,216.	15,375.	33,940.	16,170.	82,701.
(150% of line 2d, column (e))					124,052.

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 HEALTHY DEMOCRACY FUND 27-1457207 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
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: a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
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 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- FOH(-)	(5)	-ti	
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		(5), or se		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		11		
were substantially all (90% or more) dues received hondeductible by members?	• •••	<u>'-</u>		
O. Did the agreement on made and the bound labeling and the second through the CO CO . I. C.		2		
 Did the organization make only in house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? 		2	ction	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	n 501(c)	2 3 (5), or se		e 3, is
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

HEALTHY DEMOCRACY FUND

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

Employer identification number 27-1457207

Schedule M (Form 990) (2015)

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining		
1	Art - Works of art		itemo contributeo	TOTAL COOL T WILL VIII, IMIC 19				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes			·				
8	Intellectual property							
9	Securities - Publicly traded	X	2	170,774.	QUOTED PRIC	ES		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures ,							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts			 				
23	Scientific specimens			·				
24	Archeological artifacts							
25	Other ()			·				
26	Other ()							
27	Other ()				 			
28	Other ()							
29	Number of Forms 8283 received by the organiz		•	f I				
	for which the organization completed Form 828	33, Part IV, [Donee Acknowledg	gement 29				
						Ye	s 1	No_
30a	During the year, did the organization receive by				=			
	must hold for at least three years from the date		l contribution, and	which is not required to be	used for			
	exempt purposes for the entire holding period?				•	30a	4:	<u>X</u> _
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				• • •	31	1:	<u>X</u>
32a	Does the organization hire or use third parties of	or related or	ganizations to solu	cit, process, or sell noncash			1	
						32a	:	<u>X</u> _
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in o	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,			
	describe in Part II.							

LHA

27-1457207

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2015
Open to Public Inspection

Name of the organization

HEALTHY DEMOCRACY FUND

Employer identification number 27-1457207

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE QUALITY CITIZEN PARTICIPATION IN CIVIC LIFE. PUBLIC
EDUCATION ABOUT THE "CITIZENS' INITIATIVE REVIEW' (CIR). ORGANIZE
CITIZEN-BASED DIALOGUES AND DELIBERATIONS ON IMPORTANT ISSUES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ONLINE ENGAGEMENT: THE ORGANIZATION ENGAGED IN RESEARCH INTO NUMEROUS
ONLINE DELIBERATIVE WEBSITES AND PLATFORMS, AND NEGOTIATED WITH TWO
ORGANIZATIONS TO SUPPORT INTEGRATING NEW ONLINE TECHNOLOGIES INTO THE
OREGON CIR PROCESS.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND IS REVIEWED BY
MANAGEMENT PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL POTENTIAL CONFLICTS OF INTEREST ARE DISCUSSED WITH THE FULL BOARD IN
ACCORDANCE WITH BYLAWS. EACH YEAR EVERY MEMBER OF THE BOARD OF DIRECTORS OF
HEALTHY DEMOCRACY FUND REVIEWS THEIR POTENTIAL CONFLICTS OF INTEREST AND
THEN COMPLETES AND SIGNS THE DISCLOSURE STATEMENT. THE SIGNED COPIES ARE
STORED IN THE ORGANIZATION'S POLICY AND PROCEDURES MANUAL FOR CONVENIENT
ACCESS.
FORM 990, PART VI, SECTION B, LINE 15:
A BOARD TASK FORCE WAS ASSIGNED RESPONSIBILITY FOR THE REVIEW AND

COMPENSATION OF THE EXECUTIVE DIRECTOR.

Name of the organization HEALTHY DEMOCRACY FUND	Employer identification number 27-1457207
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCE	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTATION - TEMPORARY STAFFING:	
PROGRAM SERVICE EXPENSES	5,299
MANAGEMENT AND GENERAL EXPENSES	22,376
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,675
OTHER PROFESSIONAL SERVICES:	
PROGRAM_SERVICE_EXPENSES	13,529
MANAGEMENT AND GENERAL EXPENSES	590
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	14,119
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	41,794